TRANSITIONS IN LIFE OF MOTHERS OF YOUNG CHILDREN

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DECLARATION

This thesis does not incorporate any material previously written by another person except where due reference is made within the text.

The ethical principles and procedure specified by the Department of Psychology Research Ethics Committee of Victoria University and by the Australian Psychological Society's Code of Ethics, in particular Section E, have been adhered to in the preparation of this report.

Jacinta Bleeser, August 2004

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ABSTRACT

Past research on the transition to motherhood has neglected to relate this experience to other transitions in the life course. This qualitative study explored the transition to motherhood in relation to overall experiences and understandings of turning points in life, among mothers of young children. The group of five mothers involved were trainee Breastfeeding Counsellors with the Nursing Mothers' Association of Australia (now known as Australian Breastfeeding Association). As part of their training, they attended a Transition to Motherhood Workshop provided by a major Melbourne non-government counselling organisation, which presented and discussed a Transition Model based upon a range of developmental theories. The research was conceptualised in two parts. Firstly, in-depth individual interviews were conducted to explore the experience of life transitions, including the transition to motherhood. Secondly, detailed questionnaires were administered to the trainees, their trainer, and the Workshop Presenter to enable qualitative evaluation of the Workshop content and delivery. A major finding of the systematic thematic content analysis of the interviews was that the mothers varied significantly in their understandings of their own life transitions. Nevertheless, two notable commonalities emerged. Firstly, a common coping mechanism used to respond to transitions involved the women actively and selectively seeking out supportive relationships and activities they perceived would ease the day-to-day stress associated with the change. Secondly, the perception of the relative impacts of major transitions was influenced by previous transition experiences that acted as a yardstick for perceptions of subsequent changes. Findings of the study evaluating the Workshop revealed that it was generally found to be useful in the training program, and in some cases useful to the trainees at a personal level. Indeed, a third arena of data analysis found links between trainees' perceptions of transitions in their own lives and their evaluations of the Workshop.

Implications of these rich findings for practice, theory and future research were drawn out. Overall, the study extends an emerging body of literature asserting that an understanding of women's own perceptions of their transitions in life is critical to formulating both developmental theory and healthcare interventions.

PROLOGUE: CONTEXT OF THE PRESENT STUDY

This prologue introduces the context in which the present research, conducted in collaboration with Doncaster Community Care Counselling Centre Inc. (Doncare), was conceptualised. Doncare is a non-government organisation in Melbourne's eastern suburbs that seeks to assist people cope with change (Doncare, 1999). During 1996, Doncare's then Manager of Counselling and Parent Outreach, Ms Pauline Pearson, developed a "Transition Model" (Pearson, 1999), a model of life stage change that she used in her work in managing staff and in conducting group therapy. Pearson's Transition Model is central to the present study.

The first section of the prologue describes how Pearson developed the Transition Model to assist Doncare staff to discuss and deal with a particular organisational crisis. Pearson then used the model in her clinical role at Doncare, as an educational tool with therapeutic groups. This is outlined in the second section. The third section describes how the Doncare Transition Project was subsequently established, to pilot the usefulness of the Transition Model with non-clinical community-based groups deemed by Pearson to be experiencing significant impacts associated with life stage changes. The next section of this prologue introduces the evaluation component of the Doncare Transition Project, which sought to assess the usefulness of the Transition Model with the non-clinical community groups that Pearson selected. The final section outlines the present study as one part of the evaluation component of the Doncare Transition Project, and orients the reader to the thesis and to the order in which its chapters are set.

1 The Transition Model emerges out of an organisational crisis

The genesis of Pearson's Transition Model was in response to an organisational crisis in 1996 (Pearson, 1999). At that time, Pearson (personal communications, October 11 & 27, 1999) had been newly appointed to the position of managing counselling services at Doncare, replacing a long serving and well-respected predecessor whose life had ended prematurely. Pearson felt confronted with the task of managing the change process of "a small community in crisis" (p. 5), and developed the Transition Model to enhance understanding among staff of individuals' different reactions to change and loss. She found discussing the Transition Model with staff useful in facilitating the organisation's transition to a changed environment (P. Pearson, personal communications, October 11 & 27, 1999).

2 Clinical application of the Transition Model

When using the Transition Model to assist in management responsibilities, Pearson (1999) recognised its potential value in her work with therapeutic groups. Coinciding with the development of the Transition Model, Pearson had observed that couples in midlife were presenting to Doncare with relationship difficulties that she attributed to unresolved issues relating to their transition to parenthood. Subsequently, seeking to offer an early intervention service, Pearson (1999; personal communication, October 27, 1999) established therapy groups in which she used the Transition Model as an educational tool with new mothers experiencing difficulties during their transition to motherhood. In this therapeutic context, Pearson (personal communication, October 27, 1999) considered that presenting the Transition Model to groups could facilitate quick access to the core issues associated with life changes, loss and personal growth by providing a shared language and conceptualisation of

transition processes. During the three years prior to March 1999, Pearson (personal communication, February 9, 2000) presented the Transition Model to new mothers in several twenty-week therapeutic group programmes.

It was obvious that Pearson's therapeutic interventions with new mothers were premised on a great number of working assumptions about intrapsychic and interpersonal functioning. These included the notion of a link between new parenthood and relationship difficulties many years later, and the notion that women bear responsibility for preventing and addressing marital difficulties. The implications of these and other assumptions in the context of *therapeutic* groups were clearly not the subject of the present research. However, those assumptions also underlying the delivery of the Transition Model in Workshop mode to mothers of young children did indeed inform the conceptualisation of the present study, as explicated in Chapter Four. Where deemed relevant, the assumptions are subsequently addressed in the findings and implications chapters of this thesis.

3   **Non-clinical community application of the Transition Model: Development of the Doncare Transition Project**

When considering her experience of using the Transition Model as a framework for working intensively with a clinical population, Pearson (personal communication, February 9, 2000) speculated that non-clinical populations might also benefit from exposure to the Transition Model. Pearson (1999) argued that the Transition Model could be used to understand any major life stage transition and that it was applicable at any level – individuals, couples, families, organisations, and communities undergoing transition. To this end, the Doncare Transition Project was initiated to pilot the application of the Transition Model with people at

different life stages, specifically adolescence, new parenthood, menopause and retirement (P. Pearson, personal communication, October 11, 1999, February 9, 2000).

4 Evaluation of the Doncare Transition Project

A research component was planned into the Doncare Transition Project at its inception. The aims of this were twofold. The first was to extend understanding of the thoughts and feelings a range of people have about major transitions they have experienced in their lives. The second was to evaluate the usefulness of a workshop designed to facilitate the management of such changes. The workshop was to be delivered to four community groups: Year 11 peer mentors for new Year 7 students, trainee Breastfeeding Counsellors of the Nursing Mothers' Association of Australia (NMAA, now known as the Australian Breastfeeding Association), women who attended a community seminar on coping with menopause, and retirees who participated in selected University of the Third Age classes.

5 The present study

Doncare approached two academic institutions in Melbourne to evaluate the usefulness of the four workshops. The present researcher, through Victoria University, agreed to conduct the evaluation relating to the trainee Breastfeeding Counsellors of NMAA, who were mothers of young children. Accordingly, the presently reported research was conceptualised within the framework of the broader evaluation.

Doncare's brief for the present study comprised two distinct components:

(a) to explore with mothers of young children their experiences of major transitions in their lives, including transition to motherhood; and

(b) to evaluate the usefulness of the Transition to Motherhood Workshop presented to trainee Breastfeeding Counsellors of the NMAA

(P. Pearson, personal communication, November 10, 1999).

Significant contextual factors bearing upon the evaluation emerged during the early discussions with Pearson. Pearson asserted that the transition to motherhood constitutes the greatest change in every mother's life, thus promoting a generalised view of the significance of this change to all mothers (personal communication, October 11, 1999). In a review of the human development literature of the twentieth century, the researcher noted that the predominant view that development followed a universal path had been challenged by studies that revealed the individual and complex nature of adults' experiences of changes and transitions in their lives. Further, qualitative research into individual women's experiences of the transition to motherhood had challenged the notions that motherhood experiences are ideal, and that all mothers have the same experience. While the latter research had demonstrated that individual women experiencing the transition to motherhood have reported different experiences of the change, very little had been reported in the international literature about women's perceptions of this transition in relation to other changes in their lives.

Drawing these contextual factors together, the researcher conceptualised the first part of the study as an exploration of the transitions in life of mothers of young children (addressing component (a) of Pearson's brief). This was conceived of as an opportunity to explore with individual mothers their perceptions of major changes in life, followed by their perceptions of

becoming a mother in relation to the major changes they identified. The second part of the study was an evaluation of the Transition to Motherhood Workshop and the Transition Model (addressing component (b) of Pearson's brief). Central to the evaluation was the usefulness of the Workshop as a component of the training program designed to prepare mothers to work as Breastfeeding Counsellors with NMAA. This was considered particularly relevant, since Pearson (personal communication, October 11, 1999, February 9, 2000) hoped that other opportunities to present the Transition Model would arise from her collaboration with NMAA. Thirdly, the researcher sought to explore possible links between individual women's evaluations of the Workshop and the Transition Model, and their perceptions of their past experiences of major changes. It was planned that in exploring these aspects, both qualitative and quantitative data would be analysed in an interpretative study.

As previously stated, Pearson's (1999) Transition Model is central to the present study. A detailed description and analysis of Pearson's Transition Model is provided in Chapter Three of this thesis. Since Pearson's model has not been previously published, this analysis expands to include a comparison with Hopson and Adams' (1977; Hopson, 1981) seven-stage model of transitional behaviour and experience. The latter model has been one of the few such models that, like Pearson's, focuses upon experiences of transition in a relatively comprehensive way, with implications for managing change.

Further, given Pearson's interest in applying the Transition Model across the life span, and its specific application to the transition to motherhood in the present study, Chapters One and Two of this thesis are devoted to reviews of relevant literature. Chapter One gives an account of the western literature of the twentieth century relating to transitions in life and human development, while Chapter Two addresses empirical research on women's experiences of

the transition to motherhood specifically. Drawing on these chapters, the analysis of

Pearson's Transition Model in Chapter Three includes a critique of the model in relation to

these two bodies of literature. Following the critique of Pearson's Transition Model, the

conceptualisation of the present study is described in full in Chapter Four. The methodology

is detailed in Chapter Five, and the findings in Chapters Six and Seven. These are followed

in Chapter Eight by a discussion of the interpretation of the findings. Finally, Chapter Nine is

devoted to the implications and conclusions of the present study for practice, theory and

future research.

CHAPTER ONE

TRANSITIONS IN LIFE AND HUMAN DEVELOPMENT

Throughout history, the course of human life has been conceptualised in many ways in both academic and literary fields. In the psychological field, the notion that human life progresses through developmental phases, in which change is balanced by continuity and stability, is widely accepted. Developmental theories centre on progression, not only tracking physical and cognitive changes through which people pass from birth to death, but also the processes of psychological change that people experience throughout their lives.

While much is understood about many aspects of human development, a detailed conceptual understanding of the process of psychological change remains elusive. This is significant since much of human existence is concerned with change and how to adapt to changes in the environment across time. Changes people experience may seem mundane, like a change of neighbour, adopting a new hairstyle or meeting new people. Other changes are considered amongst the usual course of events, for example, a baby's first words and steps, starting school, a first relationship, first job, marriage, promotion at work and retirement. Some changes are associated with unexpected or unusual circumstances including winning the lottery, giving birth to a disabled child, premature death of a loved one, and retrenchment. Whatever the nature of changes, or how people experience them, changes are usually noticed by the individuals involved, attracting at least some comment and in some cases inducing total preoccupation.

Gaining a better understanding of life changes and how people experience them is integral to extending our knowledge of life and developmental processes generally. This knowledge is also critical to assisting with the facilitation of changes considered to be positive for individuals, and in the successful adaptation to inevitable changes in life.

A woman's transition to motherhood is a particularly significant psychological change for the mother, as well as for the infant and the rest of the family. Some women see this transition as inevitable while for others it is an active choice and may involve considerable planning. The significant physical changes associated with pregnancy and childbirth have been widely reported, and generally occupy the focus of antenatal education. It is only relatively recently that the psychological changes associated with the transition to motherhood have been reported in the international literature, with consideration given to this transition in the context of developmental theory and research.

Creative writers were concerned with how humans develop and change long before the scientific field of psychology emerged. For example, Shakespeare (1623/1977) wrote of the seven ages of man. Philosophers of the seventeenth and eighteenth centuries debated the relative influences of biological and environmental factors in human development, whether people are active or passive in their own development, the notion of continuity and discontinuity in development, and the possibility of underlying developmental structures (Adorno & Horkheimer, 1973; Seidman, 1994).

Consistent with dominant themes of Western thought over the past 2000 years, the predominant psychological theories of human development during the last century have continued to focus on individual functioning (Gergen, 1987). The human development

literature is vast, with significant contributions from many disciplines, including psychology, sociology, history, philosophy and anthropology. Debates have been lively and complex, reflecting the nature of the human condition. Psychoanalytic theories have emphasised an understanding of the individual's inner life, behaviourism, the influence of the environment on an individual's behaviour and learning, and humanistic psychological theories of self-actualisation. More recently, systems theory approaches have more rigorously attempted to understand the complex and dynamic interplay between individuals' inner life and the various elements of their environment.

Towards the latter part of the twentieth century, researchers considering adult development began to question the generalisability of these theories. Amongst them were feminist writers who challenged the applicability of the predominant theories of human development to understanding women's experiences (Chodorow, 1978; Gergen, 1987; Miller, 1984). They argued that such theories had been developed in a patriarchal context in which individuation and separation constitute the developmental task, and that this did not adequately explain women's development. Questioning the strong adherence to individualistic notions, new theories of development, which emphasise development occurring within relationships, have been proposed (Gilligan, 1982, 1993; Smith, 1991, 1999a, 1999b). A fairly recent body of research exploring women's (and in some cases adolescents' and men's) subjective experiences supports this new way of thinking about human development. A growing area of interest is qualitative research reporting women's unique experiences of their transition to motherhood (Oakley, 1979; Nicolson, 1998). This latter research has contributed a rich understanding of the diversity of women's experiences, explicated as usual the broad range of emotions and losses associated with the change, and sought to understand the psychological processes of identity development during the transition to motherhood. Such research

highlights the important contribution that qualitative research can make to our understanding of human development, and particularly the psychological processes involved.

The present research has adopted a view of development in which individuals' subjective experiences are central, and is introduced in this chapter with an overview of the dominant views that emerged in or influenced the Western psychological literature during the twentieth century. This first chapter begins by presenting basic psychological conceptions of human development. It goes on to briefly delineate empirical explorations of human development in various disciplines, and the emergence of innovative approaches to human development during the latter part of the twentieth century. Given the vast quantity of literature on psychological theory and empirical research on human development, this review is necessarily selective.

1.1 Basic psychological conceptions of human development

Several predominant psychological conceptions of human development emerged within the discipline of psychology during the twentieth century. Psychoanalytic, cognitive and humanistic theories are first described. Commonly classified as stage or structural theories, each emphasised successive and universal phases through which people pass towards maturation. Other theories highlight environmental influences in human development. In this context, behavioural and systems approaches are encompassed.

1.1.1 Psychoanalytic perspectives

Freud (1905/1977) conceptualised personality development as a series of psychosexual stages, characterised by age-related conflicts from infancy to puberty. Critical to Freud's theory was his view that each person has a libidinal drive present from birth and developing through each stage. According to this theory, biological changes drive psychosexual stages. The nature of intrapsychic change, or emotional development, at each stage is defined by the extent of successful resolution of the libidinal conflict that arises between conscious and unconscious personality structures (id, ego and superego) during different phases of biological development. Each psychosexual stage is characterised by a particular area of the body seeking pleasure or gratification, including the mouth, anal area and genitals.

Building on Freud's (1905/1977) classical psychoanalytic theory, Erikson (1963) proposed that development proceeds through eight epigenetic psychosocial stages across the life span. Erikson (1979) conceptualised not only the structure and function of childhood stages, but also stressed those of adulthood. He argued that "systematic progression must always begin with the interplay of childhood, youth and adulthood, both in the individual life cycle and in the cycle of generations" (p. 14). According to Erikson's (1963, 1979, 1984) theory, each psychosexual stage is associated with the development of an ego quality, and involves a conflict or crisis that must be mastered before the next stage can be successfully negotiated. Erikson particularly highlighted the impacts of interactions between the individual's predetermined genetic code and social and cultural influences on personality development. According to Erikson, the extent of mastery achieved over each conflict (from basic trust verses mistrust during infancy, through to ego integrity verses despair in old age) is dependent on the context of the interactions between the individual's characteristics and their

environment. A basic psychological strength emerges from the resolution of each developmental crisis, or a core-disturbance from its non-resolution (Erikson, 1984). For example, the strength of hope emerges from the psychosocial crisis of basic trust verses mistrust in infancy, while withdrawal emerges as the core-disturbance. In old age, wisdom emerges from the resolution of the conflict between ego integrity and despair, while fear of death emerges from its non-resolution. The strengths that may emerge during each intervening crisis are will, purpose, competence, fidelity, love and care. While a psychological conflict dominates each stage, the associated strength will continue to mature during all subsequent stages, under the dominance of the stage-appropriate crisis. Erikson (1963, 1984) argued that to become a mature adult, each individual must develop all the ego strengths or qualities to a sufficient degree.

Thus Erikson (1963) claimed that "psychosocial development proceeds by critical steps" (p. 270) or "turning points", defined as "moments of decision between progress and regression, integration and retardation" (p. 271). According to Erikson, these "decisive encounters" occur between the individual and their environment, and provide the individual opportunities involving purposeful choice to engage developmental change through resolution of the successively presenting psychological crises.

1.1.2 Cognitive theory perspective

Also a stage theorist, but proposing a cognitive theory of development, Piaget (1953) described four age-related stages in the development of intelligence from infancy to adolescence. According to Piaget, intellectual development begins in infancy in interaction with the world, through senses and motor skills, and progresses as children develop the

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capacities for symbolic, concrete and abstract thinking. Cognitive change is a function of the interaction between a child's thinking capacity and the environment. At each stage, a more complex cognitive structure develops, facilitating the acquisition of knowledge used to adapt to the environment.

While asserting different theories, Freud, Erikson and Piaget all argued that healthy development in individuals occurs through successive and universal phases, each needing to be negotiated and resolved within a critical time to allow progression to later stages. From around the middle of the twentieth century, new conceptualisations of human development challenged the traditional stages approaches, particularly from humanistic, behavioural and systems theory perspectives.

1.1.3   Humanistic perspective

Humanistic theorists emphasised the individual's ability to influence his or her life course. Advocating a humanistic perspective, Maslow (1962) was concerned with the limits of human capacity. Like Erikson (1963, 1979, 1984), he viewed adulthood as a period of potential change and growth. However, instead of stages as proposed by Freud, Erikson and Piaget, Maslow argued that individuals could achieve their fullest potential (self-actualisation) by progressively satisfying a hierarchy of needs. Maslow postulated that newer and higher order needs emerge as lower needs are satisfied, starting with bodily needs and progressing through security needs, belonging needs, esteem needs to self-actualisation needs. According to this theory, change is inhibited when a person becomes stuck at a lower level of need, resulting in arrest of personality growth. Maslow argued that change occurs when obstacles to growth, inherent in the personality or in the environment, are overcome,

particularly the desire for familiarity, lack of encouragement and an unconscious fear of one's greatness. In overcoming these obstacles, one level of need is satisfied, making way for the next level of need to emerge.

1.1.4 Behavioural perspectives

Learning theorists came to prominence in this area during the 1950s and 1960s. The focus of understanding human development shifted from individual biology and stages to the environment. Grounded in learning theories such as those of Watson (1913, 1925), Skinner (1953) and Bandura (1977), the importance of learning in human development over any impact of an individual's genetic endowment was emphasised.

Learning theories explain changes in behaviour in terms of principles such as classical conditioning, operant conditioning, mediation and modelling. In the schemes of Watson (1913, 1925) and Skinner (1953), developmental changes can be seen as being mediated by the individual's learning experiences. For Watson, behaviour was conceptualised as the result of learned associations between stimuli, while for Skinner, behaviour was viewed in the context of links between key antecedents and consequences. Bandura (1977) took Skinner's theory a step further, emphasising the centrality of social influences. He argued that humans have more sophisticated cognitive abilities than animals and that processes such as attention, memory and reflection have a role in human learning. Different to the early learning theorists, Bandura claimed that people actively process information from their social environment and use it to think about the connections between events, anticipate consequences and relate to beliefs. Bandura's Social Learning Theory postulates that human developmental change is a learned process mediated by higher order information processing

about the environment as it relates to the person's past and present experiences, and how the future is anticipated.

In summary, learning theorists have argued that human development occurs not through successive and universal stages, but according to universal learning principles. According to this school of thought, development is a continuous learning process whereby behavioural change is context specific and can differ markedly from one person to another.

1.1.5   Systems theory perspectives

The 1980s and 1990s saw the emergence of formalised systems theory. While drawing on the developmental theorists preceding them, systems or contextual theorists focused more on analysing the individual's inter-relations with the social environment (Sugarman, 1986).

Bronfenbrenner (1979) is a prominent systems theorist who proposed the bioecological approach to development in which the individual and the environment form a complex dynamic system. He articulated a series of four nested systems, namely the microsystem, the mesosystem, the exosystem and the macrosystem. He argued that contextual factors are critical in understanding changes people experience. At the microsystem level, the person is situated in a social context such as a family or workplace. The next level, the mesosystem, takes account of the interrelationships between the different microsystems in which the person participates. Changes that occur in one microsystem are likely to affect a person's role or behaviour in another. In this way, the person needs to be understood in terms of what may be happening in all relevant microsystems. The third nested system is the exosystem and comprises social structures that influence microsystems and mesosystems of which the

person is a part, including formal and informal infrastructure, social institutions, labour market and the mass media. The macrosystems are the principles, codes of behaviour, values, attitudes and priorities that underpin a society. They permeate the micro, meso and exosystems to individuals, thereby influencing behaviours, thoughts and opportunities. In this way, human life exists within a complex context of interconnecting systems.

According to Bronfenbrenner (1979), transitions occur "whenever a person's position in the ecological environment is altered as a result of a change of role, setting, or both" (p. 26). While Bronfenbrenner focused on the impact of changes on the individual, Trickett and Buchanan (1997) highlighted the implications of the broader social and cultural contexts surrounding transitions and personal relationships. Seeking to understand the role of personal relationships in transitions, Trickett and Buchanan asserted that transitions are "embedded in cultural and social contexts which shape the meaning and role of personal relationships" in the negotiation of the transition (p. 592). As well as supporting Bronfenbrenner's view that transitions are affected by influences that occur at the different systems levels, and the inter-relationships between them, Trickett and Buchanan highlighted a broader context, that is, "the sociocultural histories and current realities facing individuals who occupy different places in the social order, and the interdependence between the contexts from which individuals come to the transition and those in which the transition occurs" (p. 592). From a systems perspective, Trickett and Buchanan argued that the "ecological challenge is to specify the rich interdependence of transition and context" (p. 577).

According to systems theories, changes may be either continuous or stage-like, and development can take any number of trajectories depending on the reciprocal interactions between the person and their environment. Transitions are typically times of growth, since

the individual is challenged to adapt to the social and personal disequilibrium caused by an unusual change in the ecological system.

1.2   Empirical exploration of human development

The various frameworks for conceptualising human development described above underpinned much of the empirical research into adult development in the Western world, during the twentieth century. Different researchers drew on different theories to formulate the design of their studies and to interpret their findings, and some researchers used their findings to challenge the usefulness of the predominant theories of human development. Further, some of these studies have generated innovative methods of exploring subjective human experiences and some have generated new ways of understanding human development.

Indeed, the last quarter of the twentieth century saw the publication of a number of significant studies in the field of adult development. Following on from Erikson's (1963) groundbreaking theory that development extended into adulthood, interest moved to understanding development across the entire life span. Significant studies into aspects of adult development challenged the predominant theories of human development described in the previous section, particularly, the stage view. Researchers challenged the predominant theories of adult development from different perspectives. Some did so on the basis that they explained processes of transition and adaptation in terms of chronological age, or individual peculiarities, while feminists questioned the underlying assumption that the goal of maturation is autonomy and separateness.

Vaillant's (1977) widely referenced Grant Study opposed the view that development followed successive universal stages, or was linked to chronological age. Vaillant researched in detail the adaptive styles of 95 healthy male Harvard college students drawn from classes 1939 to 1944. Vaillant was particularly interested in identifying the unconscious ego mechanisms of defence as intrapsychic styles of adaptation. "The hope was that it would allow prediction and that once all the data were in, counsellors could interview sophomores and tell them what they should do with their lives" (p. 373). The men were chosen on the basis of good health and that they were likely to lead successful lives. They were progressively studied over 35 years to identify the ways they altered themselves and the world around them in order to adapt to life.

Vaillant (1977) drew on the ego mechanisms provided by psychoanalysis to describe adaptive behaviours, and developed a hierarchy of 18 defences that underlie maturation. He argued that maturation occurs as one progresses through the hierarchy of defences – from psychotic, through immature, then neurotic to mature defences – this hierarchy not only reflecting "a continuum from child to adult, but also from sickness to health (p. 88)". Vaillant asserted that this ego development is distinct from psychosocial development in that, like physical and cognitive development (the latter as described by Piaget), ego development is more dependent on "development from within" (p. 335) than psychosocial development that is mediated by the interpersonal environment as psychoanalytic theorists, Freud and Erikson, described it. Vaillant argued that the findings of the Grant Study provided evidence for Erikson's (1963) theory that development proceeds through eight epigenetic psychosocial stages across the life span, but that this was conditional: "the full life cycle can unfold only when humans are provided both the freedom and opportunity to mature" (p. 202).

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Based on the findings of the Grant Study, Vaillant (1977) concluded that (1) adaptive success seemed to be dependent on "the continued interaction between our choice of adaptive mechanisms and our sustained relationships with other people; ... isolated traumatic events rarely mold individual lives" (p. 368); (2) what are commonly described as diagnostic mental disorders "are merely outward evidence of inward struggles to adapt to life" (p. 369); (3) the hierarchy of defences "can be used to predict adult growth and define mental health" (p. 370), but that the origin of defences is little understood; (4) adults' lives are dynamic and unpredictable, often characterised by "startling changes and evolutions" (p. 372); and (5) "mental health *exists* ... as a dimension of personality" such that "inner happiness, external play, objective vocational success, mature inner defences, good outward marriage, all correlate highly" (p. 373-374).

In summary, Vaillant (1977) concluded that men's life trajectory is multidetermined and unpredictable. He argued that "man's adaptive devices are as important in determining the course of his life as are his heredity, his upbringing, his social position, or his access to psychiatric help" (p. 19). Contrary to the original hope of the outcomes of the Grant Study to facilitate predictions of the course of adult life, Vaillant reported, "This was not to be. The life cycle is more than an invariant sequence of stages with single predictable outcomes. The men's lives are full of surprises" (p. 373).

Levinson (1986) later proposed a controversial life structure theory based on age-linked phases in adult life. Drawing equally on psychology and the social sciences, Levinson based his theory on empirical findings from two extensive biographical studies on 40 men (Levinson, 1978) and 45 women (Levinson, 1996), and analyses of several hundred other documented biographies (Levinson, 1986).

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According to Levinson (1986), the life cycle is a sequence of eras or developmental periods, each beginning and ending at a well-defined modal age and lasting around five to seven years. The nature of people's lives changes from one era to the next. Each era is characterised by a distinct biopsychosocial quality and makes its own contribution to the whole life cycle. Eras overlap as one era ends and a new one begins. The periods of transition from one era to the next are cross-era transitions and of five years duration. Levinson argued that these "eras and cross-era transitional periods form the macro-structure of the life cycle, providing an underlying order in the flow of all human lives yet permitting exquisite variations in the individual life course" (p. 5). According to Levinson, the life structure is the underlying instrument of life change as it mediates the relationship between the individual and their environment. As such, the life structure "is in part the cause, the vehicle, and the effect of that relationship. The life structure grows out of the engagement of the self and the world, and its evolution is shaped by factors in the self and in the world" (p. 7). Critical to Levinson's theory is his assertion that the individual and the environment exercise equal influence.

By their very nature, structural theories like Erikson's (1963) and Levinson's (1986) are characterised by a sequence of stages intersected by periods of transition. A stage of establishing and maintaining a structure is followed by a period of transformation, which leads to the next stage of forming a qualitatively different structure. A distinguishing feature of Levinson's theory is the equal emphasis placed on structure-building stages and structure-changing stages or transitions. Levinson found that "adults spend almost as much time in the latter as in the former, and both play a crucial part in adult development" (p. 10). Accordingly, Levinson argued that generating theories of adult development requires equal emphasis on the life structures individuals form across the life span and the transitions that

lead from one life structure to the next. He proposed that studies and theories of structures or transitions as isolated entities contribute only to knowledge of events and adaptations, and cannot in themselves generate a theory of adult development. Levinson asserted that theories of adult development emerge from studies of the course of development as a continuing evolution.

While Vaillant's (1977) and Levinson's (1978, 1986, 1996) studies described above have contributed valuable knowledge to understanding adult development, the generalisability of their findings has been questioned. Vaillant and Levinson (1978) each first derived their conceptualisations of human development from studies with male subjects, indicating gender bias. Further, the results of their cross-sectional and longitudinal studies may to some extent be attributable to cohort particularities, rather than reflective of a universal developmental process through which all individuals pass. For example, Vaillant based his conclusions on an homogenous subject group of privileged Harvard graduates of the early 1940s possibly reflecting sociopolitical aspirations of a particular socio-economic or educational group.

Sociologists, also interested in adult development, drew on psychologists like Vaillant (1977) and Levinson (1978, 1986) but sought to broaden the debate beyond the experience of male middleclass subjects, a population readily available to researchers. While acknowledging other isolated studies of different groups, including specific research into the transition to motherhood, menopause or retirement, these sociologists asserted that studies that investigated one aspect of human development ascribed particular significance to the event in focus. Challenging such assumptions, Reinke, Ellicott, Harris, and Hancock (1985), for example, reported that the large majority of the 124 women in their study viewed menopause

"as benign, nonstressful, and uneventful" (p. 269) and rarely coincided with a major transition in their lives.

Characterising themselves as researchers into the life course, these sociologists were concerned that the individual nature of adult development be considered as it related to the whole population. Seeking to broaden consideration beyond middleclass males, the focus tended to be on women's psychosocial changes as they related to chronological age, timing and sequence of events, role transitions, the family cycle, cohort effects, and previous experiences (Lowenthal, Thurnher, & Chiriboga, 1975; Neugarten, 1979; Reinke et al., 1985). As the body of research grew, the predominant psychological theories of adult development of the twentieth century were challenged, especially as they related to women.

Within this newly emerging tradition of more broadly focused research, appeared a group of feminist theorists and researchers (Chodorow, 1978; Gilligan, 1982, 1993; Miller, 1984; Rossi, 1980). They challenged a common psychological assumption that individuation and autonomy were the fundamental drivers underlying human development, with evidence that women's development may be grounded in connection or relationships. Consistent with the sociological studies referred to above, Gilligan's research exemplifies the significant challenges studies that explored the meaning of individuals' experiences posed to the predominant psychological theories of adult development in the latter part of the twentieth century.

Based on studies into people's experiences relating to moral judgement, Gilligan (1982) challenged "the disparity between women's experience and the representation of human development" (p. 2). Gilligan asserted that the apparent failure of women to fit the prevailing

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models of human growth "may point to a problem in the representation, a limitation in the conception of human condition, an omission of certain truths about life" (p. 2). Reporting her findings of a series of studies conducted throughout the 1970s, Gilligan aimed to contribute to the field of human development a clearer representation of women's development, particularly of identity formation and moral development. Central to her work were the women's experiences revealed through careful analyses of their own accounts. Gilligan found that the female experience of relating is grounded in connectedness, but that in adolescence women began to conform to the prevailing social order which values separation, independence and autonomy. She noted that while many of them knew what they wanted to do and how they wanted to act, they did not give voice to their experience resulting in what Gilligan (1993) termed a "dissociative split between experience and what is generally taken to be reality" (p. xxi). Gilligan argued that this serious compromise in women's psychological development has significant implications for both women and men.

Gilligan (1993) concluded that the predominant theories of human development are about men, and proposed an alternative working theory:

> That the relational crisis which men typically experience in early childhood occurs for women in adolescence, that this relational crisis in boys and girls involves a disconnection from women which is essential to the perpetuation of patriarchal societies, and that women's psychological development is potentially revolutionary not only because of women's situation but also because of girls' resistance. Girls struggle against losing voice and against creating an inner division or split, so that large parts of themselves are kept out of relationship. Because girls' resistance to culturally mandated separations occurs at a later time in their psychological development than that of boys, girls' resistance is more articulate and robust, more deeply voiced and

therefore more resonant; it resonates with women's and men's desires for relationships, reopening old psychological wounds, raising new questions, new possibilities for relationship, new ways of living. As girls become the carriers of unvoiced desires and unrealised possibilities, they are inevitably placed at considerable risk and even in danger. (p. xxiii)

Gilligan (1993) argued that women's experience is eclipsed by the prevailing patriarchal order, such that a new psychological theory in which girls and women are seen and heard is a radical endeavour with revolutionary consequences. She concluded that considerable research from various perspectives (including Miller, 1984) revealing women's psychology – grounded in connection – consistently challenges the predominant psychological theories of human development and relationships as constructions of the prevailing social order and grounded in separation. As the twentieth century was drawing to a close, Gilligan proposed an unresolved tension between two formulations of human development, one grounded in connection and one in separation. She questioned whether these two ways of speaking about human life and relationships would continue to exist in parallel, or whether the predominant framework could surrender to a new way of thinking starting from the premise that "we live not in separation but in relationship" (p. xxvii).

1.3   The emergence of innovative approaches to human development

Drawing on the growing body of research calling into question the predominant theories of human development of the twentieth century, Neugarten (1983) proposed that development be reconceptualized as the "course of human lives". A number of writers have noted the influence of the life course perspective (traditionally spoken of by sociologists) on what

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psychologists called life span development (Datan, Rodeheaver, & Hughes, 1987; Neugarten, 1984; Rossi, 1980). Datan et al. argued that, through the influence of life course concepts and research methodologies, the concept of life span development was freed of dialectical and positivist constraints and became "individual life story". This conceptualisation emerged from qualitative studies between researchers and research populations that looked to the social and historical context of individual development. Meacham (1984, cited in Datan et al.) observed a move "away from testing hypotheses derived from theory, and towards more basic descriptive work, including a more systematic use of autobiography, biography, storytelling and conversation, diaries, literature, clinical case histories, historical fiction, and the like, with a new emphasis upon the person's construction and reconstruction of the 'life story', rather than upon what might be considered a more objective account of what happened" (p. 154).

A narrative psychologist, McAdams (1985) drew heavily on the personological approach to inquiry in the study of life span development – "the scientific study of the whole person ... in his or her sociohistorical context" (p. 20). Typically, biographical approaches were adopted in his study of human lives and fundamental human motives. Like Neugarten (1984) and other sociologists, McAdams contrasted his methodology with those traditionally used in some other branches of the discipline of psychology.

> Whereas psychologists of other persuasions studied discrete processes and functions of the human organism, the personologist was to operate on a more molar and synthetic level, casting his or her empirical eye upon the overall pattern of an individual's unique adaptation constellations which characterised the individual as a whole. This molar approach to inquiry sacrifices a certain degree of precision and predictive power at the

molecular level to achieve theoretical coherence at the level of the person. (McAdams, p. 20)

McAdams (1985) pioneered a semi-structured interview that invited participants to conceptualise his or her past into "chapters" and to identify "turning points" that marked the end of one chapter and the beginning of the next. Clearly, McAdams was developing the conceptualisation of turning points first articulated by Erikson (1963). McAdams was interested in how individuals' sense of themselves changed over their lives, and used this turning point approach to explore "identity turning points" that "may mark perceived transformations of self" (p. 133). Based on his findings, McAdams (1985) asserted that "identity formation proceeds throughout adulthood and that the outcome of the process ... is a dynamic, evolving life story" (p. 29). Starting in late adolescence, people become "biographers of self, mythologically rearranging the scattered elements of our lives – the different 'selves' – ... into a narrative whole providing unity and purpose" (p. 29). In this way, the individual could formulate his or her life into a coherent and meaningful story, binding together past, present and future, yielding a sense of inner sameness and continuity. Critical to narrative theory is that the life story is dynamic, taking shape at adolescence and continuing to evolve throughout life. A person's life story – identity or sense of self – is shaped and reshaped as the person, seeking to maintain a sense of continuity of self, integrates new experiences, understandings and perceptions into the life story. This often involves giving new meaning to past events as the person "weave(s) together the many threads of a life into a single tapestry" (Neugarten, 1984, p. 298). It is interesting to compare McAdams' notion of giving meaning to past events with Lowenthal et al.'s (1975) finding about the impact of previously stressful experiences on similar future experiences. While McAdams reported that people's perceptions of past events changed into the future,

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Lowenthal et al. reported that individuals use past events and experiences as a "yardstick" for similar experiences in their lives such that the later experience is perceived as less stressful.

Clausen (1993, 1997) placed his research of turning points within narrative theory. A sociologist, Clausen (1993) became interested in the work of narrative psychologists and researchers during the 1980s, advocating that people are their own historians recounting and often reshaping their past experiences over time. In addition, throughout his career, Clausen (1997) was heavily influenced by Bronfenbrenner's ideas about the reciprocal interactions between the individual and the various aspects of their environment. Clausen (1993, 1997) co-ordinated an extensive longitudinal study during which 300 Americans born in the 1920s were periodically interviewed and surveyed over 60 years. His focus was not so much on deriving a theory of adult development but on understanding how lives of developing individuals are shaped across the life course in a changing society.

In contrast to the stage and structural theorists, Clausen (1993) conceptualised life as a series of role transitions between usual milestones in life – "transitions from one school to another, from school to work, from dependency to economic self-support, from singlehood to marriage and family roles, from active parenthood to empty nest, and so on" (p. 17). According to Clausen, transitions could be smooth or stressful, the latter more likely if the transition is unexpected. Some transitions might be turning points, "where new possibilities for self-realisation are perceived or a new sense of identity begins to be shaped" (p. 17). Clausen (1997) emphasised that "reported turning points tell us not so much how lives have been shaped, but how they have been experienced" (p. 387).

Clausen (1993) argued that his findings refuted Levinson's (1986) structural theory of adult development in which basic transformations entail frequent crises. A distinguishing finding of Clausen's research was that "an adolescent's competence by the end of the high school years – planful competence – influences the scheduling of the major social roles later occupied, the stability of the role performance, and the person's attainment and life satisfaction over much of the life course" (p. 18). Clausen proposed "that individuals who by later adolescence have a realistic view of their abilities, know in a general way what they want, ... have the necessary abilities to do what they want to do, ... and consider the consequences of their choices are more likely to make smooth transitions and adaptations and to remain satisfied in their decisions" (p. 19). In contrast to Levinson's frequent transformations, Clausen argued that most people change when they perceive they need to, usually in limited ways.

Clausen (1993) stressed that his predictions were for categories of persons, not individuals, noting repeatedly that planful competence "does not *ensure* success or afford an overarching theory of the life course" (p. 24). Clausen argued that his research findings refuted theories of human development that postulated that all adults pass through a series of stages with recurrent discontinuities, and that patterns of personality continuity and change are uniform. Rather, Clausen concluded that "what is perhaps most obvious from our research is that no set of attributes and no one theory of life course can adequately explain the diversity of individual human lives" (p. 24).

By the late 1990s, the life course literature posited an alternative conceptualisation of human development. Instead of stages and structures, a focus mainly on the inner life, and a universal developmental path, life course researchers conceptualised change in human life as

the interplay between life trajectories (continuity) and turning points (Wheaton & Gotlib, 1997). The focus was on understanding, from the individual's own perspective, how lives are shaped across the life course.

Wheaton and Gotlib (1997) defined a turning point "as a change in direction in the life course, with respect to a previously established trajectory, that has the long-term impact of altering the probability of life destinations" (p. 5). Wheaton and Gotlib highlighted two important aspects in their definition of a turning point. The first is related to the nature of what may constitute a turning point. Any event, role transition, decision or change, expected or unexpected, planned or unplanned, may constitute a turning point that prompts a change in direction in the life course. The second relates to the individual's perception. The sequence of the change experience, its timing, and the context in which it occurs impact on whether a person will consider it a turning point that transforms his or her life onto a different path or trajectory.

Drawing on Clausen's (1993) study of turning points, Wethington, Cooper, and Holmes (1997) and Leonard and Burns (1999) recently demonstrated further the merits of using "the turning point approach to understand how lives are shaped" (Leonard & Burns, p. 92). While Clausen and Wethington et al. concentrated on classifying turning points, and Leonard and Burns were concerned with comparing age and cohort effects, all three studies highlighted that the turning point research approach assisted individuals to reveal their unique perspectives of what they perceived as significant experiences in their lives. The merits of using the turning point approach demonstrated by these studies are numerous.

Firstly, each study highlighted the readiness with which people were able to identify turning points in their lives, and their ability to distinguish them in nature from other experiences in their lives. The findings of Clausen's (1993), Wethington et al.'s (1997) and Leonard and Burns' (1999) studies supported Wheaton and Gotlib's (1997) recent definition of a turning point. Wethington et al. added that the participants in their study seemed to relate a turning point to the degree of coping and effort involved.

Secondly, in giving participants the opportunity to identify the circumstances in their lives that were stressful, the studies revealed that different individuals often report different perceptions of their experiences of what might appear to be the same event or circumstance. Leonard and Burns (1999) showed that even when a number of women's turning points were allocated to the one subcategory – for instance, "motherhood", "death of relative/friend" or "self-work" – in many instances, the turning point held qualitatively different meanings for the different women.

Thirdly, Leonard and Burns (1999) highlighted that the turning points reported by the women in their study often did not accord with the importance placed by the literature on some events. The women in their study were born between 1936 and 1951, all were married or had been married, and all were mothers. Despite this, only 75% identified marriage as a turning point and only 78% nominated motherhood. Arguably more striking was that both menopause and the "empty-nest" were rarely mentioned as turning points by the women, despite receiving much attention in the literature as significant life events. Similarly, people's assumptions about middle-aged women living in the western suburbs of Sydney might be challenged by two further findings.

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Health problems, which are commonly considered to be more salient in later life, were

in fact most often nominated by the youngest group. In contrast, travel which is often

seen to be of particular value to younger generations (Burns & Scott, 1989), was more

likely to be a developmental (that is, personal growth) experience for the older group.

(Leonard & Burns, p. 91)

Indeed, Leonard and Burns reported that the most frequently reported turning points by the

middle-aged women in their study were "personal growth experiences involving

psychological "self-work", such as deciding to become more independent or to change one's

lifestyle" (p. 87).

Finally, Leonard and Burns (1999) emphasised that the richness of the data collected using

the turning point approach flowed from its complexity. They noted that some of the meaning

had been lost when assigning a primary category to a turning point that may have had

multiple or opposing meanings, and concluded that "in future analyses of this data, ... it may

be important ... to consider complexity as well as content" (p. 93) in an effort to reveal the

richness of the meaning attributed by individual women to their turning points.

According to Datan et al. (1987), the application of the narrative approach contributed

significantly to changing the course of adult developmental theory and understandings of

individuals' experiences. Reconceptualising the concept of order in the course of human

lives was fundamental. Order rests "in the mind of the persons experiencing those lives, not

in the observer" (p. 163). In Neugarten's (1984) words, the goal of life story research into the

course of human lives "is not to discover universals, not to make predictions that will hold

good over time, and certainly not to control; but, instead, to explicate contexts and thereby to

achieve new insights and new understandings" (p. 292). Further, Datan et al. postulated that

the increasing use of the life story methodology in the study of life span development indicated that it was "increasingly being seen as a product of the adult's attempts to maintain a sense of continuity ... as it is created by the individual, not the researcher" (p. 165).

While the literature has thus revealed considerable debate about the nature of human development, there is a pragmatic assumption underlying all the theories, studies and models described in this chapter. This is that everyone experiences changes throughout life that require individual adaptation thereby offering opportunities for growth and development. It is within this broad context that research into the transition to motherhood in women's lives has been conducted, as discussed in the next chapter.

CHAPTER TWO

THE EMPIRICAL STUDY OF WOMEN'S EXPERIENCES OF THE TRANSITION TO MOTHERHOOD

The birth of a child brings a common change experienced by many people, including the mothers and fathers directly involved with the baby as well as grandparents, extended family and friends. However, a number of psychological studies have revealed that despite the fact that birth occurs on an ongoing basis in most communities, there can be a considerable gap between individual women's expectations and the reality of becoming a mother (Boulton, 1983; Crummette, 1975; Miller, 1998; Nicolson, 1998; Oakley, 1979; Wheatley, 2001). While focussing on different aspects of the change involved, these studies have found that women often do not envisage the psychological impacts of pregnancy, childbirth and motherhood, especially in the emotional area. Most recently, Wheatley stated that the women in her study felt:

> That far too little information was given to them about what to expect to feel when they had their first child. ... Many of them were amazed to find that the first few months of motherhood were a time of mixed emotions. ... They had not expected this extreme combination of intense happiness and desperate frustration, nor the disproportionate ratio of (too) little up to largely down. They recounted how relatives, friends and, most shockingly, health professionals, including midwives and health visitors, often continued to perpetuate the image of the mother as a woman who is truly fulfilled. They all had times when they did not feel fulfilled. At those times they felt exhausted and betrayed. (Wheatley, p. 34–35)

Consistent with the findings of Oakley's study, which was conducted almost a quarter of a century earlier, many women stated that they should have been warned of the complex adaptation processes associated with their transition to motherhood.

This chapter focuses on the empirical study of women's experiences of the transition to motherhood. This is first placed in the context of a research focus on pathological aspects of pregnancy and childbirth. The emergence of women's individual experiences of the transition to motherhood is then described in detail. This small but important body of qualitative research includes an important sociological study that challenged the myth of motherhood, studies of psychological changes in identity during the transition to motherhood, and a study highlighting the complex nature of women's narratives in relating their experiences of the transition to motherhood. Finally, a review is presented of research that has applied understandings of women's individual experiences of the transition to motherhood into the development of healthcare approaches to the preparation for this transition.

2.1   Early research on aspects of early motherhood

Various commentators (Oakley, 1980; Nicolson, 1998) on the history of research of the transition to motherhood have remarked that, until the 1980s, investigation of this life change had been limited in a number of ways. Firstly, these commentators had observed a predominance of studies focussed on the biological impacts of pregnancy and childbirth to the exclusion of psychological factors. Secondly, pregnancy and childbirth were said to be medicalised, and these studies criticised for tending to describe aspects of women's experiences in pathological terms. Thirdly, many studies had also been criticised for not

placing the results in the broader context of women's lives. Fourthly, these commentators had acknowledged that, while this vast body of research had contributed valuable knowledge, particularly around problems associated with pregnancy and childbirth, it lacked women's own descriptions of their experiences of pregnancy, childbirth and motherhood. They argued that without understanding the meaning that women give to their experiences, preferences and difficulties it would be difficult for health professionals to tailor interventions that could be useful to women adapting to motherhood.

2.2 Study of women's individual experiences of the transition to motherhood

Coinciding with the emergence of the life story or narrative methodology, the last 30 years has yielded a small number of studies documenting individual women's experiences of pregnancy, childbirth and motherhood. Whether from a sociological or psychological perspective, these studies have demonstrated the merits of using qualitative research methods to explore the meaning individual women give to their experiences of becoming a mother within the broader context of their lives (Bailey, 2000, 2001; Boulton, 1983; Lewis & Nicolson, 1998; Miller, 1998; Nicolson, 1998; Oakley, 1979; Sethi, 1995; Smith, 1990, 1994, 1995, 1997, 1999b). In Nicolson's words, women's individual perceptions of their experiences of the transition to motherhood need to "become centre stage" (Nicolson, 2003, p. 133) so as to "present a more *truly* 'value-free' picture of women: as multi-dimensional individuals whose psychological and social lives and experiences are as potentially variable as those of men" (Nicolson, 1986, p. 138).

2.2.1 Sociological study challenges the myth of motherhood

In her seminal work, Oakley (1979) described childbirth as "a turning point, a transition, a life crisis: the first baby turns a woman into a mother, and mothers' lives are incurably affected by their motherhood" (p. 24). Born out of her research on housewives, Oakley (1979, 1980) conducted a sociological study of 66 first-time mothers living in London in the late 1970s, seeking to trace the meaning of first childbirth within a social and cultural context. She based her findings on four interviews with each woman, conducted during the last six months of pregnancy and the first five months after childbirth.

Oakley (1979) found that many of the women said that "they were misled in thinking childbirth is a piece of cake and motherhood a bed of roses. They felt they would have been better off with a clearer view of what lay in store for them" (p. 6). While the women reported physical changes associated with childbirth, they stressed that they had not envisaged the emotional and psychological impacts of the experience of motherhood. According to Oakley, the mothers reported an overwhelming sense of responsibility, often followed by feelings of anxiety, various and different changes in their senses of self, and numerous losses and isolation, including losses associated with changes in paid employment. Concerning the latter, both the type and timing of the recommencement of work changed to be compatible with their idea of motherhood.

Oakley (1980) attributed the disparity between women's expectations and the reality of motherhood to the idealisation of motherhood in modern industrialised capitalist societies, a notion she asserted was upheld by male medical control of motherhood. "Birth is an isolated biological episode only to hospital administrators and official statisticians: the women who

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give birth have a past and a future. So it is in this biological context that childbirth has its social meaning" (p. 23). Further, "the mistake has been made to link women's biological reproduction with the social 'mothering' of children. The mistake gives rise to the mystique of childbearing and childrearing as (feminine) self-fulfilling occupations" (p. 290). In 1980, Oakley asserted that the idealisation of motherhood and its ramifications was the "greatest problem for women in becoming and being mothers" (p. 284).

2.2.2   Psychological changes in identity and the transition to motherhood

A number of researchers have more recently examined women's psychological changes in identity in response to the transition to motherhood (Bailey, 2000; Boulton, 1983; Nicolson, 1998; Sethi, 1995; Smith, 1994, 1999a, 1999b).

Nicolson (1998) used her findings about women's changes in identity during the transition to motherhood to normalise the experience along side other change experiences. Consistent with Oakley (1980), Nicolson asserted that the "idealised image (of motherhood) is a patriarchal myth" (p. 18) and sought to address what she described as an "intellectual chasm ... between women's experiences and what counts as science" (p. 3). Nicolson (1998, 1999, 2003) and Lewis and Nicolson (1998) argued that while it is commonly accepted that successful adaptation to changes in life involves acknowledging and working through the associated losses and contradictory desires, this was not true for women (and possibly their partners) after the birth of a baby. Despite the significant level of disruption to her life, "the image of the happy, healthy and energetic new mother maintains its hold on the public and clinical imagination" (Nicolson, 1999, p. 176). The result, Nicolson argued, was that "a

grieving process as a means of psychological re-integration is denied under the ideological conditions of the transition to motherhood and is labelled as pathology" (p. 176).

In a longitudinal qualitative study of 24 women, living in London in the late 1980s, during late pregnancy and early motherhood, Nicolson (1999) found that "women who became mothers (each time) lose at least their autonomy, sense of identity, work, time, friends, relationship pattern, sexuality, sense of their own body, and health and comfort. These losses occur (like all such losses) in a complex way as part of biographical experience and in the context of subjective understanding" (p. 176).

Based on her finding that women's experience of the transition to motherhood involves significant losses, Nicolson (1998, 1999, 2003) challenged the pathologising of post-natal depression, using the sociologist Peter Marris' model (cited in Nicolson, 1998, 1999, 2003) for understanding loss and grief. In this model, normal human psychological development and maturation involves mourning losses and a complex process of psychological reintegration during which contradictory desires are resolved. Nicolson (1999) argued that "for mothers, the contradictions are more severe in that the reminder of loss of an autonomous self (i.e., the baby) is constantly present and also as they get to know the baby more, it increasingly becomes the focus of attachment and love" (p. 175). Proposing a reconstruction of post-natal depression within the context of women's experiences of motherhood, Nicolson (1998, 1999) argued that depression after childbirth is better understood as a natural and healthy grief reaction, involving a time of mourning losses, and leading to psychological integration and continuity of experience. She argued that to reduce it to a hormonally based condition would be to deny the complexity and multifaceted nature of the change experience. Thus, Lewis and Nicolson (1998) concluded that, in contrast to

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stereotypical constructions of motherhood as happy and fulfilling, the experience of early motherhood is a complex experience involving change, loss and readjustment comparable to other experiences of loss throughout the life span.

Drawing on the work of Gilligan (1982), Oakley (1979) and Nicolson (1986, 1989, the latter cited in Smith, 1999a), Smith (1990, 1991, 1992, 1994, 1995, 1997, 1999a, 1999b) explored the psychological process of identity change in four British women during the transition to motherhood. Smith's detailed analyses were based on the women's own contemporaneous and retrospective experiences, drawn from interviews with the women at three, six, and nine months during pregnancy and five months after birth, and their written journals kept during this period.

Smith (1991, 1994, 1999a, 1999b) illustrated that each woman's sense of self changed constantly as she conceptualised herself in relation to the foetus inside and connected to her, the baby separate from her but for whom she was responsible, her partner, mother and sister. Smith (1994) theorised that "at this time of extreme change the woman may feel a psychological need to retain or construct a sense of order by emphasising the degree to which she is remaining constant despite the change, or at least developing or progressing through it" (p. 389). Smith argued that the woman's "desire to preserve order" was facilitated by "motivational, cognitive, discursive and social forces work(ing) together" (p. 389).

Drawing heavily on George Herbert Mead's notion of the relational and symbiotic self (cited in Smith, 1991, 1997, 1999a, 1999b), Smith (1991, 1999a, 1999b) argued that increasing psychological engagement with significant others during pregnancy underpins a dynamic process of identity formation and assists women's psychological preparation for mothering.

Women are able to use their engagement with significant others as part of their developmental, psychological preparation for becoming a mother. The loosening of the self/other distinction or the heightened awareness of the interpersonal connections means that women have the opportunity to take shifting perspectives on what it is to be a mother. In this way, the process of taking an identity as mother is constructed in conjunction with significant others. (Smith, 1999a, p. 417)

Consistent with Gilligan's (1982) challenge to more traditional Western notions of psychological development, which assume maturation through separation and individuation, Smith (1991, 1999a, 1999b) hypothesised that psychological development occurs in relationship with significant others. Smith's (1999a) case studies illustrated that symbiotic processes underpinned psychological development during the pregnancy of the women. The "sense of self and sense of other are mutually dependent and sense of self gains coherence from interaction with other" (p. 416). Considering the process of psychological development more broadly, Smith further hypothesised that "it may be that when individuals face major life transitions, the close relationship between sense of self and sense of others becomes particularly acute and, furthermore, may facilitate the individual's development through the phase" (p. 415).

Exploring changes in identity and becoming a mother from a different perspective, two English researchers focussed particularly on women's occupational experiences. During the early 1980s, Boulton (1983) explored how mothers of young children experienced their roles as childcarers. Twenty years later, Bailey (2000) focused on changes in women's identity during the transition to motherhood by exploring the relationship between motherhood and employment.

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In her investigation of identity and occupation, Boulton (1983) studied 50 London mothers of young children (at least one under the age of five years of age). Two interviews were conducted one week apart to explore the way the women experienced their lives as mothers. Boulton found that the women derived different levels of satisfaction from childcare, which resulted in profound changes in their self-identity. Almost two-thirds of the women derived their sense of meaning and purpose from feeling that their children needed and wanted them, and from investing their own hopes and dreams in their children. At the same time, half the women experienced childcare as frustrating and irritating.

Taking these themes together, Boulton (1983) distinguished four types of experience of motherhood: one third of the women were "fulfilled", that is, they had strong meaning and purpose and enjoyed looking after their children; one third felt "alienated", experiencing weak meaning and purpose and irritation looking after children; one quarter were "in conflict" since they experienced both strong meaning and purpose and irritation with child care; and one tenth of the women were "satisfied" in that they felt weak meaning and purpose, but enjoyed looking after their children. Indeed, the women's experiences of motherhood varied across these dimensions, and many experienced tensions between their perceived role of mothering and the realities of caring for young children.

Approaching identity and occupation from another angle, Bailey (2000), in her study of changes in women's identity during the transition to motherhood, focused on how first-time mothers conceptualise the relationship between motherhood and employment. Bailey interviewed 30 middle class British women, once during the third trimester of pregnancy and, later, between three and six months after birth. Based on the women's narratives, Bailey argued that "inter-spatial" elements of the women's discourses around motherhood and career

were important to their transition in identity as they established their new lives as mothers. Bailey described a process whereby women integrated discourses traditionally accorded to separate spheres, including motherhood and employment. She argued that the women integrated the different spheres of their life by describing projects of the self that drew from various aspects of their lives, including motherhood and employment, and that allowed them to construct a single, continuous sense of self and social identity. For example, a woman might conceive her objective as self-development, achieved first through her employment and then in her role as mother. In this way, "both motherhood and employment can be construed as part of the individual's project, and such a project was an important element of continuity between the women's accounts of their mothering and their employment experience" (p. 59). Bailey argued that this inter-spatial use of discourse was "important to the women's construction of a coherent self-identity" (p. 64).

In describing the consistent presence of inter-spatial elements in the women's discourses, Bailey (2000) also stressed that the women's responses differed markedly. Bailey found that while for many women, their sense of continued identity was achieved in part through employment, some women felt uncommitted to their paid work and a few chose not to return to employment. Consistent with McAdam's (1985) notion that identity development "is a dynamic, evolving life story" (p. 29), and Smith's (1991, 1994, 1999a, 1999b) findings, Bailey also found that her data suggested that the women's identities might be dynamic, shifting as they negotiate the transition.

Sethi (1995) took a more general approach to the issue of self-identity and the transition to motherhood. As well as exploring the underlying mechanisms of identity formation during this life change, Sethi developed a diagrammatic model for understanding changes in identity

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during the first three months of motherhood. Using grounded theory methodology, Sethi sought to understand the psychosocial processes of first-time mothers' experiences during the three months after childbirth. Sethi focused on the process of becoming a mother and how women experienced their inner reactions and changes, the latter fluctuating between extremes such as happiness/frustration and devotion/sacrifice. Fifteen Canadian women were interviewed twice, between two and three weeks, and around three months after childbirth. The research was conducted against a background belief "that of all the normal expected life experiences, childbirth and the puerperium are considered unique, and are the most stressful events that a woman is likely to experience in her lifetime" (p. 235).

While acknowledging the uniqueness of the women's experiences, Sethi (1995) reported that in general they experienced a dichotomy of feelings and tensions while dealing with the contradictory psychological processes of the first three months after childbirth. Sethi described four distinct but not mutually exclusive psychosocial processes: 1) Giving of Self; 2) Redefining Self; 3) Redefining Relationships; and 4) Redefining Professional Roles. Further, Sethi developed a theoretical model that depicted the dialectical nature of the experiences underlying these psychosocial changes during the transition to motherhood. The model depicted a process of identity development through resolution of contradictions, processes of intellectual reconstruction, and personal transformation as individuals. Sethi described this as an experience of inner growth which "transforms a woman into a new self as a mother of her particular infant" (p. 242). Sethi concluded that during the first three months after childbirth, women evolved uniquely as mothers within universal patterns and rhythms depicted in her model.

2.2.3   The complex nature of women's narratives in relating their experiences of the transition to motherhood

This review of the research concerned with women's stated experiences of the transition to motherhood highlights the individual and complex nature of women's experiences. The research demonstrated that the nature of the women's experiences is complex, and amounts to subjective perceptions in the context of previous experiences, subjective understandings and emotional states, and cultural, economic and political factors.

Miller (1998) investigated the complex nature of individual women's changing narratives throughout their transition to motherhood. Rather than focussing on changes in women's identity, Miller examined the sociological context of women's narratives of their transition to motherhood and offered an explanation for the apparent inconsistencies and contradictions she observed in them. Miller interviewed 18 first-time mothers three times, first towards the end of pregnancy, and then at about two and nine months after childbirth. Consistent with Oakley's (1980) and Nicolson's (1998, 1999, 2003) work challenging the medicalisation of childbirth, Miller defined three distinct, concurrent and often contradictory narratives interwoven through individual women's accounts of childbirth and early motherhood. Miller distinguished "public" and "private" knowledges, and "personal" accounts of childbirth as referring to professional definitions, lay knowledge and individual women's experiences, respectively.

Miller (1998) attributed differences in and across women's narratives to their changing perceptions of the risk of self-disclosure. Miller argued that when the women were asked to give voice to their personal experiences of childbirth and early motherhood, they assessed the

risk of self-disclosure when their personal experiences did not concord with the public and/or private knowledges that surround and shape perceptions of childbirth and motherhood; and that this process yielded complex and multi-layered narratives. "The complexity and contradiction ... in and across women's accounts, appear to be linked to their perceptions of 'acceptable' ways of voicing their experiences" (p. 69). Given her conclusion that "*self-disclosure may be perceived as too risky*" (p. 66) by women speaking about their transition to motherhood, Miller asserted that "collecting and listening to women's accounts then requires continual and systematic reflection in order that, where present, multi-layered voices can be distinguished, and personal narratives privileged" (p. 70).

2.3   Healthcare approaches to the preparation for the transition to motherhood

Qualitative research into individual women's experiences of the transition to motherhood has contributed to the emergence over the last decade of a debate in the nursing literature, concerning the merits of traditional antenatal classes that concentrate mainly on the physiological processes of pregnancy and childbirth. A number of authors have challenged health professionals to apply the knowledge that the transition to motherhood (and fatherhood) involves not only biological impacts, but also changes in the psychological, emotional, relational and social realms. Writing about the British health system, Underdown (1998) argued "it is time for midwifery and health visiting educators to take note of the research and prepare their students to meet the needs of men and women in the transition to parenthood" (p. 511). She challenged these health professionals' narrow focus on the physical processes of pregnancy and childbirth, exhorting them to change their antenatal programs to "offer all round support to parents so that they can be better prepared for the emotional traumas as well as the physical changes during the transition to parenthood" (p.

511). Similarly, Gibson (2001) challenged English midwives to be alert to their contributions in perpetuating the myth of motherhood. She argued that midwives should take an active role in facilitating open and honest conversations with prospective mothers, pregnant women and new mothers about the realities of mothering so that "women can empower themselves to carry out the role to the best of their ability, and avoid unnecessary heartache and worry. ... It is time we put a stop to this 'myth of motherhood' and started to portray to our clients the realities of parenting" (p. 34).

Other papers have described programs or studies that evaluated the outcomes of interventions designed to prepare mothers or parents for the psychological and social changes associated with the transition to motherhood, as well as the practical implications of caring for a newborn. All of the studies described below stressed the importance of acknowledging the usual breadth of emotions, thoughts and desires (often contradictory) associated with the transition to motherhood. All but one of these studies emphasised the importance of supporting the couple relationship as the basis for supporting healthy attachment to the baby and personal adjustment of parents during the transition. In addition, the benefit of training grandparents to support their children has been recommended, to help reduce the incidence of relationship breakdown associated with the transition to parenthood (Polomeno, 2000b, also 1999, 2000a). Similarly, Peterson and Peterson (1993), in an American study, highlighted the value of conducting an education program with all members of the family over an 11-week period, starting before the birth of the baby and continuing for three weeks afterwards. Peterson and Peterson emphasised the benefits of delivering single and continuous educational instruction pre and post childbirth, arguing that family members learn what is needed when it is most needed.

Three studies stressed the importance of providing training programs according to non-directive adult learning principles whereby group participants developed the agenda and learning was facilitated through open discussion amongst participants (Parr, 1998; Schott, 2002; Vehvilainen-Julkunen, 1995). Schott argued that antenatal classes in Britain should include, throughout the course, time allocated to thinking about life after birth. She suggested a useful technique was to weave invitations for parents to think from the baby's point of view throughout topics they elected to be informed about (including labour, childbirth and breastfeeding). Parr highlighted the benefits of providing a reflective therapeutic space in which gaining insight was the aim. Parr conducted an evaluation of the Parents in Partnership – Parent Infant Network (PIPPIN) Program in England, an insight focussed support program run parallel with traditional antenatal classes. Higher levels of adjustment were reported in the experimental group of parents who were encouraged to "explore the unique meaning and process of their own, their partner's and infant's experiences" (p. 162).

Three English researchers have provided practical examples of the application of psychological knowledge to changing health professionals' practices so as to improve preparation for parenthood. Wheatley (2001) facilitated a process with a network of health professionals working with pregnant women and new mothers. She presented to the group her findings that nine women felt aggrieved about their unrealistic expectations of motherhood. When confronted with the research, the group agreed that the role of the health professional is to convey a balanced picture of how day-to-day life is likely to change after the birth of the baby, so that the parent does not feel shocked, overwhelmed and unprepared. Through this process, Wheatley reported that the group of professionals confronted their individual contributions to the myth of motherhood, and many adopted strategies to introduce

some reality into the programs they ran. As part of a broader European strategy designed to broaden the role of health visitors working with pregnant women and new mothers, Roberts et al. (2002) described the establishment of the intervention in south London. Health visitors were trained to be attuned to both the physical and psychological health and development of parents and children so as to provide support during the transition period and identify families at risk requiring ongoing intervention. In contrast to Roberts et al.'s universal intervention, Oakley (1992) and Oakley, Hickey, Rajan, and Rigby (1996) reported an evaluation of a social support intervention provided by midwives and targeted at pregnant women with a previous experience of a baby born with low birth weight. Midwives were trained and supported to respond to the women's psychological and physical needs and concerns. Questionnaires were employed six weeks, one year and seven years after the intervention. This study was significant in that it evaluated the long-term impacts of a pregnancy intervention on children and families. Oakley et al. concluded that the findings indicated that "offering socially disadvantaged 'at risk' mothers additional support during pregnancy has a positive impact on measures of children's health status and family well-being seven years later" (p. 20).

In summary, the literature has suggested that, in England and parts of Europe and North America, traditional educational practices relating to the transition to motherhood are being challenged to acknowledge the diversity and complexity of individual women's subjective experiences, and in so doing, to acknowledge the realities of becoming a mother. However, it seems that practices in Australia have considerably further to go. Consistent with Oakley's (1979, 1980) findings of the medicalisation of perinatal health care, Morse, Buist, and Durkin (2000), over 20 years later in Melbourne, Australia, reported that the main focus of medical and midwife practitioners was still on the physical health of the woman and her foetus, with

little attention given by these professionals to emotional and psychological issues experienced by each partner, or the couple's interactions. From the findings of a study investigating risk factors predictive of postnatal distress and family disruption, Morse et al. concluded that "the standard management in Australia currently provided for pregnant women and their partners during the prenatal phase is inadequate for a sizeable minority" (p. 119).

Study of the transition to motherhood in more recent times has thus drawn upon the systemic, holistic theoretical orientation of life span study outlined in Chapter One, to develop theoretical models of transition that may have practical application in facing the challenges of the transition to motherhood by ordinary women. Specific models are described and analysed in detail in Chapter Three.

CHAPTER THREE

THEORETICAL MODELS OF DEVELOPMENTAL TRANSITION

As indicated at the conclusion of Chapter Two, certain health professionals have used the foundation of life span developmental theories to create specific models of life transition, in order to facilitate understanding of transition by the general public and by particular groups of individuals. While everyone experiences developmental and other change, and is affected by others' experiences of change, some triggers may bring changes that people find difficult to adapt to or cope with. As stated in the Prologue, Doncare is a non-government organisation in Melbourne's eastern suburbs that seeks to assist people cope with change (Doncare, 1999). In her work at Doncare, Pearson developed the Transition Model (Pearson, 1999), a model of life stage change that she used in her work in managing staff and in conducting group therapy.

In this chapter, an analysis of Pearson's Transition Model is placed in the context of two published models of transition which are first described, that of Hopson and Adams (Hopson, 1981; Hopson & Adams, 1977) and that of Schlossberg (1981). It is acknowledged that, at the time of developing her Transition Model, Pearson (personal communication, October 11, 1999) was apparently not aware of these models of transition. Nevertheless, it is considered that this theoretical context can enhance appreciation of Pearson's formulation.

The second part of this chapter comprises a detailed description of Pearson's Transition Model. Pearson did not explicitly place her Transition Model within a specific theoretical framework. However, examination of her writings (Pearson, 1999, 2000) and oral

descriptions (P. Pearson, personal communications, October 11, 1999, October 27, 1999, November 10, 1999, February 9, 2000) revealed a number of theoretical assumptions. Identifying these allowed the researcher to understand the Transition Model in the context of developmental theory as described in Chapter One, and the research on women's individual experiences of the transition to motherhood as documented in Section 2.2 of Chapter Two. These links are made explicit. Points of similarity and difference from the model of Hopson and Adams are also noted.

The analysis of Pearson's Transition Model is then followed by a summary of its place within the field of psychological developmental theory. The chapter concludes with a detailed description of the development and application of Pearson's Transition Model as a foundation for training in life stage change.

3.1   Hopson and Adams' seven-stage model of transition

The development of Hopson and Adams' model of transitional behaviour and experience was grounded in both theory and their experience as practitioners working directly with people in transition (Hopson, 1981; Hopson & Adams, 1977). Hopson and Adams' model made an important contribution in the literature both as a useful and inclusive tool for understanding people's experiences of transitions, and as the catalyst for a debate that linked theoretical and practitioner expertise to advance research and clinical practice in this area. Indeed, Hopson and Adams changed their model, after first publishing it in 1977, in response to the debate that ensued and the subsequent development of their ideas (Hopson, 1981). Hopson and Adams' model is described here in some detail due to its significance in the transition literature, and because of its similarity to Pearson's (1999) Transition Model. Both models

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depict a predictable and sequential process of transitional behaviours and experiences in response to major change.

It is acknowledged that others have also developed models of understanding transition processes that have made significant contributions in this area, including Schlossberg (1981) who highlighted the importance of the environmental context in determining the course and experience of a transition. Briefly, Schlossberg attempted to explain the variability in people's experiences of transitions described by Neugarten (1979) and Vaillant (1977). Schlossberg's model postulates three major sets of factors that influence individuals' responses to transition: 1) the characteristics of the transition itself; 2) the characteristics of the pre- and post-transition environments (supports and physical settings); and 3) the characteristics of the individual experiencing the transition (including, amongst many, previous experience of a transition of a similar nature). According to Schlossberg, the numerous transition variables interact to determine one of two outcomes, "adaptation or failure to adapt" (p. 5), which lead respectively to psychological growth or deterioration. Essentially, Schlossberg asserted that "it is not the transition itself that is of primary importance, but rather how that transition fits with an individual's stage, situation, and style at the time of the transition" (p. 5).

Hopson (1981) commended Schlossberg's (1981) contribution to furthering understanding of the unique nature and context of every transition experience. He noted the usefulness of Schlossberg's model in assisting analysis of any transition and also in assisting clients to focus on all aspects of their transitions. In their own transition model, Hopson and Adams (1977) were concerned with depicting individuals' responses and experiences of transition. Hopson (1981) was also concerned with understanding the nature and impact of transition

coping styles, the "combination of skills, helpful attitudes, and information that one needs to have" (p. 39), and the usefulness of different dimensions of interpersonal support in coping with transitions. In the context of designing workshop interventions aimed at assisting adults cope with transitions in their lives, Hopson applied Schlossberg's model and highlighted the importance of two further factors critical to explaining why people differ so much in terms of how they approach the task of coping with a transition – personality style and learning style. Whilst not exploring these factors in any detail, Hopson asserted that:

> A workshop needs to have techniques that will appeal to all ... styles. A counsellor needs strategies that can appeal to all styles and to develop skills in recognising the style he or she primarily uses. In addition they need to become adept at recognizing the primary styles of their clients. (Hopson, p. 39)

Primarily concerned to link theory with practice, Hopson and Adams (1977) proposed a general model of transition that drew from different disciplines and allowed testable hypotheses to be drawn from it. They had observed that practitioners had developed working models in order to help them and their clients understand the process of transition, but that their practical orientation meant that these models were seldom placed in a theoretical framework or their assumptions tested. Hopson and Adams (1977; Hopson, 1981) attempted to redress this by providing a framework for understanding and researching transitions, and inviting theoreticians and practitioners into a rigorous debate of transitional behaviour and experience as a specific area of investigation.

Hopson and Adams' (1977) central thesis was "that every transition contains within it 'opportunity value' for the individual to grow and develop" (p. 5). In terms of assisting people to cope more effectively with transitions, Hopson and Adams adopted a behavioural

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perspective "assuming that to a considerable extent people's reactions to being in transition are learned as opposed to being inherited" (p. 23). They therefore asserted that "we should be able to develop preventive, educative and re-educative strategies to help (individuals) more effectively manage their affairs and relationships at lower psychological costs, and derive greater benefits from the opportunity values imbedded in every major transition" (p. 23).

Hopson and Adams (1977) emphasised the phenomenological nature of a transition and defined it as requiring personal awareness and new behavioural responses. When reviewing their model as part of a debate about the nature and process of transitions, Hopson (1981) acknowledged Schlossberg's (1981) contribution that a transition also results in a change of assumptions about oneself and the world. Drawing heavily on life course theorists, Schlossberg asserted that "a transition is not so much a matter of change as of the individual's *perception* of change. A transition is a transition if it is so defined by the person experiencing it" (p. 7). In this way, Hopson acknowledged that a transition could be triggered by any event or non-event, but that the critical defining feature of any transition is the individual's perception of their experience.

While cautious about the misuse of models "as iron plated pigeonholes into which human experience must somehow be made to fit" (Hopson, 1981, p. 37), Hopson and Adams (1977) offered their seven stage model because, in their experience, it seemed "to help a wide range of people representing many transitions understand their experiences of transition" (p. 37). Hopson and Adams' (Hopson, 1981) model of transitions is depicted by a smooth curve indicating changes in level of mood over time as the person passes through successive stages of transition. Hopson and Adams argued that irrespective of the nature of the change, "it will trigger a *cycle* of reactions and feelings that is predictable" (p. 9). However, exercising

caution about the universal applicability of their model, Hopson emphasised that the model may not represent everyone's experience of transitions, and that even when a person's experience follows the flow of the model, it is rarely as smooth or continuous as the curve suggests. Highlighting the unique variability displayed by each individual's passage through transition, Hopson and Adams also stressed that an individual's experiences of the various stages of the model is not uniform for different changes. Similarly, different people occupy different stages of the model for various lengths of time and with varied intensity of mood and ability to function.

The seven stages of Hopson and Adams' (Hopson, 1981) model of transition are depicted in Figure 1 below and described in the following sections. It is important to note that the model did not explicate the mechanisms of movement from one stage to the next.

3.1.1   Stage 1: Immobilisation

The first stage of Hopson and Adams' (1977) model is immobilisation or "a sense of being overwhelmed; of being unable to make plans, unable to reason, and unable to understand" (p. 9). If the transition is desired, the "good news" results in "shock" (immobilisation) and an accompanied absence of feeling, followed by positive feelings ranging from mild pleasure to total elation. Conversely, if the transition is not desired, the sense of immobilisation is followed by despair (Hopson, 1981).
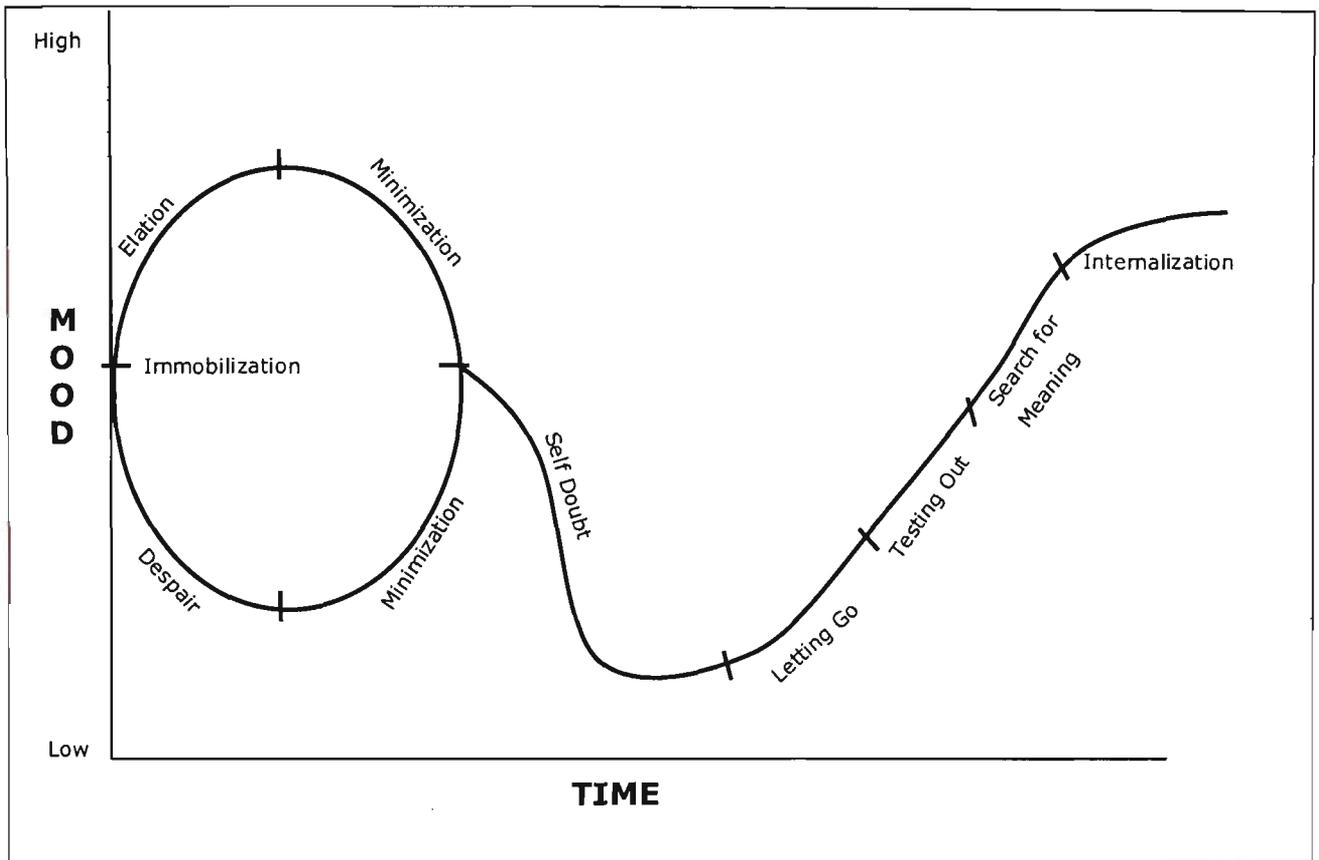
Figure 1. Hopson and Adams' seven-phase model of stages accompanying transition (reproduced from Hopson, 1981, p. 38).

3.1.2   Stage 2: Minimisation

During the second stage of the model, elation or despair is followed by minimising the change in the form of trivialising it. Hopson (1981) clarified that minimisation in the form of a denial response is only applicable when the transition is undesired. When the transition is desired, for example a long awaited job promotion, minimisation takes the form of dulling the good feelings: ""I suppose I *am* up to the job?"; "Is this really worth all the years I invested?"" (p. 37). Hopson and Adams (1977; Hopson, 1981) highlighted that the act of denying or minimising the reality of a major change is often a necessary process of adjustment.

3.1.3   Stage 3: Self-doubt

According to Hopson and Adams (1977), for most people, minimisation is followed by a period of self-doubt in which "the realities of the change and of the resulting stresses begin to become apparent" (p. 11). Self-doubt responses may include depression, anxiety, anger or sadness (Hopson, 1981), and emerge as the person confronts the fact that there has been a change (Hopson & Adams, 1977). Irrespective of the nature of the change, the person will "become frustrated because it becomes difficult to know how best to cope with the new life requirements, the ways of being, the new relationships, that have been established or whatever other changes may be necessary" (Hopson & Adams, p. 11).

3.1.4   Stage 4: Letting go

The fourth stage of the model – letting go – involved accepting reality for what it is (Hopson, 1981; Hopson & Adams, 1977).

> The person will not emerge out of (the third phase) until he or she has successfully recognised and dealt with any negative feelings that have occurred – of loss, anger, jealousy, frustration, disappointment, etc. Letting go of these and old expectations is literally and usually (in the model) "turning the corner" and an upward mood swing takes over. (Hopson, p. 37)

Brammer and Abrego (1981) noted that this letting go stage of Hopson and Adams' (1977) model was the least developed stage, and offered a more detailed explanation of the process of letting go:

Our clinical observations indicate that some critical point is reached in dealing with the negative emotional reactions to the transition where the person lets him or herself into the feeling to experience it deeply. This may mean tears, expression of anger, or it may be largely a cognitive experience of committing one's self to let go of resistance to change and to flow with the experience. It takes a quality of courage to face the unknown future and to risk new experiences and behaviours in the present. (Brammer & Abrego, p. 21)

Hopson and Adams (1977) contrasted the fourth stage of the model to the first three stages:

Through the first three phases, there has been a kind of attachment, whether it has been conscious or not, to the past (pre-transition) situation. To move from phase three to phase four involves a process of unhooking from the past and of saying 'Okay, here I am now; here is what I have; here's what I want.' As this is accepted as the reality, the person's feelings begin to rise once more, and optimism becomes possible. A clear 'letting go' is necessary. (Hopson & Adams, p. 12)

While stage three of the model involved a decline in mood, the fourth, fifth, sixth and seventh stages saw it gradually increasing to above the beginning level of the transition.

3.1.5   Stage 5: Testing out

The fifth stage of Hopson and Adams' (1977) model is a testing out period. Characterised by a very rapid increase in mood and high levels of energy, the person "starts testing himself vis-à-vis the new situation: trying out new behaviours; new life styles; and new ways of coping with the transition" (p. 12). Dealing with the new reality, experimentation with stereotypes takes place. During this experimental stage the person may be irritable, impatient and angry,

and very demanding of friends, relatives and colleagues (Hopson, 1981; Hopson & Adam, 1977).

3.1.6 Stage 6: Search for meaning

Following this high activity and testing out stage, the person searches for meaning, seeking to understand how and why things are different. Hopson and Adams (1977) described this sixth stage as involving "a cognitive process in which people try to understand what all the activity, anger, stereotyping and so on have meant" (p. 12). It is not until the person can withdraw from the intensity of the activity "that they can begin to understand deeply the meaning of the change in their lives" (p. 12).

3.1.7 Stage 7: Internalisation

According to Hopson and Adams (1977), this conceptualisation of new meanings allows the person to move to the final stage of "*internalising* these meanings and incorporating them into their behaviour" (p. 12). Hopson (1981) acknowledged Brammer and Abrego's (1981) introduction of the word renewal into this stage of integration:

> This is a valuable addition to the model with its emphasis on reframing assumptions and changing values. I would now argue that integration not only involves renewal but also incorporates an acceptance that the transition is now complete. This means that it has become part of one's history. It will therefore always have some importance; it may still generate sadness or joy on recall. Being integrated into one's total being, it will have an influence over future directions but is not imprisoning one in the past. If the latter is operating the person still has not let go of the experience. ... The other

essential ingredient of integration (is) the ability to be able to identify the gains no

matter how undesirable or traumatic the transition. (Hopson, p. 38)

This capacity of the individual to identify the gains for him or herself from the transition was,

to Hopson and Adams, successful coping (Hopson, 1981).

It is noted that Hopson's (1981) notion of integration resonated with McAdams' (1985)

notion of identity turning points, in which perceived transformations of self are integrated

into the person's life story, that is, into identity or the sense of self.

3.2   Pearson's Transition Model

Like that of Hopson and Adams (1977; Hopson, 1981), Pearson's (1999) Transition Model

was devised to provide a framework for conceptualising ordinary life transitions and helping

individuals understand their reactions to change and loss. The Transition Model was

designed to promote reflection and insight into the general process of transition, so that the

person can have more control over the process and understand it as an opportunity for

personal growth. The latter was consistent with Hopson and Adams' (1977) central thesis

that every transition provides the individual the opportunity to grow and develop. Pearson

asserted that the primary focus in using the Transition Model was to normalise the

individual's different and often conflicting emotional and behavioural responses to major life

changes. In Pearson's (personal communication, October 11, 1999) words, the aim of the

Transition Model was to "reduce the distress often experienced by people during a life stage

transition by normalising the process, and to offer them a 'map' of what might happen next,

so as to ease some of the distress of the transition such that the person can give energy to

coping with the stress".

At the outset, it is important to note that Pearson (1999) used the term transition in a very broad, contextually determined, way. For example, at times the term was used to mean the act of attaining a new sense of self, while at other times the process itself seemed to be emphasised. In other contexts, transition seemed to indicate the five phases of the Transition Model itself, or the dynamic interplay between the elements of the "transition storm".

Pearson's (1999) Transition Model for understanding people's responses to major life changes identified five phases:

a)   Pre-change;

b)   Public change marker or event;

c)   Transition storm;

d)   What now?; and

e)   Post transition.

Pearson (1999) asserted that the Transition Model was not linear. However, the experience of coping successfully with a major change event was depicted as a linear, multiphasic process, accommodating individual responses, regressions, pauses and detours (see Figure 2 on page 58). Pearson likened progression through the five phases of the Transition Model to "the white dot on the bicycle tyre image" (p. 11), denoting that while individuals generally move forward in the transition process, coping with change usually involves repetitive cycles of mixed emotions and periods of avoidance and regression. In this way, Hopson's (1981) view that people's experiences of transition are rarely smooth and continuous was reflected. However, like Hopson and Adams (1977), Pearson did not explicate the processes or mechanisms by which an individual progresses from one phase to the next.

The Transition Model also accommodated the possibility that, on occasions, people permanently avoid confronting their feelings associated with change, thereby forfeiting an opportunity for psychological development (Pearson, 1999). It was implied that this could not be considered as the same as coping, a position again consistent with Hopson and Adams' (1977) model, but a "value-position" later questioned by Hopson (1981, p. 37).

Also consistent with Hopson and Adams' (1977; Hopson, 1981) model, Pearson (1999) asserted that the outcome of successfully progressing through the five phases of the Transition Model is a sense of a "new integration" (p. 13), that is, a new sense of self-identity.

Pearson (1999) described a crisis-based process of coping that may lead to psychological development. In this way, Pearson's Transition Model is similar to Erikson's (1963) developmental theory, in that change and maturation are prompted by a crisis, and similar to stage theories generally, in that individuals pass through successive and universal phases leading to a more mature developmental outcome. Hopson and Adams (1977), in contrast, drawing upon Murray-Parkes' early work on bereavement (cited in Hopson, 1981), separated the concepts of crisis and "psychosocial transition":

> Some transitions are experienced as a form of crisis by some people at some time. Others involve no element of crisis at all. In everyday language, no matter what else crisis theorists may claim, a "crisis" implies a dramatic event. Not all transitions are dramatic and they are not even always observable events. (Hopson, p. 37)

All the same, Pearson also acknowledged a notion of "a natural drive towards (psychological) integration" (p. 6) as an underlying impetus for psychological growth and development. This

notion seems to accord not so much with crisis and dramatic developmental changes, but more with a general life span developmental conceptualisation. It implies, in other words that adults primarily seek to maintain a sense of psychological continuity (Datan et al., 1987). Pearson's notions of crisis and a natural drive towards integration are described in Sections 3.2.2 and 3.2.3 respectively.

The next page presents Pearson's diagrammatic representation of the Transition Model, Figure 2. A detailed description of the five phases of Pearson's (1999) model follows.

3.2.1 Pre-change phase

The first phase of Pearson's (1999) Transition Model is a pre-transition phase. According to Pearson, the period before a major life change is marked by a sense of psychological integration and being in relative control of one's life. During this phase, the person may feel quite content, may come to feel restless about some aspect of life, or may indeed develop a sense of imminent change. Hopson and Adams' (1977) model of transition did not include a pre-transition phase, accounting only for the period of transition itself.

3.2.2 Public change marker or event phase

The second phase depicted by Pearson's (1999) Transition Model is the occasion of the event that triggers a crisis. According to Pearson, this "change event" may be planned, anticipated or unexpected, and always involves a sense of loss. In developing the Transition Model, Pearson (1999), like Nicolson (1998), drew on Marris' model (cited in Pearson, 1999) for

LIFE/WORK CHANGE - DYNAMIC TRANSITION MODEL

1.PRE CHANGE | **2.CHANGE EVENT** | **3. TRANSITION STORM** | **4.WHAT NOW** | **5.POST TRANSITION**

Period of relative integration.

Major life Changing event involving loss.

Relative sense of being in control.

May be restless, or sense a change coming.

Exit HO.-1 Go to "Queensland"

Exit HO.-2 Physical Breakdown

Exit HO.-3 Drugs & Alcohol

Exit HO.-4 Relationship Breakdown

Exit HO.-5 Saint/Martyr
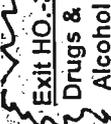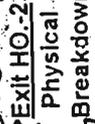
Idealisation of pre-trigger state.

Denial of change and/or its impact.

NATURAL LIMIT

In control

Giving up control

"Busy-ness"
Focus on External Achievements

HOLDING ON REACTIONS

EMOTIONAL CHAOS

LETTING GO REACTIONS

shock trauma guilt disappointment love
anxiety & panic loss of self esteem envy
"no-one told me I would feel like this"
rage fear hate ecstasy pride hope
boredom confusion
blame vulnerability
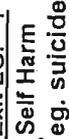
Reintegration

Loss of control

NATURAL LIMIT

Exit LG.-1 Self Harm eg. suicide

Exit LG.-2 Mental Breakdown

Exit LG.-3 Harm to other eg. Homicide

Exit LG.-4 Flat Tyre / Despair
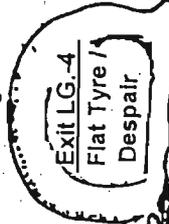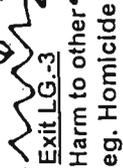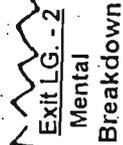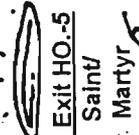
Take up new roles.

Feel more solid.

Regret narrowing of life options.

Time of creativity

Setting new priorities

But less need to be in control because we feel more sure of ourselves and our ability to manage change.

Know ourselves better.

MODEL IS NOT LINEAR
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Figure 2. Pearson's five-phase model of transition (reproduced from Pearson, 1999).

understanding loss and grief. While Pearson did not define the notion of loss in the context of her Transition Model, a range of losses can be inferred, including psychological, physiological, social, environmental and cultural losses. The significance of loss and grief in coping with change is consistent with Hopson and Adams' (1977) and with Schlossberg's (1981) models of transition.

Pearson's (1999) notion of the concepts of change events or major life changes is open to interpretation. She seemed to primarily focus the application of her Transition Model to providing a way of understanding people's feelings and behaviours resulting from life stage transitions or crises that are distinguished by a public marker of change. Pearson asserted that "all life stages are defined by some public marker of change, and life crises are commonly associated with a specific event which can be felt to trigger the crisis and our reactions to it" (p. 6). Examples cited as public markers that might trigger a major change in life included a wedding ceremony, a heart attack, bodily changes associated with adolescence and menopause, conception, miscarriage and childbirth. However, the public markers associated with menopause, conception and miscarriage were not elucidated by Pearson, while conversely, the life stage associated with a heart attack was not noted. It seemed that Pearson has suggested that the Transition Model could actually be applied to two categories of major change events, that is, normative life stage transitions, such as menopause, conception, and the transition to motherhood, and non-normative change events including a heart attack, winning the lottery and retrenchment.

A conceptualisation of triggers of transition as only events involving public markers, that is to say external events, as above, implies a more narrow definition of transition when compared with those of Hopson and Adams (1977; Hopson, 1981) and Schlossberg (1981),

and with Wheaton and Gotlib's (1997) notion of a turning point trigger. These latter theorists attributed a broad range of possible triggers for major change, including internal or intrapsychic, as well as external factors.

3.2.3   Transition storm phase

Pearson (1999) described the third phase of transition as an emotional storm. Prompted by a public marker, the transition storm is characterised by a broad range of intense and often contradictory emotions and reactions, leading to a sense of emotional chaos. People may be shocked by their intensity of feelings and variations in mood. Pearson conceptualised people's "reactions" to the emotional chaos as being of two kinds, namely "letting go" and "holding on" reactions. Briefly, letting go refers to going with the emotional chaos of the transition storm, while holding on refers to an individual's attempts to defend the self against the storm. Pearson also listed nine "exits" from the transition storm. The three components of the transition storm are outlined below – letting go reactions, holding on reactions, and exits.

According to Pearson (1999), letting go reactions involve surrendering to the disruptive and uncomfortable internal experience of confronting an ending and a beginning. "Predominantly the Letting Go Reactions [*sic*] are about not feeling OK about who we are and what we are thinking and feeling" (Pearson, p. 7). The associated feelings of loss of emotional control induce a "sense that the process has its own momentum or current" (p. 7). This may be experienced as chaotic or disorientating, and may even arouse fears of personal disintegration. The notion of loss of control is central to the Transition Model in two important ways. Firstly, an individual's emotional reaction to a change event is dependent on

the "magnitude (of the) loss associated with the change" (p. 7). Secondly, the trajectory that an individual follows after the change event depends on the extent to which that individual experiences and works through feelings of loss of internal control. Pearson's notion of loss in this context referred to losses associated with the individual's emotional state and psychological structure, specifically, identity. Pearson listed numerous feelings as being involved in letting go reactions, including shock, trauma, guilt, disappointment, love, anxiety, loss of self esteem, envy, rage, fear, hate, ecstasy, pride, hope, boredom, confusion, blame and vulnerability. The Transition Model assumes that for a person to successfully cope with a change event, that person must fully experience letting go reactions and work through them. In this way, the person will progress out of the transition storm and into the fourth and fifth phases of the transition.

Pearson (1999) described the holding on reactions of the transition storm as attempts to avoid or to seek respite from the letting go reactions. Four essential elements of the holding on reactions were described. Firstly, the focus is on maintaining the appearance of being in control as a means of reassurance to the individual and to others that the individual is in control and managing. Secondly, the function of the holding on reaction is to avoid the chaotic feelings associated with confronting letting go. Thirdly, the aim is "to not experience the Letting Go Reactions [sic] either briefly or on a longer term basis" (p. 8). Fourthly, the defence of projection is used to avoid some difficult feelings, and the extent of its employment correlates with the extent that the individual occupies the holding on space. It is open to interpretation as to whether projection is always a necessary element of holding on reactions.

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Pearson (1999) suggested that holding on reactions might be employed for a brief period or permanently. She asserted that when holding on reactions are engaged for a brief time, they help the individual "pace the experience of letting go" (p. 9). Pearson also asserted that holding on reactions may be employed if an individual is "determined to avoid the Letting Go Reactions [*sic*]" (p. 9). In the latter instance, he or she engages what Pearson coined "busy-ness" (p. 9), that is, activities in which individuals become immersed as a way of avoiding confronting "the emotional pain associated with loss" (p. 9). As examples, Pearson cited busy-ness of study or work, "copious 'retail therapy'", becoming "obsessed with travel", and a "focus on developing or maintaining a youthful and enviable physical image" (p. 9). Pearson asserted that the common feature of "all of these avenues" of holding on reactions is that they "represent ... important contributions to the well being of the family and the community" (p. 9). Pearson explained this latter assertion in relation to the busy-ness of work, in terms of financial rewards and enhanced social status. However, it was not clear how this assertion was relevant to the other examples given, except to say that status and power are sought through their pursuit. Overall, it was implied that the consequence of engaging the busy-ness holding on reactions, and in so doing not experiencing the letting go reactions, was to avoid confrontation with and resolution of the transition storm. Thus, progress to the fourth and fifth phases of the transition model is halted.

While Pearson (1999) stated that holding on reactions may be useful defences and so must be respected, she argued that "unless we are prepared to experience the letting go reactions, we cannot move through the transition process to a period of greater self understanding, maturity and consolidation" (p. 10). Pearson asserted that the movement between holding on and letting go reactions is achieved through the individual's "natural drive towards integration" (p. 10) which, in turn, is mediated by two "natural limits". The purposeful decision making

process implied by Pearson's notion of natural limits accords with Erikson's (1963) notion of turning points as decisive encounters – "moments of decision between progress and regression, integration and retardation" (p. 271). In Pearson's words:

> The person who is in the Holding On [sic] phase of the storm is hopefully moving from a position of being in control, to a position that is about feeling that they cannot sustain such control forever. There is a natural limit, commonly, to the use of defences against feeling the Letting Go [sic] experiences. When we reach this limit we become aware that we are avoiding experiencing something and that we cannot put off such experiences forever. We begin to let go of the illusion of control we have worked hard to develop.
>
> In the Letting Go [sic] phase of the storm, we move through the difficult feelings of emotionally unravelling or 'unintegrating' [sic], towards a natural limit to feeling not- in- control [sic]. People say "I reached a point where I felt so low that I knew I had to do something to help myself". ... As people age and collect experience of themselves in situations of loss, they come to know and trust these inbuilt limits which drive us forward towards a state of reintegration, of developing a new sense of ourselves in relation to the world. (p. 10)

It was noted that in her description of the Transition Model, Pearson used the terms "reaction" and "phase" interchangeably with reference to the holding on and letting go reactions/phases, as well as using the word phase to describe the five stages of the Transition Model. From an analysis of the usage of these terms, it seemed that there were two distinct uses of the word phase, that is, *reaction* (or experience) with reference to the holding on and letting go aspects of the third *phase* (or stage) of the model. This interpretation accords with Pearson's description of the transition storm as chaotic, and involving dynamic fluctuations

between holding on and letting go experiences, a pattern inconsistent with notions of (sub)phases or stages.

Pearson's (1999) transition storm clearly has a paradoxical character, in that the natural drive toward psychological integration can act in contradictory ways. Firstly, the natural drive toward psychological integration can act as a defence, allowing the person to maintain or revert to a known state of psychological integration, thereby avoiding the disintegration associated with fully experiencing reactions to change. Secondly and conversely, the natural drive toward psychological integration can act as a prompt to attaining a new state of integration and personal growth. It may be to this paradox of the transition storm that Pearson was referring when she stressed the non-linear nature of the transition process.

The third component of the transition storm is now described. The Transition Model accommodated the possibility that people may seek to "exit" the transition storm in a dramatic way. Pearson (1999) argued that "it is a natural instinct to want to take shelter from the storm" (p. 11). Taking an exit from the storm may serve to permanently escape feelings associated with change, or to seek respite so as to restore energy to cope with the transition. In neither case does the exit itself constitute a positive working through of the storm. According to Pearson, exits may be experienced at the level of fantasy only, or may be expressed as observable behaviours such as physical breakdown, or self-harm. Nine types of exit were denoted, as illustrated in Figure 2 on page 58 above.

Distinctions between Pearson's (1999) notions of exits and holding on reactions were not altogether clear. For example, for both holding on reactions and for exits, the term "respite" was used to signify a short-term retreat from experiencing the letting go reactions. Similarly,

in describing one type of holding on reaction, Pearson mentioned determination in avoiding letting go reactions, suggesting that holding on reactions, like exits, could be employed permanently. Further, Pearson's (1999) description of the Transition Model revealed that at least three of the nine exits shared the same essential elements as the holding on reactions. It was not apparent how the "going to Queensland" exit is different to a holding on reaction. Indeed, high investment in work was cited as an example of both. Similarly, the nature of the "relationship breakdown" exit seemed to be indistinct from the projection defence referred to as a feature of holding on reactions. The "saint or martyr position" exit seemed to occupy the same realm as volunteer work also described as a busy-ness holding on reaction. Arguably, according to Vaillant's (1977) adaptation hierarchy, the latter exit might be described as altruism, a mature defence. Pearson's "flat tyre / despair" exit was not described. However, a distinction can be made between holding on reactions and the five remaining exits ("physical breakdown", "drugs and alcohol use", "self harm", "mental breakdown" and "harming others"). An obvious distinguishing feature here is that exits manifest in behaviour that does not maintain the appearance of being in control, an essential feature of Pearson's holding on reactions. It is open to interpretation as to whether Pearson intended the absence of the appearance of being in control to differentiate exits from holding on reactions. Indeed, while not discussed by Pearson, a possible difference between holding on reactions and exits might be that holding on reactions are encompassed in everyday experience, while the exits seem to imply some kind of psychopathology.

Another aspect of Pearson's (1999) notion of exits was unclear, namely the distinction between holding on exits and letting go exits. Pearson did not specify what features distinguish exits into these categories. Further, the processes and mechanisms of the transit

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from a reaction to an exit, and the re-entry from an exit to the transition storm, were not articulated.

As previously stated, Pearson (1999) asserted that successful resolution of the transition storm occurs when a person experiences loss of control associated with confronting and working through the letting go reactions, thereby achieving a "new integration" of the sense of self. The nature and processes involved in this confrontation and working through were not precisely outlined. However, it was implied that acknowledging and accepting the mixed feelings associated with the emotional chaos are involved. The process was described as involving "real life learning" and "a period of steep learning" (p. 8). The benefit of sharing letting go experiences "in a developmental relationship" (not defined) (p. 8) was also mentioned: "we may **find a capacity to connect** with another, or with a group of others, at a deep and satisfying level" (p. 8; Pearson's emphasis). The implication might be that it is through sharing of the letting go experiences with others that individuals learn to acknowledge, accept and work through the associated mixed feelings.

Broadly, Pearson's (1999) transition storm could be interpreted as encompassing the first four stages of Hopson and Adams' (1977; Hopson, 1981) transition model, namely immobilisation, minimisation, self-doubt and letting go. While the essential features of Hopson and Adams' first four stages seemed to be critical features of Pearson's transition storm, the experience of these elements was depicted differently in the two models. While stressing that their representation of transition is of the general experience and that regressions and progressions within and between stages are typical, Hopson and Adams' model proposed the process of avoiding, confronting and working through reactions to change as a successive series of stages. In contrast, Pearson depicted this experience as

continually chaotic and non-linear. Pearson's notion of exits or permanent escapes from confronting the reality of change was not included in Hopson and Adams' conceptualisation of transition, and might assist in resolving Hopson's discomfort with their assumption that striving to cope with transitions is inherent in each person. Indeed, Hopson conceded that "unfortunately some peole [sic] see some transitions as events to be resisted at all costs, or squander their energies in living as if nothing had changed in their lives" (p. 37).

Thus, while her Transition Model was not developed with full clarity, and was not yet empirically tested, Pearson (1999) seems to have gone beyond Hopson and Adams (1977; Hopson, 1981) in her attempt to describe the mechanisms involved in confronting, working through and accepting turbulent emotional responses to major changes, specifically, the notion of a natural drive toward psychological integration.

Consistent with Hopson's (1981) notion of integration, Pearson's (1999) assertion that major transitions in life may prompt changes in identity, seemed to concur with McAdams' (1985) notion of identity formation proceeding from adolescence throughout adulthood. This assertion may also be consistent with the body of research concerned with changes in identity during pregnancy, childbirth and motherhood elucidated in Section 2.2.2 of Chapter Two (Bailey, 2000; Boulton, 1983; Nicolson, 1998; Sethi, 1995; Smith 1991, 1994, 1999a, 1999b).

3.2.4   What now? phase

Having successfully worked through the emotional storm, the person emerges into a "period of new integration" (Pearson, 1999, p. 13). According to Pearson, this "what now?" phase is characterised by feeling more solid, focused and resilient. The person feels ready to question

future possibilities, to set new priorities, to be creative, and to transcend regrets associated

with losses or narrowing of life options.

> As we emerge from the Storm [*sic*], we are not the same as we were prior to the Storm
>
> [*sic*] or trigger. We have let go of parts of ourselves and our sense of ourselves in the
>
> world and we have extended some of our other aspects to create a new form, a new
>
> sense of ourselves. ... We try to translate our new image into a new way of being in the
>
> world. (p. 13)

There was no account given, however, of the mechanisms that this moving on phase might

entail.

3.2.5 Post transition phase

The final phase of Pearson's (1999) Transition Model is the post transition phase. During

this phase the person takes up new roles and opportunities as a result of resolving the

frustrations and questions arising from the change event. The person's sense of being in

control returns, and a sense of knowing oneself better emerges. Pearson asserted that "an

important feature of reaching this stage of the process is that we do not have the same need to

feel in control. We know that we can come through change, [*sic*] constructively, and we are

therefore more at ease with the swings and roundabouts of life" (p. 13).

The more cognitive responses described in Hopson and Adams' (1977; Hopson, 1981) fifth

and sixth stages – testing out and searching for meaning – were not part of Pearson's (1999)

conceptualisation of transition. While Pearson's notion of a natural limit was described

primarily as a cognitive decision making process, the overall focus of the Transition Model is

more on people's emotional reactions to change. As previously stated, Hopson and Adams'

final stage of internalisation seemed to encompass Pearson's notion of achieving a new integration of self after working through the emotional chaos of the transition storm.

Overall, it could be argued that Pearson's (1999) model of transition can be seen as constituting a subset of Hopson and Adams' (1977; Hopson, 1981) model. Pearson's focus was on people's emotional responses to major change, with less emphasis upon cognitive responses to transition than in Hopson and Adams' model. Pearson's depiction of a number of emotional responses as occurring in one phase, that is, the transition storm, was in contrast to Hopson and Adams' representation of comparable emotional responses as occurring in a series of four successive stages. In this way, Pearson's representation highlighted the tumultuous emotional chaos of transition that she sought to reflect. Further, when comparing Pearson's and Hopson and Adams' models of transition, it could be argued that Pearson's model comprises two pre-transition phases, namely the pre-change and the public marker or event phases, followed by three transition phases, namely the transition storm, the what now?, and the post transition phases. The transition storm phase has been relatively highly elaborated in Pearson's model, although there remain several aspects to be clarified. In contrast, the what now? and the post transition phases were not developed in detail and would benefit from substantial elaboration. Further, as previously stated, neither Pearson nor Hopson and Adams explicated the psychological mechanisms involved in moving from one stage or phase of their respective models to the next.

3.3 The place of Pearson's Transition Model within the field of psychological developmental theory

According to Pearson (personal communication, October 11, 1999), the Transition Model is underpinned by psychodynamic theory. While Pearson neither elaborated this assertion nor explicated her Transition Model within a theoretical framework, three aspects of Pearson's model appeared to be in concordance with aspects of Erikson's (1963) psychoanalytically based theory, as highlighted in the foregoing description of Pearson's Transition Model. These are the notions that change and maturation are prompted by a crisis, that individuals pass through successive and universal psychological phases over the life span, leading to a more mature developmental outcome, and that working through crises involves active decision making at critical points.

However, the influence of Bandura's Social Learning Theory is also explicit in Pearson's (personal communications, October 11, 1999, February 9, 2000) assertion that repeated exposure to the Transition Model could influence individuals' behaviour. Pearson had proposed that through exposure to the Transition Model a number of times during adolescence and early adulthood, individuals would learn the process of transition and thus, with this knowledge, be better able to cope with future transitions in their lives.

Further, the impact of the complex interplay between environmental factors and individuals is implicit in Pearson's model, possibly implying a systems perspective. Indeed, in her application of the Transition Model in non-clinical community settings, Pearson seemed interested in the reciprocal interactions between individuals and their environments.

From yet a different angle, the researcher reviewed Pearson's (1999) Transition Model in relation to the more recent life course approaches to psychological development (for example those of Clausen, 1993; Datan et al., 1987), discussed above in Section 1.3 of Chapter One. When considering Pearson's application of the Transition Model with mothers of young children, Pearson seemed not to concur with most of these approaches, which hold that highly individual rather than universal experience is central to the conceptualisation of transition. Rather, Pearson (personal communication, October 11, 1999) asserted that the transition to motherhood constitutes the greatest change in every mother's life, thus promoting a generalised view of the significance of this change to all mothers. Pearson's approach was consistent with Sethi (1995).

Overall, Pearson viewed the Transition Model as directly applicable to transition at many stages of life, and emphasised that repeated exposure to it during adolescence and early adulthood would equip individuals with knowledge that would help them cope successfully with changes throughout their lives. Generally, indeed, this model accords with several fundamental aspects of transition and psychological development reported in the published international literature. Pearson's Transition Model is highly ambitious in seeking to encompass the full range of human experiences of change. It is not surprising therefore, that the Transition Model requires further detailing in several aspects if it is to succeed in providing such a comprehensive view of life, as discussed in Section 3.2 above.

As introduced in the Prologue, the application of Pearson's Transition Model, together with the theory and empirical research relating to human development and women's experiences of the transition to motherhood described in Chapters One and Two respectively, provided the context in which the present research was conceptualised.

CHAPTER FOUR

CONCEPTUALISATION OF THE PRESENT STUDY

This chapter presents how the research component of the Doncare Transition Project pertaining to mothers of young children was conceptualised as the present study. The first section defines the concepts of transition, turning point and change in life as they are used in the present thesis. The second section places the study within the context of the literature outlined in Chapters One and Two. A research gap is highlighted and the call to further qualitative exploration of the transitions of mothers defined. The third section refers to Chapter Three and describes the call to evaluation of an intervention concerning the transition to motherhood, namely Pearson's Transition to Motherhood Workshop. These two calls for research underpin the conceptual bases of the research, which are described in the final section of the chapter in terms of the research questions formulated, the psychological phenomena to be studied, and the domains of enquiry that were correspondingly articulated.

4.1   The concept of turning points in life

It is useful at this point to clarify the meaning of terms as used in the present study and thesis, namely, major transition, turning point, greatest or most significant change, major change in life, and transition to motherhood. For the purposes of formulating the research design, Doncare's notion of major transition was interpreted in terms of Wheaton and Gotlib's (1997) notion of a turning point as described in Section 1.3 of Chapter One. Critical to Wheaton and Gotlib's notion of a turning point is an individual's perception that their change experience transformed their life onto a different path or trajectory. Further, Wheaton and Gotlib

attributed a broad range of possible triggers for major change, including internal or intrapsychic, as well as external factors.

The present researcher's use of the phrase greatest or most significant change or turning point refers to the turning point identified by a participant as having had the greatest change impact on her life. Major change is used as a general term and may include a key event or circumstance identified by a woman as having occurred in her life, a turning point experience or both. Transition to motherhood is used to refer to the change from not being a mother to being a mother. The term was not ascribed any value by the researcher in terms of significance as a life experience, except to assume that the women in the present study would consider it at least a key event in their lives.

4.2 A call to further qualitative exploration of the transitions of mothers

The literature review presented in Chapter One highlights that the predominant stage and behavioural views of human development of the twentieth century have been challenged by studies that revealed the individual and complex nature of adults' experiences of changes and transitions in their lives. Qualitative research into individual women's experiences of the transition to motherhood, described in Section 2.2 of Chapter Two, challenged the myth that motherhood is an ideal and universal experience. Rather, this small body of research has demonstrated that individual women experiencing the transition to motherhood have reported different experiences of the change, and that women experience a range of often conflicting emotional responses, ranging from elation to grief, following the losses associated with the change.

All these researchers have emphasised that the transition to motherhood has a profound impact on women's lives. For example, consistent with Pearson's (personal communication, October 11, 1999) assertion that the transition to motherhood constitutes the greatest change in every women's life, Oakley (1979) referred to the transition to motherhood as a turning point, while Sethi (1995) further asserted "that of all the normal expected life experiences, childbirth and the puerperium ... are the most stressful events that a woman is likely to experience in her lifetime" (p. 235). However, these latter claims appeared to be assertions not grounded in empirical research into women's perceptions of their experiences of the transition to motherhood in relation to their other change experiences. Indeed, very little is reported in the international literature about women's perceptions of the transition to motherhood in relation to other changes in their lives. The present researcher knows of only one study, namely that of Leonard and Burns (1999), who explored the turning points in the lives of midlife and older women and found that a significant number of the women, all mothers, did not identify the transition to motherhood as a turning point in their lives.

Further, as described in Section 1.3 of Chapter One, according to the narrative approach to exploring how people experience their lives, people shape and reshape their life stories, thereby changing their perceptions of their past experiences throughout their lives. Indeed, Smith (1997) found that women's perceptions and accounts of themselves changed even through the short period of their pregnancy and transition to motherhood. Pertinent to the present study, and as demonstrated by the review of the literature in Chapter Two, no research has reported exploration of mothers of young children's perceptions of major transitions in their lives, including the transition to motherhood.

Overall then, while to date, past research had elucidated individual women's experiences during pregnancy and the transition to motherhood, women's accounts of their experiences of the transition to motherhood in relation to other major changes in their lives emerged as warranting further exploration. This included exploration of women's experiences at different points across the life span, including mothers of young children.

In this context, the turning point approach, as described in Section 1.3 of Chapter One, had immediate application to the research component of the Doncare Transition Project. The present study of the mothers of young children involved in the project and its workshop, would seek to understand how these women perceived psychological changes that they had experienced. Three general questions would be asked. Firstly, it would be asked, what do mothers of young children identify as turning points in their lives? Secondly, how do mothers of young children perceive their transition to motherhood in relation to turning points in their lives? Thirdly, what impact do these mothers' previous experiences of major changes have on their perceptions of the usefulness of a workshop designed to help women cope with the transition to motherhood?

Future presentations of the Transition Model might be enhanced through knowledge of one group of mothers of young children's perceptions of their experiences of the transition to motherhood in relation to their turning point experiences. The findings might assist in developing the Transition Model further, and in pitching the presentation of the model to similar groups in the future. More generally, a greater understanding of the psychological processes associated with mothers of young children's experiences of change might inform the development of services designed to help women cope with major transitions in their lives, and perhaps specifically with the transition to motherhood.

4.3 A call to evaluation of an intervention concerning the transition to motherhood

The Transition to Motherhood Workshop (hereafter referred to in this thesis as the Workshop) was planned to centre upon the exploration of the Transition Model that was developed as a framework for understanding and managing major life changes. This section outlines the background to the Workshop, and then the plan to both evaluate it and the Transition Model.

4.3.1 Background to the Transition to Motherhood Workshop

4.3.1.1 The Doncare Transition Project

Doncare initiated the Doncare Transition Project in 1999 in collaboration with Pearson and funded by a philanthropic trust, the Ian Potter Foundation. As introduced in Section 3 of the Prologue, the Doncare Transition Project aimed to present the Transition Model to a range of non-clinical community groups, to evaluate its applicability and to investigate how best to apply it (P. Pearson, personal communication, February 9, 2000).

Pearson's (personal communications, October 11, 1999, February 9, 2000) central proposal in presenting the Transition Model to community groups approaching or experiencing life stage transitions was that, through exposure to the Transition Model, individuals would learn the process of transition and with this knowledge be better able to cope with future transitions in their lives. The assumption seemed to be that individuals' knowledge of the expected emotional and behavioural responses to major life changes, according to the Transition

Model, was the essential determinant in helping them cope with the associated transition. Pearson speculated that exposure to the Transition Model, a number of times during adolescence and early adulthood, would optimise its usefulness to individuals.

The Doncare Transition Project piloted presentation of the Transition Model to four groups within the community, each in a one-session workshop (P. Pearson, personal communication, October 11, 1999). In the clinical application of the Transition Model described in Section 2 of the Prologue, Pearson's (personal communication, February 9, 2000) method of recruiting new mothers offered the twenty-week course had been to present them an initial two-hour seminar about the Transition Model, so as to give them the opportunity to decide if they wanted to participate in the long course. In considering an appropriate presentation format of the Transition Model to non-clinical populations, Pearson wanted to trial the usefulness of a one-session workshop, based on the initial two-hour seminar she had previously presented as the prelude to the twenty-week course.

A practical approach was taken to considering which non-clinical groups might find the Transition Model relevant, and useful in dealing with reactions to change and loss. Pearson (personal communications, October 11, 1999, February 9, 2000) identified four areas of life span development as four distinct life stages marked by biological and / or public events during which people typically experience significant changes and losses. These were:

(a)   adolescence;

(b)   new parenthood;

(c)   menopause; and

(d)   retirement.

Pearson (personal communication, February 9, 2000) recruited to the Doncare Transition Project four non-clinical groups from within the community to represent the four distinct life stages listed above. To this end, Doncare formed partnerships with a number of community agencies that agreed to Pearson presenting the Transition Model in workshop mode to a group/s from within each agency. As previously stated, these groups were Year 11 peer mentors for new Year 7 students, trainee Breastfeeding Counsellors of the NMAA, women who attended a community seminar on coping with menopause, and retirees who participated in selected University of the Third Age classes. Pearson gained the agreement of all participating agencies that participants of their groups would be invited to partake in an evaluation of the Workshop.

4.3.1.2   The plan to evaluate the Doncare Transition Project

Evaluation of the outcomes of the Doncare Transition Project was built into its planning from the outset (P. Pearson, personal communication, February 9, 2000). After the four participant groups had been recruited to the project, Doncare invited Victoria University and Swinburne University of Technology to evaluate the presentation of the Workshop to the four groups. It was agreed that Swinburne University of Technology would evaluate the applicability of the Transition Model with adolescents, with women approaching or experiencing menopause, and with retirees. Victoria University agreed to evaluate the "new parenthood" component of the Doncare Transition Project. The group recruited by Doncare to this component of the project was of trainee Breastfeeding Counsellors of the NMAA. Pearson (personal communication, November 10, 1999) requested that the researcher explore with trainees how they had coped with major transitions in the past, and that the evaluation of the Workshop be based upon the experiences and views of the trainee Breastfeeding Counsellors. It would

therefore be appropriate that the present research focus on the experiences of mothers rather than the wider concept of new parenthood.

As stated in Section 5 of Prologue, Doncare's specific brief comprised two distinct components:

(a) to explore with mothers of young children their experiences of major transitions in their lives, including transition to motherhood; and

(b) to evaluate the usefulness of the Transition to Motherhood Workshop presented to trainee Breastfeeding Counsellors of the NMAA

(P. Pearson, personal communication, November 10, 1999).

Extending this brief, the researcher was interested to explore possible links between individual trainee's evaluations of the Workshop and the Transition Model, and their perceptions of their past experiences of major changes and how they had coped with them.

A significant constraint upon the research was the tight timeline placed by Doncare on the researcher to implement the study shortly after being approached, since an early Workshop date had already been agreed with NMAA. This meant that the methodological design needed to be developed quickly. There was not to be sufficient time to pilot interview schedules or questionnaires, but considerable time and effort was taken to consult with the major stakeholders in the research.

4.3.1.3 Stakeholder interests in evaluating the Workshop

It has long been established that real-life issues of evaluation are complex often involving socio-political and organisational issues that are as prominent as scientific ones (Weiss, 1972). The research framework for the present study was developed through extensive consultation with the major stakeholders involved in the study. It was considered critical to understand the organisational contexts surrounding the study, as well as each stakeholder's interest in the Doncare Transition Project generally, and the research component specifically. The consultation laid the foundations from which the research was conceptualised, designed and conducted.

In the first instance, it was important to explore with the key stakeholders their understanding of the purpose of the research and what questions they hoped it would answer. There were two significant stakeholders:

(a)   Doncare, the agency that commissioned the evaluation, was represented by Ms Pauline Pearson, the author of the Transition Model, presenter of the Workshop and, at the time of the research, the Manager of Counselling and Parent Outreach at Doncare and responsible for managing the Doncare Transition Project; and

(b)   NMAA, the organisation that had agreed with Ms Pearson to participate in the Project, represented by Ms Vicki Grieve, Group Leader, and Ms Karen Salamon, Trainee Adviser.

The researcher conducted four meetings with Ms Pearson, and one with each of the representatives of NMAA. Considerable time was invested in coming to understand their respective roles and reasons for involvement in the Doncare Transition Project, and to

understand what outcomes each expected. During this process of exploring and clarifying issues with the key stakeholders, the research questions emerged. This process was both emergent and reductive simultaneously.

Pearson's (personal communication, February 9, 2000) primary request of the research component of the Doncare Transition Project was to evaluate the impact of the single-session Workshop presentation of the Transition Model to each of the four groups, with the view to providing concrete evidence of its usefulness, if any, should further funding of the Workshop be sought. Pearson was also keen to consider the findings of the research to further develop the Transition Model, and in any future presentations of it to non-clinical community groups.

Consultation with NMAA revealed that their agreement with Doncare was to include the Workshop as an additional component of the training program for one cohort of trainee Breastfeeding Counsellors in Melbourne (K. Salamon, personal communication, November 24, 1999). It became clear to the researcher that NMAA was pleased to be working in partnership with Doncare to trial the usefulness of a Workshop designed to help women cope better with the transition to motherhood. While NMAA expressed no specific expectations regarding the Workshop or the research, there was general interest in the outcomes of the evaluation component with respect to the usefulness of the Workshop as a component of the training program for trainee Breastfeeding Counsellors (V. Grieve, personal communication, November 24, 1999).

It was equally important for the researcher to gain an understanding of the organisational context in which the Workshop was to be presented to the trainee participants. To this end, the researcher used the consultation with NMAA to gain an understanding of NMAA's

purpose, vision, aims, organisational structure, overall training program for trainee

Breastfeeding Counsellors, and services for nursing mothers, including the Breastfeeding

Counselling Service (Nursing Mothers' Association of Australia, 1990, 1995a, 1995b, 1995c,

1997, 1999a, 1999b, 1999c).

4.3.2   A two-fold plan for research

In accord with the evaluation requirements specified by the stakeholders, as outlined in

Section 4.3.1 above, an evaluation would be made of the design and presentation of the

Workshop, and the usefulness of the Workshop and the Transition Model to the training of

Breastfeeding Counsellors. The applicability of the Transition Model would be evaluated by

exploring participants' experiences of the Workshop, including asking their perceptions of

the usefulness of the Transition Model to the future work of the trainee Breastfeeding

Counsellors. The evaluation methods applied could have potential for use in future routine

evaluations of the Workshop.

While Pearson's main focus for the research was the evaluation of the Workshop, her other

brief to explore with the trainees their experiences of major transition in their lives provided

the opportunity for addressing the gap in past research outlined in Section 4.2 above, namely,

that of no detailed research into mothers of young children's perceptions of major changes in

their lives, including the transition to motherhood. The opportunity provided was to explore

with mothers of young children their perceptions of turning points they had experienced in

their lives, and their perceptions of the transition to motherhood in relation to those turning

points. In terms of the evaluation of the Workshop, these perceptions would provide an

experiential perspective from which the women expressed their perceptions of the usefulness

of the Workshop and the Transition Model. Therefore, possible links would be explored

between, on the one hand, trainees' self-reports of past transition experiences and how they

had coped with them, and, one the other hand, their experiences and perceptions of the

Workshop and the Transition Model.

Thus, the present study would comprise two stages. During Stage 1, a semi-structured

interview would be conducted to explore with mothers of young children their experiences of

major life transitions, and their experience of the transition to motherhood, and how they had

coped with them. Stage 2 of the research would be an outcome evaluation study, designed to

explore the applicability of the Workshop as a component of the training program preparing

mothers to work as Breastfeeding Counsellors with the NMAA. The methodology for the

research is described in detail in Chapter Five.

Overall, then, the aims of this research were to advance understanding of how mothers of

young children perceive psychological changes that had occurred in themselves, including the

transition to motherhood, and to provide health professionals with further empirical research

findings useful in developing and implementing interventions designed to assist women cope

with major transitions in their lives.

4.4   Conceptual bases of the research

4.4.1   Overall research framework

The process of exploring with each stakeholder their interest in the Doncare Transition

Project, and particularly the research component of it, revealed two desired outcomes. The

first arose exclusively for Doncare, seeking an understanding of the trainees' experiences of major transitions in the past and how they had coped with them. The second research interest, shared by both Doncare and NMAA, was an evaluation of the usefulness of the Workshop presented to trainee Breastfeeding Counsellors of the NMAA.

While NMAA's expectation of the research was very general, Doncare specified a number of requirements relating to the nature of the research and what should be evaluated. Regarding the nature of the research, Doncare requested that it be based upon the experiences and views of the trainees. Accordingly, the perspectives of trainees were considered central to the research. In relation to the evaluation component of the study, Doncare stipulated that this was to take the form of a written questionnaire including defined psychological phenomena to be explored with the trainees. Doncare had also stipulated the latter with Swinburne University of Technology since it planned to analyse the evaluation findings across each of the four groups participating in the Doncare Transition Project. The psychological phenomena defined by Doncare are described in Section 4.4.3 below.

In addition to gaining the trainee perspective, the researcher considered it important to seek those of the Trainee Adviser and the Workshop Presenter since each had a significant role and interest in the presentation of the Workshop. As detailed in Section 4.3.1.3 above, the Trainee Adviser responsible for making decisions about the training needs and program of the cohort of trainee Breastfeeding Counsellors involved, had agreed with Doncare to pilot the presentation of the Workshop. The Workshop Presenter was the author of the Transition Model and designer of the Workshop. She believed that an understanding of the Transition Model would be beneficial to trainees in understanding their own and their prospective clients' responses to change. It was implicit in discussions with both the Trainee Adviser and

the Workshop Presenter that they intended that the trainees' experiences of the Workshop would benefit their work as Breastfeeding Counsellors. In evaluating the usefulness of the Workshop and the Transition Model, it was therefore considered important to compare the perspectives of the trainees, the Trainee Adviser and the Workshop Presenter.

Within the research context shaped by Doncare and NMAA, the researcher conceptualised a research framework comprising four dimensions:

(a) exploration with each trainee of her experiences of turning points during her life and the transition to motherhood, including her perceptions of coping with them;

(b) evaluation of the Workshop by the trainees, the Trainee Adviser and the Workshop Presenter;

(c) evaluation of the Transition Model by the trainees, the Trainee Adviser and the Workshop Presenter; and

(d) exploration of possible links between how trainees had experienced and coped with major life transitions in the past, and their evaluations of the Workshop and of the Transition Model.

4.4.2   Research questions

Overall, then, during the exploratory process preceding the study, two broad research questions, themselves exploratory in nature, emerged. The researcher was interested in development across the life span, and specifically, how individual mothers of young children perceive psychological changes that had occurred in themselves. As discussed in Section 2.2 of Chapter Two, the transition to motherhood has been found to be a significant experience for women. The subject group of trainee Breastfeeding Counsellors with NMAA were, of

course, directly concerned with addressing aspects of the transition to motherhood. They were being trained to work for a service established and tailored to address transition needs of new mothers. It was therefore expected that trainees would be thinking about aspects of major life changes, both in relation to their potential clients, and in themselves. Consistent with the researcher's interest, Doncare was concerned with exploring how the trainees had coped with major transitions in the past (P. Pearson, personal communication, November 10, 1999).

Thus, the first research question emerged: What are the life transition experiences of mothers of young children? This research question implied an exploration of each trainee's major life changes, experiences of the impacts of the most significant change and related coping aspects, and their experiences of the transition to motherhood. The first research question was considered as important in its own right in addressing a research gap in the literature as set out in Section 4.2. As previously stated, the researcher knows of no published research that explores with mothers of young children, their perceptions of major transition experiences in their lives and, specifically, their perceptions of the transition to motherhood in relation to those changes. The psychological phenomena identified to explore the first research question are described in Section 4.4.3.1 below. The findings were anticipated to provide some understanding of the context from which trainees would report their experiences and perceptions about the usefulness of the Workshop and the Transition Model.

The second research question arose from the opportunity to evaluate a Workshop designed to facilitate coping with or managing change among mothers of young children who happened to be trainee Breastfeeding Counsellors. The research question concerned the evaluation of the Workshop in an overall sense: Would the Transition to Motherhood Workshop be a useful

component of the training program designed to prepare mothers to work as Breastfeeding Counsellors with NMAA? In answering this question, the psychological phenomena associated with the overall evaluation of the Workshop and of the Transition Model, as described in Sections 4.4.3.2 and 4.4.3.3 below, would be investigated. In addition, as explained in Section 4.4.3.4, an examination would be made of possible links between each trainee's previous experiences of coping with major life changes, with her evaluation of the Workshop and the Transition Model.

The psychological phenomena deemed most relevant to each of these research questions, and to the four dimensions set out in Section 4.4.1, are outlined below.

4.4.3 Psychological phenomena to be studied

4.4.3.1 Mothers of young children's experiences of major transitions in life

Doncare's interest in trainees' experiences of major transitions in their lives was general and contextual. The brief was to explore with trainees how they had coped with major transitions in the past, and provided the basis from which the psychological phenomena were identified. Doncare was particularly interested to know what the trainees identified as the most significant life transitions, how they had coped with these changes, how the changes had affected them, and what was helpful to them in coping with the changes (P. Pearson, personal communication, November 10, 1999). Drawing on Doncare's brief and the turning point literature, the psychological phenomena to be explored with each trainee were:

(a)   turning points experienced during each trainee's life;

(b)   the turning point identified by each trainee as having had the greatest change impact on

her life;

(c)   impacts of that turning point on the trainee's attitudes and perceptions of self, important

relationships, and commitment to and experience of paid professional work; and

(d)   how the trainee coped with that turning point, that is, what helped her cope with the

change, what was most helpful, what was unhelpful, and her perceptions of what might

have been helpful.

If a trainee did not identify the transition to motherhood as having had the greatest change

impact on her life, she would be asked to contextualise that experience in relation to her

turning point experiences in general. This was to further explore the woman's perception of

the transition to motherhood in relation to other changes in her life.

4.4.3.2   Evaluation of the Transition to Motherhood Workshop

In considering the usefulness of the Workshop, neither Doncare nor the NMAA specified

psychological phenomena to be explored. However, the nature of discussions held with both

stakeholders laid the foundations from which the researcher crystallised several psychological

phenomena on which to evaluate the Workshop from the perspectives of the trainees, the

Trainee Adviser and the Workshop Presenter. These were:

(a)   the relevance of the Workshop to the Breastfeeding Counsellor training;

(b)   presentation of the Workshop in terms of its clarity and focus, pace, level of

engagement, level of interaction, and use of visual aids and handouts; and

(c)   the willingness of trainees to participate in Workshop discussion.

The trainees, the Trainee Adviser and the Workshop Presenter would be asked different questions, to take account of their different roles. It was planned to ask trainees whether the Workshop was useful to them, and what their learnings were, and to ask the Trainee Adviser and the Workshop Presenter for their perceptions of (a) their own objectives for including the Workshop in the training program for trainee Breastfeeding Counsellors, and the extent to which they were met, and of (b) the appropriateness of the presentation of the Workshop. In addition, the Trainee Adviser would be asked to identify any NMAA training program outcomes for trainee Breastfeeding Counsellors (Nursing Mothers' Association of Australia, 1999a) addressed by the Workshop.

4.4.3.3 Evaluation of the Transition Model

In all, 16 psychological phenomena were identified on which to evaluate the Transition Model itself. Firstly, Doncare defined six psychological phenomena to be investigated:

(a) understandability of the Transition Model to trainees;

(b) helpfulness of the Transition Model to trainees;

(c) helpful aspects of the Transition Model;

(d) unhelpful aspects of the Transition Model;

(e) usefulness of the Transition Model to trainees' own past experiences; and

(f) likelihood of trainees to use the Transition Model during their own future change experiences

(P. Pearson, personal communication, October 11, 1999). In relation to the helpful and unhelpful aspects of the Transition Model referred to at (c) and (d) above, Pearson had referred to the phases and processes of the model. The researcher decided not to specify

these, but rather to keep the psychological phenomena broad, so as to also encompass other aspects including assumptions and principles.

While these psychological phenomena would be investigated with the trainees in accordance with Doncare's brief, the first phenomenon was also to be explored with the Trainee Adviser and the Workshop Presenter.

In addition to the psychological phenomena specified by Doncare, the researcher included ten to be explored in evaluating the Transition Model. One of the ten psychological phenomena would be investigated from the perspectives of all the research participants, two specifically with the trainees, and the remaining seven with the Trainee Adviser and the Workshop Presenter. These are now outlined.

The psychological phenomenon to be investigated from the perspectives of all the participants was their perceptions of the likelihood of the trainees to use the Transition Model in their future work as Breastfeeding Counsellors. The researcher considered this phenomenon quite pertinent to the evaluation, since both Doncare and the NMAA were principally concerned with the usefulness of the Workshop, and since the Workshop was delivered as a component of the training designed to prepare mothers to work as Breastfeeding Counsellors.

In evaluating the Transition Model (and indeed the effectiveness of the Workshop presentation) from the perspectives of the trainees, it was considered important to explore the trainees' understanding of the Transition Model. Further, since Pearson's (personal communications, October 11, 1999, February 9, 2000) interest was in new parenthood, the

researcher deemed it relevant to investigate the relevance or applicability of the Transition Model to the trainees' own new-mother experiences.

In summary, then, a further three psychological phenomena were crystallised, namely:

(a) likelihood of the trainees to use the Transition Model in their future work as Breastfeeding Counsellors;

(b) trainees' understanding of the Transition Model; and

(c) applicability of the Transition Model to the trainees' own new-mother experiences.

In addition, the following seven psychological phenomena were formulated specifically for the Trainee Adviser and the Workshop Presenter to evaluate the Transition Model:

(a) aspects of the Transition Model that related to the NMAA's purpose, vision and aims (Nursing Mothers' Association of Australia, 1999b);

(b) applicability of the Transition Model to the five aspects about which mothers most frequently sought counselling or information from the NMAA Breastfeeding Counselling Services (Grieve, Howarth, Swallow, & Greig, 1997);

(c) usefulness of understanding the Transition Model to trainees;

(d) usefulness of the Transition Model to the work of Breastfeeding Counsellors;

(e) usefulness of introducing the Transition Model into the training of Breastfeeding Counsellors in the future;

(f) (if appropriate) the best way of presenting the Transition Model to Breastfeeding Counsellors in the future; and

(g) usefulness of understanding the Transition Model to people associated with NMAA, other than trainees and Breastfeeding Counsellors.

4.4.3.4 Links between trainees' experiences of major life transitions, and their evaluations of the Workshop and Transition Model

Drawing the two aspects of Doncare's brief together, the study would search for possible links between how individual trainees had experienced and coped with major life transitions, and their evaluations of the Workshop and Transition Model. In exploring any links, the following psychological phenomena were to be examined:

(a) trainees' experiences of major transitions in life, that is, the nature of turning points and the transition to motherhood, changes in self, relationships and work, and perceptions of coping;

(b) trainees' evaluation of the Workshop, specifically, usefulness of the Workshop to their understanding of life changes and how people cope with them, and the relevance of the Workshop to trainees' Breastfeeding Counsellor training; and

(c) trainees' evaluation of the Transition Model, namely, helpfulness of the Transition Model to trainees' understanding of themselves and the changes they had experienced, applicability of the Transition Model to trainees' own new-mother experiences, likelihood of trainees to apply the Transition Model to own past change experiences, likelihood of trainees to use the Transition Model during their own future change experiences, and likelihood of trainees to use the Transition Model in their work as Breastfeeding Counsellors.

4.4.4 Domains of enquiry in the research

The research design was crafted within the constraints of arrangements that had been established prior to engaging the researcher. The primary aim was to design a research

methodology that would answer the two research questions articulated in Section 4.4.2 above, and that would take account of the psychological phenomena spelt out in Section 4.4.3 above. To this end, the components of the research questions would be analysed from a content perspective. Three domains of exploratory enquiry relating to each research question were clear.

In relation to the first research question, three domains of enquiry were identified, namely:

(a)   Domain 1: Transitions in life of mothers of young children;

(b)   Domain 2: Impacts of the most significant life change; and

(c)   Domain 3: Experiences of coping with the most significant life change.

In relation to the second research question, three further domains of enquiry were identified, namely:

(a)   Domain 4: Overall evaluation of the Workshop;

(b)   Domain 5: Overall evaluation of the Transition Model; and

(c)   Domain 6: Links between trainees' experiences of major life transitions, perceptions of coping, and how they evaluated the Workshop and the Transition Model.

The next chapter describes the methodology devised to explore these six domains of research interest.

CHAPTER FIVE

METHODOLOGY

The present study was designed to explore the domains of enquiry set out in Chapter Four.

This chapter details the methodology planned for use in the study. First, the overall design of

the study is outlined. This is followed by descriptions of the sample of participants, data

collection instruments and data collection procedure. Finally, the data analysis strategy,

planned to address the domains of enquiry of the study, is detailed.

5.1   Overall design of the study

The present study would contribute to the growing body of qualitative research concerned

with examining women's individual experiences of the transition to motherhood through the

detailed examination of their dialogue. This body of research is presented in detail in Section

2.2 of Chapter Two above. Consistent with authoritative writers in qualitative research

methods (Flick, 1998; Hayes, 1997; Miles & Huberman, 1994; Patton, 1990; Strauss, 1987;

Strauss & Corbin, 1990), these studies used qualitative methods to reveal the common and

unique experiences of women who experienced particular phenomena related to the transition

to motherhood. In each of these studies, a relatively small number of participants'

perceptions were examined in depth, allowing a variety of perspectives and meanings to be

incorporated into understanding women's experiences of the transition to motherhood. In

Miles and Huberman's words, the researcher "interprets data by finding out how the people

being studied see the world, how they define the situation or what it means for them" (p.

335). The focus of qualitative research is on uncovering the meaning of experiences for the

people being studied from their perspective. As described in Section 2.3 of Chapter Two, the rich variety of perspectives revealed through this body of research has been useful in improving healthcare approaches to the preparation for the transition to motherhood.

In tune with the call to exploratory research into mothers' experiences of major transitions in their lives, as described in Section 4.2 of Chapter Four, the present research would be an exploratory qualitative study with a small number of subjects comprising trainee Breastfeeding Counsellors, the Trainee Adviser (from NMAA) and the Workshop Presenter. The goals were to uncover common and unique experiences of mothers of young children's perceptions of their major transition experiences, and the influence, if any, of this on the mothers' perceptions of the usefulness of the Workshop and the Transition Model. A small number of participants would enable detailed analyses of the data allowing a variety of perspectives and meanings to be incorporated into understanding the psychological experiences of change of mothers of young children.

A different research approach would be designed to address each of the two broad research questions that had been identified, as set out in Section 4.4.2 of Chapter Four. First, individual semi-structured interviews would be conducted to explore with mothers of young children (that is, the trainee Breastfeeding Counsellors), their experiences of significant life transitions in the past and how they had coped with them. Central to the interview would be the turning point approach described by McAdams (1985) in which an interviewee identifies in his or her life story the turning point/s that have had major change impacts on life. This approach would provide an efficient and demonstrated (Leonard & Burns, 1999; McAdams; Wethington, et al., 1997) process for facilitating mothers to identify the major change experiences in their lives. This, in turn, could provide the trainees with an opportunity to

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present their perceptions of their transition to motherhood in the context of their turning point experiences, an issue not previously considered in the international literature.

The research addressing the second research question would include an outcome evaluation designed to explore the applicability of the Workshop and the Transition Model as a component of the training program designed to prepare mothers to work as volunteer Breastfeeding Counsellors with the NMAA. Outcome or summative evaluation is a form of systematic data-based inquiry that provides information about the impact and effectiveness of an intervention on the recipient/s to assist in decision making, often related to the future development or cessation and funding of the intervention (Barker, Pistrang, & Elliot, 1994; Patton, 1990; Scriven, 1967; Weiss, 1972). As described in Section 4.3.1.2 in Chapter Four, tight time constraints were placed on the researcher precluding a pilot phase for this research. Further, as stated in Section 4.4.1 of Chapter Four, Doncare stipulated that the evaluation component of the study take the form of a written questionnaire to facilitate separate analysis of the evaluation findings across the four groups participating in the Doncare Transition Project. Post-workshop questionnaires were therefore proposed as the most practical tool for data collection. Separate questionnaires would be designed for each of the three participant groups – trainee, Trainee Adviser and Workshop Presenter. These would be used to assess the participants' perceptions of the usefulness of the Workshop and the Transition Model.

Critical to analysing the interview and questionnaire data would be an exploration of possible links between each trainee's experiences of major transitions in the past, and how she evaluated the usefulness of the Workshop and the Transition Model. The research would result in qualitative descriptions of the participants' experiences across the six research domains described in Section 4.4.4 of Chapter Four.

5.2 Sample of participants

There would be three categories of participant in the research – trainee Breastfeeding Counsellors with NMAA, their Trainee Adviser, and the Workshop Presenter. The trainee Breastfeeding Counsellors would be involved in all aspects of the research, participating in the study of mothers of young children's perceptions of their experiences of major transitions in their lives, as well as in the evaluation of the Workshop and the Transition Model, thereby contributing to the investigation of both research questions crystallised in Section 4.4.2 of Chapter Four. The Trainee Adviser and the Workshop Presenter would be involved in only the evaluation components, pertaining to the second research question.

5.2.1 Trainees

As detailed in Section 4.3.1.1 of Chapter Four, the participant group of trainee Breastfeeding Counsellors was nominated by Doncare, which had agreed with NMAA to conduct the Transition to Motherhood Workshop with one cohort of trainee Breastfeeding Counsellors from Melbourne (P. Pearson, personal communication, February 9, 2000; K. Salamon, personal communication, November 24, 1999).

All trainees would be mothers who had been selected by NMAA to train to work as Breastfeeding Counsellors in a voluntary capacity. At the time of the research, one of the essential criteria for this role was having "had a successful personal nursing experience", specifically "that Counsellors will have breastfed at least one baby for 9 months, preferably completely breastfed (i.e. no extra fluids or solids) for at least 4½ - 6 months, and would prefer this include a leisurely weaning, geared to the mutual needs of mother and baby"

(Nursing Mothers' Association of Australia, 1990, p. 2). Other criteria for selection for training included personal aptitude for group leadership and counselling, and a considerable time commitment (Nursing Mothers' Association of Australia).

It was expected that approximately eight trainees would take part in the Workshop (K. Salamon, personal communication, November 24, 1999). All trainees would be invited to participate in all aspects of the research.

5.2.2   The Trainee Adviser

The Trainee Adviser responsible for managing the training program of the above stated cohort of trainee Breastfeeding Counsellors would participate in the evaluation components of the research, this contributing to research Domains 4 and 5.

5.2.3   The Workshop Presenter

The author of the Transition Model and presenter of the Workshop would also participate in the evaluation components of the study, involving research Domains 4 and 5.

5.3   Data collection instruments

The instruments to be used to investigate the six research domains of enquiry and corresponding psychological phenomena, outlined respectively in Sections 4.4.4 and 4.4.3 of Chapter Four, were specifically designed for each of the three groups of participants and are

described below, first for trainees and then for the Trainee Adviser and the Workshop Presenter.

5.3.1 Instruments concerning trainees' transition and evaluation experiences

The instruments planned for use with trainees are described below, namely recruitment instruments, Background Information Form, the Pre-workshop Interview Schedule, incorporating an Events Chart, and the Workshop Evaluation Form.

5.3.1.1 Recruitment instruments

Three instruments would be used in the recruitment of trainees. Firstly, the Invitation to Participate in Research for trainees, presented as Appendix A, is a plain language statement describing the research. The researcher would present this invitation orally to a meeting of potential trainee participants. The invitation explained the nature, purpose and aim of the research, and the role of trainees in the research.

Secondly, the Information for Research Participants for trainees is the written plain language statement that would be given by the researcher to potential trainee participants at the training meeting prior to the scheduled Workshop presentation. It explained the nature, purpose and aim of the research, and their role as participants in the research. This document, presented as Appendix B, would be given to potential participants after the oral presentation by the researcher.

Thirdly, each trainee who consented to participate in the research would be required to complete and sign a formal consent form. Shown as Appendix C, the Consent Form for trainees was designed so that trainees participating in the research could separately indicate their willingness to participate in each component of the research, interview and Workshop evaluation. It would also be possible for a trainee to refuse consent for their interview to be taped. If this instance were to arise, the researcher would seek consent from the trainee to take detailed notes of the interview as it progressed.

5.3.1.2   Background Information Form

Each trainee participant would complete the Background Information Form which is presented as Appendix D. This was designed to collect a range of information about each trainee's personal characteristics, namely demographic data, education, level of training completed with NMAA, marital status, number, age and gender of children, employment status, and individual and family income. Where possible, data standards consistent with those of the Australian Bureau of Statistics Census 1996 (Commonwealth of Australia, 1997) were adopted.

5.3.1.3   Pre-workshop Interview Schedule, incorporating an Events Chart

Trainee Breastfeeding Counsellors would be invited to participate in an individual semi-structured interview before attending the Workshop. The process of conducting the interview was designed to explore with mothers of young children their experiences of major transitions in their lives. The interview had three distinct parts and involved completing the Events Chart and answering a series of open-ended questions relating to the psychological phenomena to be

explored, as set out in Section 4.4.3.1 of Chapter Four. The interview was planned to take approximately 90 minutes and is described in detail below.

The development of the Interview Schedule and the Events Chart (presented as Appendices E and F respectively) was underpinned by the research and theories pertaining to life span development, the narrative approach and turning points discussed in Chapter One. While this study would be innovative in its purpose and methodological design, it was considered critical to incorporate, where applicable, relevant aspects of interview schedules that had demonstrated efficacy in the past. Again, this was due to the tight time constraints placed on the researcher such that it was not possible to pilot interview schedules. Demonstrated methods of eliciting how individual adults perceive major psychological changes that had occurred in themselves were therefore employed. The Interview Schedule, including the Events Chart, would therefore incorporate aspects of interviews developed by Leonard and Burns (1999), McAdams (1985), and Wethington, Cooper and Holmes (1997).

The first part of the interview format was designed to orient the interviewee to a chronology of key events and turning points during her life. The Events Chart described by Leonard and Burns (1999) for their study of turning points in the lives of midlife and older women, would be employed. The interviewee would be asked to recall key events across different areas of her life, namely, occupation, family, relationships, social networks, financial, health and other. These would be recorded on the Events Chart.

Based on the Events Chart, the second part of the interview was designed to facilitate the interviewee to identify turning points she had experienced, and to explore the nature and circumstances of those experiences. In the first instance, McAdams' (1985) biographical

turning point approach" would be adopted. The interviewee would be asked to think of her past life (represented on the Events Chart) as a whole, and imagining it as a book, segment its major parts into chapters and identify turning points that mark the end of one chapter and the beginning of the next. The researcher would not define the term turning point to individual interviewees, but rather it was anticipated that during the process of the interview, each might describe her notion of a turning point.

Next, Wethington et al.'s (1997) "probe strategies for establishing psychological turning points" (p. 230) used in their study of turning points in midlife, would be used to gather information about the nature and circumstances of each turning point, namely, "please tell me a little about the situation", "was there a particular event that brought this on?", and "when did that happen?". The researcher added a question to elicit whether the turning point was expected or unexpected.

Overall, the focus of the third part of the interview was on eliciting the interviewee's perceptions of the most significant change in her life, her transition to motherhood in relation to that change experience (as appropriate), and her experiences of the impacts of change and coping. In the first instance, she would be asked to identify the turning point that caused the greatest change impact on her life. Then, using Wethington et al.'s (1997) "free" probes, questions would be framed around the impact of the changes on various aspects of her life, including how she perceived changes in her view of self, important relationships, commitment to paid professional work and her views of the world and other people. The interviewee would then be asked questions relating to her perceptions of how she had coped with this turning point in her life. These questions were developed by the researcher: "how did you cope with the change?", "what did you do (or occurred) to help you cope with the change?",

"what was most helpful in coping with the change?", "what was unhelpful?", "what might have been helpful?", "how well do you feel you coped with the change (rating on Likert scale)?", and "generally, thinking the about changes you've experienced in your life, how well do you see you have coped with the changes (rating on Likert scale)?".

It was planned that if the interviewee did not identify becoming a mother as the turning point that caused the greatest change impact on her life, she would be asked to identify the turning point that had the next greatest impact on her life. If the transition to motherhood were to be identified, the Part 3 questions described above would be asked in relation to this change. In addition, the interviewee would be asked how her experience of the transition to motherhood compared with the turning point first identified. If the transition to motherhood were not to be identified as having the second greatest impact, the interviewee would be asked to contextualise it in relation to her turning point experiences in general.

5.3.1.4 Trainee Workshop Evaluation Form, incorporating evaluation of the Transition Model

The Workshop Evaluation Form for trainees would be the vehicle for the evaluation of both the Workshop and the Transition Model. The development of the questionnaire was based on the researcher's understanding of the issues Ms Pearson (the Workshop Presenter) wanted addressed by the evaluation, as set out in Sections 4.4.3.2 and 4.4.3.3 of Chapter Four. The researcher's understanding was derived from two draft questionnaires designed by Ms Pearson, from information gleaned during four meetings with her, and from documents about NMAA (Nursing Mothers' Association of Australia, 1990, 1999a, 1999b; also Grieve et al., 1997; Nursing Mothers' Association of Australia, 1995a, 1995b, 1997, 1995c, 1999c). The

Workshop Evaluation Form for trainees is presented as Appendix G. It would elicit data pertaining to trainees' experiences of the presentation of the Workshop, their understanding of the Transition Model, and their perceptions of the usefulness of the Workshop and the Transition Model. In other words, the questionnaire would elicit data concerning all of the psychological phenomena relating to trainees, as described in Sections 4.4.3.2 and 4.4.3.3 of Chapter Four. It is important to note that Pearson's unpublished manuscripts dated 1999 and 2000 were not available to the present researcher during the methodological design phase of the study. These documents were made available to the researcher in September 2000, six months after the Workshop was conducted.

The Workshop Evaluation Form for trainees was designed to be completed quickly, and to elicit both qualitative and quantitative data about the Workshop and the Transition Model, after the presentation of the Workshop. Likert scales were incorporated to measure trainees' attitudes about the Workshop and the Transition Model, while questions requiring qualitative responses were designed to capture trainees' experiences and perceptions of the Workshop and the Transition Model, that is, the meaning of the trainees' experiences.

5.3.2 Instruments concerning Trainee Adviser and Workshop Presenter evaluations

The instruments planned for use with the Trainee Adviser and the Workshop Presenter are described below, namely recruitment instruments, and the Workshop evaluation forms for the Trainee Adviser and the Workshop Presenter.

5.3.2.1   Recruitment instruments

The Invitation to Participate in the Evaluation of the Transition to Motherhood Workshop to be issued to the Trainee Adviser and Workshop Presenter is at Appendix H. This is the written plain language statement, specific to them, which sets out the nature, purpose and aim of the research, and their role as participants in the research.

The Consent Form presented as Appendix I is the document that the Trainee Adviser and the Workshop Presenter would be required to complete and sign, in order to consent to participating in the research. The Consent Form explicated the fact that due to the nature of their respective roles in the Doncare Transition Project, the anonymity of the Trainee Adviser and the Workshop Presenter could not be preserved in the documentation relating to the research.

5.3.2.2   Workshop evaluation forms for Trainee Adviser and Workshop Presenter

The evaluation questionnaires for the Trainee Adviser and the Workshop Presenter were designed to elicit data to address the psychological phenomena relating to them, identified in Sections 4.4.3.2 and 4.4.3.3 of Chapter Four. These questionnaires therefore varied from the Trainee Workshop Evaluation Form (Appendix G) in several respects. The Workshop Evaluation Form for the Trainee Adviser (presented as Appendix J) and the Workshop Evaluation Form for the Workshop Presenter (Appendix K) were designed to capture data complementary to that derived from the trainees' Workshop Evaluation Form. The focus was on eliciting the different perspectives of the Trainee Adviser and the Workshop Presenter

about the Workshop and the Transition Model. The complementarity in design of the three different questionnaires would facilitate ease of comparison of the responses.

As detailed in Sections 4.4.3.2 and 4.4.3.3 of Chapter Four, some of the psychological phenomena identified to evaluate the usefulness of the Workshop and the Transition Model and raised with trainees would also be applied to the Trainee Adviser and the Workshop Presenter. However, several additional areas were incorporated in their questionnaires. Firstly, the opportunity would be taken to capture information pertinent to the specific roles of the Trainee Adviser and the Workshop Presenter, including their objectives for including the Workshop in the training program for trainee Breastfeeding Counsellors. Secondly, the questionnaire would explore perceptions of the relevance of the Transition Model to NMAA's purpose, vision and aims (Nursing Mothers' Association of Australia, 1999b), and to the reasons mothers most frequently sought counselling or information from the NMAA Breastfeeding Counselling Services (Grieve et al., 1997). Thirdly, the Trainee Adviser and the Workshop Presenter would be asked their perceptions of the relevance of the Transition Model to the work of Breastfeeding Counsellors, the relevance of introducing the model into their training in the future, and the possible relevance of the Transition Model to other people associated with NMAA. Further, the Trainee Adviser would be asked to identify any NMAA training program outcomes for trainee Breastfeeding Counsellors (Nursing Mothers' Association of Australia, 1999a) addressed by the Workshop.

5.4   Data collection procedure

The Department of Psychology Research Ethics Committee, Victoria University, granted approval for this research. In addition, the Executive Director of Doncare and the President of

NMAA, on behalf of the organisation each represented, consented in writing to participate in the research.

5.4.1   Recruitment of participants

As indicated in Section 5.3.1.1 above, at the NMAA trainee meeting preceding participation in the Workshop, the researcher would speak to the cohort of trainee Breastfeeding Counsellors as a group, and invite their individual participation in the research. It would be made clear that no trainee would be excluded from attending the Workshop because she elected not to participate in the research. The plain language statement of invitation to participate in the research that was orally presented by the researcher to the trainee Breastfeeding Counsellors is at Appendix A. All trainee Breastfeeding Counsellors would then immediately be given a copy of the Information for Research Participants (Appendix B).

The trainees would be invited to speak individually with the researcher about the invitation to participate in the research, by asking each trainee to write her name and telephone number on a separate piece of paper and placing it in an envelope, to which only the researcher would have access. It was considered essential to preserve confidentiality in this recruitment process, especially in order to avoid the possibility of trainees feeling pressured to participate by either the NMAA or by the peer group.

During the following week, the researcher would contact each trainee by telephone to discuss all aspects of the research. Each trainee would be given every opportunity to ask further questions and to discuss any issues of concern. Trainees would then be asked to indicate whether or not they were willing to consent to participate in each aspect of the research.

If the trainee were willing to participate in all components of the research program, an interview time prior to the Workshop would be arranged. It was proposed that the trainee nominate a convenient venue for the interview (possibly her home), while the presentation of the Workshop had been scheduled by NMAA (and agreed with the Workshop Presenter) to take place at the home of one of the trainees. Each participating trainee would be asked to complete, in advance of the interview, the Consent Form for trainees and the Background Information Form which would be posted to her by the researcher.

5.4.2   Trainee data collection

5.4.2.1   Pre-workshop interview

Consenting trainees would be telephoned two or three days prior to the scheduled interview to confirm the appointed time.

The pre-workshop interview session, incorporating completion of the Events Chart (Appendix F), would take place with each trainee in a location most convenient to her. It was anticipated that most interviews would occur in the participants' homes. Before the interview, the researcher would check that the written Consent Form for trainees (Appendix C) and the Background Information Form (Appendix D) had been completed. Each trainee would be sent a copy of her signed Consent Form subsequent to the interview.

All interviews would be audio-taped with each trainee's consent so that detailed analyses of verbatim transcriptions could be made.

5.4.2.2   Post-workshop evaluation questionnaire

Ms Pearson would present the Workshop to the trainee Breastfeeding Counsellors in the presence of the Trainee Adviser. This would occur one month after the trainees had received the invitation to participate in the research. It was anticipated that trainees who did not elect to participate in the research, as well as those who did, would attend the Workshop.

At the conclusion of the Workshop, the individual trainees who had consented to participate in the research would be given an envelope containing the Workshop Evaluation Form for trainees (Appendix G), and asked to complete and return the questionnaire to the researcher in the stamped addressed envelope provided.

5.4.3   Trainee Adviser and Workshop Presenter data collection

5.4.3.1   Post-workshop evaluation questionnaire

After the Workshop, both the Trainee Adviser and the Workshop Presenter would be invited to participate in the evaluation of the Workshop. It was considered important to invite them to participate in the evaluation after the presentation of the Workshop, so as not to influence their thoughts and behaviour during the Workshop experience.

Since the nature of their roles as Trainee Adviser and Workshop Presenter meant that these people were familiar with the nature, purpose and aim of the research, it would not be necessary to meet with them to discuss in detail the research project. However, it would be made clear that due to the nature of their respective roles in the Doncare Transition Project,

their anonymity could not be preserved in the documentation relating to the research. The Consent Form would explain this for the Trainee Adviser and the Workshop Presenter, and is presented as Appendix I. The Consent Form also explained that if they consented to participating in the evaluation, they could withdraw from the research at any time. It would also be explained that they could withdraw their consent for the researcher to discuss the information they provided prior to the release of the thesis and reports pertaining to the evaluation.

If willing to participate in the research, the Trainee Adviser and the Workshop Presenter would be sent the Invitation to Participate in the Evaluation of the Transition to Motherhood Workshop (Appendix H) and Consent Form (Appendix I), and, as appropriate, the Workshop Evaluation Form for the Trainee Adviser (Appendix J) or the Workshop Evaluation Form for the Workshop Presenter (Appendix K).

The Trainee Adviser and the Workshop Presenter would each be asked to complete their Consent Form and evaluation questionnaire, and to return them to the researcher in the stamped addressed envelope provided.

5.5   Data analysis strategy

The data analysis strategy to be used in respect of both the interview and questionnaire data was derived from the qualitative method of data analysis generated by Miles and Huberman (1994), involving a process of data reduction through punctuation of the data, then identification of themes, and finally data display.

In selecting the data analysis strategy, the researcher considered carefully the context in which the research was to be conducted. As detailed in Sections 5.3.1.1 and 5.4.1 of this chapter (and Appendices A and B), trainee participants were to be recruited on the basis of their responses remaining anonymous and not identifiable. The trainees belonged to a group that met regularly over an eighteen to twenty-four month period as part of a training experience with NMAA. This involved trainees sharing with each other deeply personal experiences, perceptions and opinions. It was therefore assumed by the researcher that it would be easy for group members to identify a research participant from the fact of only a few characteristics and experiences presented together. Further, the researcher was not part of the group and so was not privy to knowledge about the unique characteristics and experiences shared by trainees within the group context. This meant that the researcher would have inadequate knowledge to de-identify case study material in a way that would guarantee the trainees their confidentiality and anonymity of responses to group members.

Therefore, data analysis methodologies employing a case study approach were deemed inappropriate for the present study on ethical grounds. Instead, it was planned that Miles and Huberman's (1994) thematic content analysis methodology be employed to identify themes across participants according to the domains of the research. This data analysis strategy uses a series of tables or matrices to summarise data at increasing levels of abstraction, and would assure the required anonymity and confidentiality of responses in the presentation of the data.

The specific data analysis strategy planned for the present study is outlined below, firstly regarding the thematic content analysis of the interview material relating to Domains 1, 2 and 3, secondly, regarding summarising the data derived from the questionnaires as it relates to Domains 4 and 5, and thirdly, regarding exploration of possible links between individual

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trainee's experiences of major life transitions and coping, and their evaluations of the Workshop and the Transition Model, Domain 6.

5.5.1   Thematic content analysis and display of interview data

As described in Section 5.3.1.3 above, the aim of using the Events Chart during the first part of the interview was to orient the interviewee to a chronology of turning points, which were central to the research interest, and the subject of attention in Parts 2 and 3 of the interview. It was, accordingly, the transcripts of Parts 2 and 3 of the interview, that were to be subjected to analysis. However, in the event that an interviewee spoke in Part 1 about matters relevant to the questions relating to Parts 2 and 3, these data would be included in the analysis.

5.5.1.1   Segmentation of the data

It was planned that the transcript data for each interviewee would be first segmented under headings, according to the interview questions for Parts 2 and 3. That is, the data would be segmented according to the turning point that was experienced as bringing the greatest change impact, the experience of the transition to motherhood, the nature of the impacts of each, and how the interviewee coped with the changes involved. This process constituted segmentation of the data into the three domains of enquiry relevant to the first research question, as set out in Section 4.4.4 of Chapter Four, namely:

(a)   Domain 1: Transitions in life of mothers of young children;

(b)   Domain 2: Impacts of the most significant life change; and

(c)   Domain 3: Experiences of coping with the most significant change.

As described in Section 5.3.1.3 above, the term turning point would not be defined to interviewees. Rather, it was anticipated that during the process of the interview, interviewees might describe their notion of a turning point. It was therefore planned to also compile these data so as to examine the meaning ascribed to the term by each interviewee.

5.5.1.2   Punctuation of the data and identification of themes

With respect to each domain of enquiry, the transcript material would be analysed from a psychological process perspective. This would first involve punctuation of the text so as to separate discrete units of meaning, and labelling of each unit so as to identify the essential theme. A single unit of meaning might comprise a word, phrase, sentence, or a series of sentences. The essential task would be to extract themes by identifying passages of text with a particular meaning. Each unit of meaning would be distinguished by identifying a new meaning characterised by a description of a different perception, cognitive process or other psychological experience. Any quotations that captured the essence of a particular theme would also be tagged in relation to their theme.

5.5.1.3   Grouping of themes

The emergent themes would next be grouped in tables relating to each domain of enquiry, collated across interviewees according to the interview structure as described in Section 5.3.1.3 above. These tables would then be inspected to identify common psychological phenomena. Where common psychological phenomena were identified, the data would next be grouped and listed from most to least commonly mentioned themes. A further set of tables would accordingly be produced.

The common themes would be further analysed to review the appropriateness of the interview heading descriptors. Where a theme did not correspond with a descriptor it would be moved to an appropriate heading. Where a heading did not adequately capture the essential meaning of the themes grouped under it, it would be changed.

5.5.1.4 Summaries of themes

Finally, emergent themes grouped according to common psychological phenomena, would be assigned a theme summary descriptor deemed to capture the essential meaning of each interviewee's data for that theme. Appendix L presents a sample of the data as eventually displayed at this stage of analysis. It is described in detail in Section 6.2 of Chapter 6.

The final stage of data reduction and display would involve a further set of tables, this time listing only the summary descriptors of themes, from most to least common. It is these tables that would be available for consideration as the final findings of the qualitative analysis relating to the first research question. It was anticipated that several tables would be needed to encompass the data relevant to each of the three corresponding domains of enquiry.

5.5.2 Analysis and display of questionnaire data

In the first instance, questionnaire data would be used to investigate Domains 4 and 5 in relation to the second research question, namely:

(a) Domain 4: Overall evaluation of the Workshop; and

(b) Domain 5: Overall evaluation of the Transition Model.

Accordingly, the questionnaire data for each participant would be first assembled according to the psychological phenomena described in Sections 4.4.3.2 and 4.4.3.3 of Chapter Four. Quantitative data would be presented as graphs for each psychological phenomenon, comparing the results of the three participant groups, namely trainee, Trainee Adviser and Workshop Presenter as appropriate. Qualitative data would be analysed and displayed according to the same tabular thematic content analysis procedure described in Section 5.5.1 for the interview data. In this way, the questionnaire data produced by each participant and participant group could be compared for each psychological phenomenon relating the evaluation of the Workshop and of the Transition Model.

5.5.3 Thematic content analysis of possible links between trainees' interview and questionnaire data

Domain 6 would involve an exploration of possible links between trainees' experiences of major life transitions, perceptions of coping, and how they evaluated the Workshop and the Transition Model. This process would draw upon the results of the data analyses of both their interview and questionnaire data, as they related to Domains 1 to 5, and as described in Sections 5.5.1 and 5.5.2 above. Each trainee's quantitative and qualitative data relating to the psychological phenomena described in Section 4.4.3.4 of Chapter Four would be assembled in a table, specifically:

(a)   trainees' experiences of major transition in life, that is, the nature of turning points and the transition to motherhood, changes in self, relationships and work, and perceptions of coping;

(b) trainees' evaluation of the Workshop, specifically, usefulness of the Workshop to their understanding of life changes and how people cope with them, and the relevance of the Workshop to trainees' Breastfeeding Counsellor training; and

(c) trainees' evaluation of the Transition Model, namely, helpfulness of the Transition Model to trainees' understanding of themselves and the changes they had experienced, applicability of the Transition Model to trainees' own new-mother experiences, likelihood of trainees to apply the Transition Model to own past change experiences, likelihood of trainees to use the Transition Model during their own future change experiences, and likelihood of trainees to use the Transition Model in their work as Breastfeeding Counsellors.

In this way, the trainees' ratings of the usefulness of the Workshop and of the Transition Model, and their experiences of the nature, the impact of and coping with their most significant changes in life, could be compared. The focus would be on exploring any common themes among the 10 psychological phenomena across the five trainees.

The findings that emerged from the data analyses described above are presented in the following two chapters.

CHAPTER SIX

FINDINGS CONCERNING LIFE TRANSITION EXPERIENCES OF MOTHERS OF YOUNG CHILDREN

The study was implemented according to the planned method, and the findings are presented in two chapters. This chapter is devoted to the findings relating to the first broad research question, and describes the results concerning life transition experiences among mothers of young children. Chapter Seven presents the evaluation results of the Transition to Motherhood Workshop, relating to the second research question.

The findings presented in this chapter entail the interview data of the trainee Breastfeeding Counsellors. The sample of participants involved in all six domains of the research is first described, including descriptions of the characteristics of the trainees, as well as their responsiveness to the research. This is followed by a description of the process of thematic content analysis adopted, and comment on the utility of turning points as indicators of major life transitions. The greater part of the chapter is devoted to the findings relating to the first research question: 'What are the transition experiences of mothers of young children?' The findings are presented in terms of three domains of enquiry:

(a)   Domain 1: Transitions in life of mothers of young children;

(b)   Domain 2: Impacts of the most significant life change; and

(c)   Domain 3: Experiences of coping with the most significant life change.

6.1   Sample of participants

Consistent with the recruitment plan outlined in Section 5.4.1 of Chapter Five, eight trainee Breastfeeding Counsellors were invited to participate in the research, at the NMAA trainee meeting one month prior to the presentation of the Workshop. At the end of that meeting, five of the eight trainees present confidentially agreed to the researcher telephoning them to discuss their participation in the research, and ultimately agreed to participate in all aspects, including to audio-taping their interviews. While the three trainees who did not agree to participate in the research were not asked to give reasons for declining the invitation, it was noted by the researcher that they indicated life circumstances, and having just finished the NMAA training, as factors in their decisions.

Consistent with the planned trainee data collection procedure outlined in Section 5.4.2 of Chapter Five, individual interviews were held prior to the Workshop in each of the five consenting trainees' homes at a time convenient to them. Interviews ranged in length from 75 to 100 minutes.

Also consistent with the planned trainee data collection procedure, the Workshop itself was held at a trainee's home. In addition to the researcher, 11 people attended the Workshop. Seven were research participants comprising the five consenting trainees, their Trainee Adviser and the Workshop Presenter. The four remaining Workshop attendees were two trained Breastfeeding Counsellors, one of whom was an international guest, and two trainees who had not attended the previous training session at which trainees had been invited to participate in the research. It became apparent to the researcher, at the Workshop, that it had been advertised more widely than to just the trainees at the previous monthly training

meeting. The latter Workshop participants were informed of the research that was in progress, and orally asked to consent to the researcher's attendance at the Workshop, to which they each agreed.

The Trainee Adviser and Workshop Presenter were invited to participate after the presentation of the Workshop, consistent with the data collection procedure outlined in Section 5.4.3 of Chapter Five.

The trainees contributed to all six domains of the research, participating not only in the evaluation of the Workshop and the Transition Model, but also as mothers of young children in in-depth interviews concerning their experiences of major life changes. The Trainee Adviser and the Workshop Presenter were involved only in the evaluation of the Workshop and the Transition Model, Domains 4 and 5 respectively.

The five trainee participants completed the Consent Form for trainees, the Background Information Form, the semi-structured in-depth interview, and the trainee Workshop Evaluation Form. The Trainee Adviser and the Workshop Presenter completed the appropriate Consent Form and Workshop Evaluation Form. Data collected from all participants were analysed.

6.1.1   Characteristics of trainee participants

All five trainee participants were in the advanced stages of the NMAA Breastfeeding Counsellor training and had expected to graduate within four months of the research intervention, which was in early 2000. The trainees were aged between 30 and 39 years,

married and living in inner eastern metropolitan Melbourne, and primarily responsible for the care of their children and domestic duties. Between them, they had ten children ranging in age from 18 months to seven years, the average age being almost four years. Trainees had given birth to between one and three children, and had become a mother between two and seven and half years prior to the research being conducted. Three trainees had given birth to their first babies at 32 - 33 years of age, and two at 25 - 27 years. All trainees spoke English at home. Four had been born in Australia and one abroad.

All trainees reported having pursued professional careers before having children. Four had tertiary education, while one had gained her professional certificate on the job. At the time of the research, three trainees were in paid professional employment, one for 2.5 hours per week, another for 17 hours per week and the other for 28 hours each week. They reported annual gross incomes in the ranges of $8,320 - $10,399 and $26,000 - $31,199 (including pensions and allowances). The two trainees who were not employed at the time of the research reported no personal income. All of the trainees' husbands were in paid employment, working 40 to 50 hours each week in professional positions. Four trainees reported household gross incomes (including pensions and allowances) in the range of $78,000 - $103,999, while the fifth was $104,000 or more.

6.1.2   Responsiveness to research of trainees

All trainees presented as enthusiastic research participants. Some volunteered their general commitment to research, while others emphasised the general importance of research into understanding people's experiences of life changes, particularly the transition to motherhood. Their commitment to working in the NMAA as volunteer counsellors with new mothers

indicated a particular interest in and mindfulness of change experiences and issues. One trainee expressed a very particular keenness to be involved in the research, indicating her belief that her life experiences were different to the other trainees, and that it was important that such experiences be known and understood.

All trainees approached their interview in a serious manner, demonstrated by their co-operativeness, level of revelation and willingness to speak at length about deeply emotional experiences. Being semi-structured, the interview allowed probing beyond the prompt questions, and all interviews became free flowing, such that in one instance a question was omitted because other things seemed more important to the interviewee. All interviewees revealed deeply personal experiences, some of which could be highly identifying. It was therefore important that the researcher de-identify these aspects of the data for the purpose of this thesis and any other reports, while at the same time striving to preserve the essence of each interviewee's unique experiences.

6.2   Thematic content analysis process

The interview data were analysed according to the process of content analysis detailed in Section 5.5.1 of Chapter Five. Several series of tables were used to summarise data at increasing levels of abstraction, according to the matrix method recommended by Miles and Huberman (1994). This process of data reduction and display involved segmentation of the data according to interview questions, punctuation of the data into units of meaning, and identification of the themes. Emergent themes were then grouped according to common psychological phenomena, and each group was assigned a theme summary descriptor that captured the essential meaning of each interviewee's data for that theme, for example, "drew

on inner resources to become self-reliant adult independent of family of origin", and "sought supportive people". Appendix L shows a sample of the data analysis at this latter stage of the data reduction process. Here, the process of assigning theme summary descriptors to emergent themes grouped according to common psychological phenomena is illustrated. The variation between interviewee's emergent themes, within common psychological phenomena, is evident, as are quotes that were tagged to capture the essence of a particular theme. Full data, as displayed at this point of the data analysis process, are not presented here as it was considered to be unnecessarily identifying of the interviewees as individuals.

The final stage of data analysis is presented in this chapter in tabular form. Theme summary descriptors are presented in order of frequency, and by interviewee, in a series of matrices that summarise the information pertaining to the three domains of enquiry relating to the first research question.

Specifically, the matrix pertaining to Domain 1 displays the turning points identified by interviewees.

For Domain 2, a series of matrices displays the following data:

(a)   Interviewees' changes in views of self following the turning point that had the greatest change impact on their lives;

(b)   Change impact on interviewees' important relationships following the turning point that had the greatest change impact on their lives; and

(c)   Change impact on interviewees' commitment to and experience of paid work following the turning point that had the greatest change impact on their lives.

For Domain 3, the following data are also displayed in series of matrices:

(a) Interviewees' perceptions of how they experienced and coped with major turning points in their lives;

(b) What helped interviewees cope with the turning point that had the greatest change impact on their lives;

(c) What was most helpful to interviewees coping with the turning point that had the greatest change impact on their lives;

(d) What was unhelpful to interviewees coping with the turning point that had the greatest change impact on their lives; and

(e) Interviewees' perceptions of what might have been helpful to them in coping with the turning point that had the greatest change impact on their lives.

In addition, data concerning the transition to motherhood were collected from the three interviewees who did not identify this experience as having caused the greatest change impact on their lives. These data were analysed using the same strategy described in Sections 5.5.1.1, 5.5.1.2 and 5.5.1.3 of Chapter Five. Given the highly individual experiences reported, the data are presented here in descriptive form.

The findings pertaining to the first research question are displayed and described below. Considerable variation in life transition experiences among the mothers interviewed was evident. After initial comment concerning the use of the concept of turning points as an indicator of life changes or transitions, the findings regarding the domains of enquiry applicable to the first research question are presented in tabular and descriptive forms as stated above. Given the variation between and within the theme summary descriptors presented in tabular form, each theme is discussed in some detail. Where helpful, themes are

illustrated by quotations from the interviews. Finally, conclusions about the first research question are drawn from the data presented in relation to Domains 1, 2 and 3.

6.3 Turning points as indicators of major life transitions

As detailed in Section 5.3.1.3 of Chapter Five, each interviewee was asked to identify the turning points she had experienced during her life. The interviewer neither defined the notion of a turning point, nor asked interviewees to describe what it meant to them. Nevertheless, each did describe her concept of the term during the interview. There was considerable concordance between interviewees, suggesting a shared understanding of a turning point in life as a circumstance from which stemmed a new or different course in life. Typical statements included:

"I guess I sort of see a turning point as perhaps involving some sort of transformation..."

"...because it's determined the future"

"...it was the start of a chain of events..."

"...it's obviously a very dramatic change"

"My life completely changed when..."

"...you're life gets completely turned upside down..."

"...I think things would have happened quite differently had we [not moved interstate]".

The mothers each spoke of their turning point experiences as being accompanied by a period of heightened stress or anxiety as they were confronted with unfamiliar challenges. This

involved considerable change bringing its own difficulties, and the need to cope with and adapt to changing circumstances or ways of being.

Consistent with this theme of transformation, dramatic change and challenge, one interviewee contrasted experiencing a turning point with experiencing continuity in life. Adding a further dimension, another interviewee highlighted the interaction between aspirations in life and perceptions about life events or circumstances. She reported having experienced different levels of personal satisfaction associated with different life trajectories, and that some circumstances would be turning points in the event that the outcome compromised one's planned or desired life course (for example, not being able to have a planned baby).

The nature of turning points described by interviewees varied. Interviewees identified events, role transitions, decisions and changes in perception, expected and unexpected, planned and unplanned, as turning points. When describing the nature of the greatest turning point in life, four interviewees discussed their responses to events. In contrast, another interviewee characterised all her turning points as instances when she instigated major changes in her life. Prompted by fear of the consequences of her circumstances, this interviewee characterised turning points as involving a sudden realisation of her desire to change a situation, self-confidence in her judgement, her ability to harness inner strength to instigate major change in her life experience, and long periods of deep personal struggle. This interviewee spoke about turning points as proactive decisions to change her life, *"I really ... made a conscious decision - like I've got to get out of this"*.

While reporting different impacts, each interviewee stated that her greatest turning point led to changes in life that required her to cope with and adapt to new circumstances.

Interviewees described different levels of coping with major transitions in their lives, some reporting their perceptions that they had not coped for a time with a significant turning point. While the interviewees employed different strategies to adapt to the changes and cope with the challenges and difficulties that arose, the common underlying mechanism was decisive action by the individual trainees. Coping responses centred on changing the environment and/or their way of being. Interviewees' perceptions of the impacts of their major turning points and how they coped with them, Domains 2 and 3 of the research, are presented in detail in Sections 6.5 and 6.6 below, after the findings concerning Domain 1 are outlined.

6.4 Domain 1: Transitions in life of mothers of young children

6.4.1 Turning points reported

Table 1 below shows the turning point themes reported by interviewees. They are listed in order of frequency. In total, 30 turning points were reported. Each interviewee reported having experienced a different number of turning points in her life, namely, 2, 3, 4, 7 and 14. Two interviewees reported multiple occurrences of turning point themes, for instance, Interviewee 3 reported three different turning points which each stemmed from an occasion of moving interstate or overseas.

After each interviewee had identified the turning points in her life, she was asked to nominate the one that she felt had the greatest change impact on her life. These were recorded by the researcher on the Events Chart and are denoted with an asterisk (*) in Table 1. As detailed in Section 5.3.1.3 of Chapter Five, where an interviewee identified "arrival of first baby" as a turning point, and nominated another as having caused the greatest change impact on her life,

she was asked to identify the turning point that had the second greatest impact on her life. This is denoted with a hash (#) in Table 1.

Table 1

Turning Points Identified by Interviewees

Turning point themes emerging	Number of responses	Interviewee identity number (n = 5)	Turning point expected (E) or unexpected (U)
Moving away from family of origin	4	1, 2*, 3, 5*	U, U, E, U
Arrival of first baby	3	1*, 2#, 3*	U, E, E
Moving overseas or interstate	3	3, 3, 3	E, E, E
Adoption of alternative health and conservation values in everyday life	3	3, 3, 3	U, U, U
Change in perception of self	2	3, 4	U, U
Children starting school	2	3, 5	E, E
Increased opportunities due to change in financial situation	2	3, 3	U, U
Taking decision to change an undesirable situation	2	4, 4*	U, U
Arrival of sister	1	1	Didn't know
Promotion of father	1	1	E
Taking decision about career to pursue	1	1	E
Forming relationship with husband	1	1	U
Travelling with husband	1	1	U
Completing study and starting professional employment	1	2	E
Husband's illness	1	2	U
Arrival of second baby	1	3	E
Marrying and living with husband	1	3	E

Note. *Turning point that caused the greatest change impact on interviewee's life.

#Turning point that had the second greatest change impact on interviewee's life (only identified where "arrival of first baby" was identified as a turning point but not that which caused the greatest impact).

Interviewees were also asked which turning points had been anticipated or expected, and which had not been expected. The researcher recorded these on the Events Chart. It seemed important to consider this issue in the context of understanding how interviewees coped with

major changes in their lives. Table 1 shows these responses in the fourth column; responses correspond with those in the third column, for instance, Interviewee 3's turning point "moving away from family of origin" was expected.

Table 1 reveals considerable variation in interviewees' experiences of major life transitions. Of the 17 turning point themes identified, only four were reported by two or more interviewees. Four interviewees identified "moving away from family of origin" as a turning point in their lives, three the "arrival of first baby", while two interviewees identified the "change in perception of self" and "children starting school" as turning points.

Interviewees' nominations of the turning point that caused the greatest change impact also varied, indicated by the asterisks (*) in the third column. Three turning points were identified. Two interviewees nominated the arrival of first baby, two nominated moving away from family of origin, and one identified her "decision to change an undesirable situation" as the turning point that had the greatest impact. In all but one instance, interviewees reported that they initiated and/or welcomed the turning point; one interviewee who identified moving away from her family of origin as the greatest turning point stated that she had neither initiated nor desired the move. Table 1 shows that four of the five interviewees stated that their greatest turning point had not been anticipated or expected, while for one only was it expected. The latter turning point was arrival of first baby.

6.4.2   Turning points and the transition to motherhood

Interviewees' experiences of the transition to motherhood varied in terms of how this experience was perceived in relation to turning points in their lives. As shown in Table 1,

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two interviewees identified the arrival of first baby as the turning point that had the greatest

change impact on their lives, while another highlighted this event as causing the second

greatest change in her life. Two interviewees did not identify the transition to motherhood as

a turning point. However, one of the latter interviewees stated that the turning point that had

the greatest impact on her life, that of moving away from her family of origin, coincided with

the unexpected birth of her first baby. While this interviewee clearly distinguished the two

events, her responses to questions about moving away from her family of origin indicated

that the impacts of the two events were connected. Notwithstanding the above, all

interviewees described becoming a mother as a significant event. Each interviewee's

experiences of this event were distinctive, both in terms of the nature of their experiences of

the associated impacts on their lives, and in terms of how they conceptualised the event in the

context of other life events and transitions.

The two interviewees who identified the transition to motherhood as the turning point that

had the greatest change impact on their lives expressed the surprise this had involved. They

had not expected such scope of significant change in all aspects of life. To illustrate this, one

interviewee freely reflected a long list of changes indicating the profound impact of the

arrival of her firstborn on all aspects of her life. She stated that her cognitive ability was

affected by sleep deprivation, her daily occupation changed from adult activities to revolve

around meeting the needs of the baby, her feelings about herself changed, her social life

changed to be centred around home, local community and other mothers, her conversations

changed from a work focus to centre around baby issues, her clothing changed from business

wear to leisurewear, her diet changed to revolve around the need of the baby for breast milk,

and that the change she needed from her husband was his support to meet her own basic

needs.

However, these two interviewees differed markedly from each other in their experiences of adjusting to the arrival of their first baby. While both desired and welcomed their babies, and found the transition challenging, their reports differed in terms of the degree of distress experienced. For one interviewee the experience was positive and relatively smooth. The other suffered considerable and prolonged psychological distress, and stated that she did not cope for some time after the birth of her first baby.

As previously stated, two interviewees identified the move away from their family of origin as the turning point that had the greatest change impact on their lives. Analyses of their interview data revealed that both interviewees associated their experiences of becoming a mother with their experiences of another turning point. These data highlighted the potential interconnectedness of the impacts of another significant life event or transition with the experience of becoming a mother. Significantly, it seemed that on occasions these interviewees did not discriminate between the change impacts associated with becoming a mother from those of the associated life event. The narratives of these two interviewees expanded on this phenomenon, as summarised below.

One of these interviewees identified the transition to motherhood as the turning point that had the second greatest change impact on her life. Similar to the interviewees who identified becoming a mother as the turning point that had the greatest impact on their lives, she described it as a shock, and that the profound changes in all aspects of her life were unexpected. She also reported that the changes associated with the arrival of her first baby prompted feelings of not coping, and a long period of low self-esteem and personal struggle. When describing the change impact on her life, this interviewee stated that during her transition to motherhood her husband suffered a serious illness, another turning point in her

life. While she clearly distinguished between the two events, their impacts seemed interconnected. This interviewee noted that against a background of becoming a mother, her husband's illness had a profound *"impact on me personally in terms of what was important in life ... It just completely flipped around my whole priorities in terms of money versus health"*. This change in priorities subsequently shaped the interviewee's expectations of herself and her husband in relation to career progression, material advancement, family aspirations and personal happiness.

The other of these interviewees noted that the unexpected birth of her first baby coincided with her greatest turning point, namely the move away from her family of origin. She did not explicitly identify the transition to motherhood as a turning point in her life at all. When asked how moving away from her family of origin compared with the transition to motherhood, she stated that *"the first [baby] didn't have that great an impact really, I mean he did, but you expect a first baby to have a dramatic impact, and he was actually very placid, very easy going baby"*. She stated that in contrast, the move interstate *"was the start of a chain of events"*, an event from which stemmed a different life course, of which having children was a part. She described the move away from her family of origin as *"a very dramatic change... Everything changed. I mean, it's a different place, different people, different experiences. ...It certainly wouldn't have been the same had we stayed in the same spot"*. She added that the birth of her first baby had involved no transformation: *"I guess I sort of see a turning point as perhaps involving some sort of transformation and I don't think there was much of a transformation involved in that [becoming a mother]. It was just a difficult period that had to be lived struggled through rather than something that was transformed us in any way."*

While the latter interviewee clearly distinguished the two events and attributed very different change impacts to them, analysis of her interview data revealed that her experiences of moving away from her family of origin and the transition to motherhood were enmeshed. Throughout the interview, when asked about the different change impacts of the turning point that had the greatest change impact on her life, that is, the move away from her family of origin, she responded with reference to her experience of motherhood, thus revealing the connection between her experiences of the two events.

The remaining interviewee described a different experience of her transition to motherhood in relation to turning points in her life. She did not identify the transition to motherhood as a turning point in her life, and explained that while having her first baby *"was a big step"*, it did not compare with the significant changes associated with her turning point experiences. She stated, *"I didn't find it as challenging as I found the rest of my life"*. In contrast to her turning point experiences, having her first baby *"was such a lovely time ... I had my teary days and they were lonely ... but at least it was a nice thing. You had this beautiful baby"*. On reflection, this interviewee believed that her previous turning point experiences might have helped her cope with the transition to motherhood. She stated that she had been *"so used to being in this emotional roller coaster"*, that when she had her first baby she thought, *"we'll jump back on this [roller coaster] again"*.

This interviewee spoke of her impression that her experience of the transition to motherhood was different to that of other mothers. She highlighted *"a difficult time in the beginning"*, and feeling isolated in groups of other mothers, since she perceived that her concerns about her baby were different to those of the other mothers. She reported: *"When I'd go into a group I feel isolated even more, because they'd be saying "I don't know how to change their*

nappy. I don't know how to do this or that." I'd be worried by more emotional effects on him rather than physical," that is, *"what we say to the children and how we say it"*.

6.5   Domain 2: Impacts of the most significant life change

The impacts associated with the turning point that was experienced as bringing the greatest change to each interviewee's life were explored. In accordance with the data analysis process described in Section 5.5.1.3 of Chapter Five, each interviewee's perceptions were sorted into three categories and are presented here accordingly, that is, in terms of impacts on views of self, on important relationships, and on commitment to and experience of paid professional work. These aspects are also reported for the interviewee who identified the transition to motherhood as causing the second greatest change in her life.

6.5.1   Interviewees' changes in views of self

All interviewees reported changes in their views of self following the turning point that had the greatest change impact on their lives. Five themes were expressed by two or more interviewees and a further six themes by only one interviewee as shown in Table 2 below.

As shown in Table 2, three interviewees stated that their greatest turning point experience prompted them to draw on inner resources to become self-reliant adults, independent of their families of origin. Two of these interviewees had identified moving away from family of origin, while the other pointed to the arrival of first baby as the turning point that had the greatest impact on their lives.

Table 2

Interviewees' Changes in Views of Self Following the Turning Point that had the Greatest

Change Impact on Their Lives

Theme emerging concerning changes in view of self	Number of responses	Interviewee identity number (n = 5)
Drew on inner resources to become self-reliant adult independent of family of origin	3	1, 2, 5
Realised inner strength, resourcefulness and ability to cope	3	2, 4, 5
Developed greater understanding of other parents	2	1, 3
Changed perception of self, associated with new responsibility for the survival of a dependent other	2	1, 3
Began to consider longer-term needs of the whole family in decision-making	2	3, 5
Realised constant nature of the parenting task	1	1
Became more relaxed to comply with the needs and pace of the baby	1	1
Perceived self in a new role influencing others to be aware of mothering issues that interviewee had been previously ignorant about	1	1
Perceived that gained *"membership"* to a previously unknown world of *"secret mothers' business"*	1	1
Came to think and feel differently, *"from a mother's perspective"*	1	1
Became less sceptical	1	4

Also revealed in Table 2, three interviewees reported a newfound inner strength, resourcefulness and ability to cope as a result of the turning point that had the greatest impact on their lives. Two of these interviewees had identified the move away from their family of origin and the other pointed to her decision to change an undesirable situation. Each interviewee reported a different emphasis in relation to this theme. One stated that she became a self-assured, independent thinker, less influenced by others. Another emphasised her realisation of her capacity *"to do anything"*, while the third gained confidence in her perceptions and judgements.

The two interviewees who identified the transition to motherhood as bringing the greatest change impact to their lives stated that they gained greater understanding of other parents. They also reported changes in their perceptions of self, associated with their new responsibility for the survival of a dependent other. On the latter theme, the emphases were different. One interviewee felt overwhelming responsibility, and noted her need to broaden her thinking to include the impact of her decision-making on the baby who was solely reliant on her. The other described becoming simultaneously aware of her own unique importance and subservience in meeting the needs of her dependent baby. She stated:

"...in a way [I] became subservient to this little creature who took over my life. But I also knew that I was really really important to him. If I didn't feed him he would die. ... I was both less important and more important. You know I was less important in that, um, I needed to put my own needs aside at times, so that I could meet his needs first. On the other hand, if I did that all the time and never met my own needs, um, then I would go downhill, and he would also not be alright. So in order to put his needs first I sometimes had to put my needs first."

Also associated with responsibilities for raising children, two interviewees, each referring to the impact of a different turning point, noted their changed consideration of the longer-term needs of the whole family in their decision-making. One example cited was the new importance of fostering close relationships between her children and their cousins, aunts and uncles. The other interviewee stated that the focus on providing the best for her children meant changing to conform to a particular lifestyle.

One interviewee raised five further themes related to her transition to motherhood. These were her realisation of the constant nature of the parenting task, becoming more relaxed to

comply with the needs and pace of the baby, perceiving herself in a new role influencing others to be aware of mothering issues of which she had been previously ignorant, perceiving that she had gained *"membership"* to a previously unknown world of *"secret mothers' business"*, and thinking and feeling differently, *"from a mother's perspective"*.

Regarding the latter theme, the interviewee cited two examples. She stated that, when viewing children in tragic situations on television, *"you see them from a mother's perspective thinking about, and projecting yourself into the situation sometimes about how you could cope or how traumatic that would be"*. Secondly, when exercising her electoral vote, she now considered the impact of policies from *"a mother's perspective"*, and sought family friendly policies.

Finally, the interviewee who identified her decision to change an undesirable situation as having the greatest impact on her life, noted a further change in her view of herself, namely that she had consequently become less sceptical about people and the world in general.

As previously stated, one interviewee identified the transition to motherhood as having the second greatest change impact on her life. In relation to this major change, this interviewee highlighted two different themes relating to her changed views of herself. Firstly, she stated that she became more empathic with others, citing that her sense of self changed from being focused on *"being Miss Career Woman, marching up the corporate ladder"*, hardened to and entrenched in *"a very male dominated environment. ... I think motherhood just completely turned that around"*. Secondly, she learned of her inner vulnerability:

> *"I had built up this wall of toughness. ... I used to say, I can cope with anything, ... and in those first few weeks of motherhood, I felt so vulnerable, I felt helpless, I felt*

hopeless, I felt all that whole range of emotions. And I just thought, "what's happening

to me? I'm falling apart!" You know, I just thought I'm this person that can cope with

anything, and I can't cope with this. I really got to a stage where I just felt I just can't

cope with this. It all got so hard. You know. [laughing] It was a very big change."

6.5.2   Change impacts on interviewees' important relationships

While all interviewees reported changes to their important relationships following their most

significant turning point, there was considerable variation in interviewees' responses. Table

3 below presents the themes emerging in their responses according to the groups or people

with whom the changes in relationships were reported, namely, others in general, husband,

mother, family of origin, children, and broader social networks.

Table 3

Change Impacts on Interviewees' Important Relationships Following the Turning Point that had the Greatest Change Impact on Their Lives

Theme emerging concerning changes in important relationships	Number of responses	Interviewee identity number (n = 5)
With others in general		
Strengthened quality of relationships	1	4
With husband		
Strengthened relationship with husband	2	1, 3
Realised need to renegotiate relationship with husband	2	3, 5
Needed husband's support to meet own basic needs	1	3
Realised need for self and husband to adjust to less sleep	1	5
With mother		
Revised view of own mother leading to more positive relationship	1	1
Gained insight into work invested by own mother when raising children	1	3
With family of origin		
Rejected family and established income, housing and social network independent of family	1	2
With children		
Gained important relationships with own children	1	5
With broader social networks		
Developed social networks to surround the baby	3	1, 3, 5
Perceived that guaranteed relationship with friend by formalising relationship between baby and that friend	1	1
Moved from naive sheltered environment to exposure to a diverse group	1	2
Gained close friend	1	4

The following sections describe in turn each theme presented in Table 3.

6.5.2.1 Others in general

While four interviewees noted changes in their relationships with specified people in their lives, one described the impact more broadly, that is, that her greatest turning point prompted a strengthening of the quality of her relationships generally.

6.5.2.2 Husband

Three interviewees described changes in their relationships with their husbands following the turning point identified as having had the greatest impact on their lives. These responses centred around interviewees' new role as a mother. Two stated that their relationships with their husbands were strengthened. Two interviewees noted the need to renegotiate their marital relationship, one noting her husband's new role as parent, and the other emphasising a constant juggle of competing needs, such that the different needs of the baby, parents and couple could be met. Another theme reported by one interviewee was her need for her husband's support to meet her own basic needs, while another interviewee stated that, as parents, she and her husband both needed to adjust to less sleep.

The interviewee who identified the transition to motherhood as having the second greatest impact on her life also reported a change in the nature of the relationship with her husband. She emphasised that their respective roles and contributions, level of communication and nature of conversations changed dramatically, and that they maintained an equal relationship *"but in a completely different way"*.

6.5.2.3 Mother

The two interviewees who identified the transition to motherhood as the turning point that brought the greatest change stated that this event had an impact on their relationships with their own mothers. One stated that she gained insight into the work invested by her own mother when raising her children, while the other spoke in more general terms, reporting seeing her mother from a different perspective which resulted in a more positive relationship developing. She stated that, *"[In the past,] I would think that she might have been interfering with my life, but now I think it's just her wanting to have a relationship with me, and and I'm certainly happy to have that relationship with her now...".*

The interviewee who identified the transition to motherhood as having the second greatest impact on her life also reported a change in her relationship with her mother, stating that after a long period of independence from her family of origin, she now sought and accepted help and support from her mother.

6.5.2.4 Family of origin

When describing the impact of the greatest turning point on important relationships, one interviewee stated that she rejected her family of origin, and assertively established income, housing and social networks independent of it. However, this interviewee reported that following her transition to motherhood (the turning point that caused the second greatest impact on her life), she turned back to her family of origin for support, breaking the long period of independence.

6.5.2.5   Children

Another interviewee stated that the turning point that had the greatest impact on her life led to her establishing important relationships with her children.

6.5.2.6   Broader social networks

All five interviewees identified at least one change in their social networks stemming from the turning point that had the greatest impact on their lives. Irrespective of the turning point that had been identified, four of the six responses were associated with the transition to motherhood.

While three interviewees stated that their social networks changed to surround the baby, the nature of this change was different for each interviewee. One stated that she selected friends in the same situation with similar attitudes. Another noted that her social life changed to centre around home, the local community and other mothers. The third emphasised the unexpected change to her social networks. She stated that due to her unexpected pregnancy, new social networks unexpectedly centred on children instead of career interests.

As a new mother, one interviewee perceived that she guaranteed her relationship with a friend by formalising the relationship between her baby and that friend. She stated, *"by asking [my good friend] to become [my baby's] godmother, I feel that I've now invited her into our family ... that's a way that I've, you know, said you're going to be my friend for life"*.

In moving away from her family of origin, another interviewee stated that she was thrust from a naïve, sheltered environment, to be exposed to a diverse group of people. She described the change in her social network as follows: *"I'd been in this very sort of happy cocooned environment, and then I stepped out into the big wide mean world"*.

One interviewee reflected upon the importance of gaining a close and long-term friend as a direct result of the turning point that had the greatest impact on her life.

6.5.3 Change impacts on interviewees' commitment to and experience of paid work

All interviewees raised as important at least one change in their commitment to and/or experience of paid professional work following the turning point that had the greatest impact on their lives.

Table 4 below shows the incidence of themes emerging related to the impacts on interviewees' commitment to and experience of paid work. All twelve responses were different, including those relating to the same theme.

Table 4

Change Impacts on Interviewees' Commitment to and Experience of Paid Work Following the Turning Point that had the Greatest Change Impact on Their Lives

Theme emerging concerning change in commitment and experience of paid work	Number of responses	Interviewee identity number (n = 5)
Changed commitment to work	3	1, 2, 4
Derived less satisfaction from paid work than being with baby and other mothers	1	1
Perceived mother's part-time work as having three functions	1	1
Perceived nature of job as being mother	1	3
Perceived that caring responsibilities resulted in cessation of career; regretted cessation of career	1	5
Believed impact of having children would have been different if had not moved away from family and established support structures	1	5
Realised that work preference changed since leaving workforce to care for children	1	5
Perceived that work not financially viable given childcare costs	1	5
Perceived that partner's employment situation allowed interviewee choice to work part-time	1	5
Planned to establish own financial independence	1	5

Ten of the twelve responses in this group were associated with the transition to motherhood.

Three interviewees, each with different turning points, reported a change in their commitment to work. The nature of this change was different for each interviewee. With reference to her transition to motherhood, one interviewee became less committed to her career and work, and expressed a desire for work that was less emotionally demanding and confined to designated hours. The interviewee whose greatest turning point was to take a decision to change an undesirable situation in her life, also reported becoming less committed to work. Different to the previously cited interviewee, she sought a more balanced life. Finally, the interviewee who identified moving away from her family of origin as the greatest turning point stated that this event prompted a strengthened commitment to her career and work.

The latter interviewee identified the transition to motherhood as having the second greatest impact on her life. Referring to this change, she spoke of two related impacts on her commitment to and experience of paid professional work. Firstly, her descriptive narrative illustrated her long journey of personal growth associated with becoming less committed to her career and work, and highlighted her experiences and perceptions as her priorities changed:

> "I thought, "Yeh I'll breast feed, but I'll probably be sick of it after three months, so that will be enough, ... and then I'll give that away and then I'll go back to work and I'll go back full-time ... I can have a baby and a career". ... I was just absolutely focused on [having] it all. Well I think from the minute I had her ...[I] went through this total loss of confidence and ... [thought] there's no way I can go back to work. ... It was nothing like what I'd anticipated. I sort of believed all those ads of the cute cuddly baby [laughing] and the soft music playing in the background, not the screaming child, pacing up and down the floor and cracked nipples and, and, oh, no sleep. ... I was coaxed back to work on a part-time basis when she was 5½ months old, and that was heart breaking. I sat at work for the first week and I cried ... 'cos I just didn't want to be there. And, anyway I got through that. It was almost like I had to deny my own feelings, I can do this, I can do it, I'm going to do it, you know. I'd always planned to do it and I need to do it, we need the money, whatever it was I talked myself into saying that I had to be there, and I persevered for six months at which point they coaxed me back, "Come on you said you were coming back full-time, when are you going to come back full-time?" And I had this constantly from my manager. So in the end I decided, um, to go back full-time when [the baby] was one year old, and [my husband] and I sat down and talked about it, and we said, "We'll give it a three month trial and see how it goes". And at the end of three months I was completely exhausted. [The baby] was

spending 50 hours [per week] in care and I had a holiday and I just couldn't face going

back and I said to [my husband], "I can't face going back. ... I want to be with my

daughter". And he said, "Well, so resign". So I said, "All right, I'm going to do some

study that I've been wanting to do for a long time", and I thought there's a good

excuse. So I went back ... (and) handed in my resignation. ... And since then, although

I started off doing my grad. dip. in business admin., again very focused on my career, it

became more a journey of personal growth ... and just loved it. And I thought, "I don't

care if this is going to have anything to do with my career or not. I just love doing it

for me". ... And so, it helped me give me back my confidence, in terms of "I can do

this", and I really enjoyed it. That took two years. And then, since then I could go

back to work now. ... I could go looking for a job, but I've just no desire. I'd much

rather be at home. I love being at home I'm very happy."

This interviewee, who identified her transition to motherhood as having had the second

greatest impact on her life, reported a second and related impact of this change on her

commitment to and experience of paid professional work. At the time of the interview, she

was not motivated to engage in unstimulating work that would allow her to juggle both work

and home responsibilities.

Returning to Table 4, one interviewee who identified the transition to motherhood as the

turning point that had the greatest impact on her life, described two further themes relating to

the impact of this change on her commitment to and experience of paid work. Firstly, she

stated that she derived less satisfaction from paid work than being with her baby and other

mothers. Secondly, she noted three functions of her part-time work after the birth of her

baby, namely its making a contribution to the financial health of the family, maintenance of

the connection with the workplace and her profession, and creation of a space for her husband and baby to build a relationship in her absence.

Another interviewee highlighted a different theme. She stated that after the arrival of her first baby, the nature of her job changed to being mother. She explained that initially her paid work revolved around the needs of the baby and then ceased: *"I would work when it suited me, when it suited the baby rather than, arrh, trying to somehow fit in the baby with my work. My job definitely became mother"*. She described how her daily occupation changed from adult activities to revolving exclusively around meeting the needs of the baby:

> *"... What I actually did in my day had changed. So instead of being involved in adult activities, I'm having to, um, produce results. The only results I had to produce was, you know, a healthy baby. You know, feed the baby, change the baby, feed the baby, change the baby. Um ... keep your baby happy, and in ... in ... somehow in between all that, fit in having a feed myself and, you know, sometimes even keep the house in order. [laughing] Although that got a very low priority at times. Just hard enough just to feed the baby."*

Another interviewee identified six further changes in her commitment to and experience of paid work. The first was a feeling of regret associated with the coincidence of her greatest turning point (moving away from family of origin) and an unexpected baby. She stated that while she did not regret having her children, her caring responsibilities resulted in the cessation of her career, which she regretted. Secondly, she believed the impact of having children would have been different if she had not moved away from family and established support structures. The remaining four themes centred on the possibility of future work, namely, that her work preference changed after leaving the workforce to care for children,

that work was not financially viable given childcare costs, that her partner's employment situation allowed her the choice to work part-time, and that she planned to establish her own financial independence.

6.6 Domain 3: Experiences of coping with the most significant life change

Interviewees' experiences of coping with the turning point identified as having had the greatest impact on their lives are described below. Their experiences of coping are described in terms of aspects of coping explored directly in the interview. These were interviewees' perceptions of how well they coped with the major change, factors identified as having helped them cope, what was most helpful, what was unhelpful, and perceptions of what else might have been helpful in coping with the greatest turning point. In addition, these aspects are reported for the interviewee who identified the transition to motherhood as bringing the second greatest change in her life.

6.6.1 Interviewees' perceptions of how well they coped with major life change

Overall, the data analyses presented above for Domains 1 and 2 revealed that interviewees' major transitions in life differed on the basis of their subjective experiences of them. There appeared to be no links between the interviewees' experiences in respect to the type of turning point event (that is, arrival of first baby or moving away from family of origin or taking a decision to change an undesirable situation), or on the basis of whether it had been expected or unexpected. However, interviewees could be grouped according to the psychological impact of and response to their greatest turning points. Two interviewees reported adjusting relatively easily, and without much disruption, to what they perceived as

ordinary life events. In contrast, three interviewees experienced significant psychological distress in response to extraordinary and undesirable circumstances. In all three cases, a significant turning point had prompted difficulties in coping, a long period of personal struggle, and growth involving deep self-reflection and changes in priorities.

Turning now to interviewees' perceptions of how they coped with their greatest turning points, Table 5 below reveals that the differences in psychological impact of and response to a significant turning point, seemed to also distinguish interviewees on the basis of their perceptions of how well they coped with major turning points.

Table 5 shows interviewees' perceptions of how they experienced and coped with the greatest turning points in their lives (in the case of Interviewee 2, this includes her second greatest turning point). The data are arranged in order of perceptions of coping. The 'turning point' and 'experience of turning point' data are summaries extracted from that presented under Domains 1 and 2 in Sections 6.4 and 6.5 respectively.

As shown in Table 5, turning points may be grouped according to interviewees' perceptions of how they experienced and coped with major changes in their lives. Where interviewees reported that the turning point was motivating, or a very positive and smooth experience, they also perceived that they had coped very or extremely well. To directly quote two interviewees:

> "*I have coped extremely well. ...I've made a really good transition to being a mother.*"
> "*It just sort of happened. I mean I probably really embraced it, I enjoyed it.*"

Table 5

Interviewees' Perceptions of How They Experienced and Coped with Major Turning Points in Their Lives

Interviewee identity number (n = 5)	Turning point	Experience of turning point	Perception of coping
1	**TP*** Arrival of first baby	While challenging, very positive and smooth experience	Coped extremely well
5	**TP*** Moving away from family of origin	While challenging, positive and smooth experience	Coped very well
2	**TP*** Moving away from family of origin	While undesirable, highly motivating experience	Coped very well
	TP# Arrival of first baby	While highly desirable, prompted deep feelings of vulnerability and a long period of personal struggle and review of priorities	Did not cope for a time
4	**TP*** Taking decision to change undesirable situation	Undesirable and dangerous circumstance associated with considerable psychological distress and leading to long period of personal struggle and development	Did not cope for a time
3	**TP*** Arrival of first baby	While highly desirable, prompted considerable and prolonged psychological distress, and long period of personal struggle and self-reflection	Did not cope for a time

Note. TP* denotes the turning point identified by the interviewee as having the greatest change impact on her life. TP# denotes the turning point identified by the interviewee as having the second greatest change impact on her life.

On the other hand, where turning points had aroused deep psychological distress and long periods of personal struggle, interviewees reported that they had not coped for a time. Typical statements included:

> "I didn't cope very well in the beginning. ...I don't have ... clear memories because it was extremely hazy and and really, um, it was life and death."

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"...I'm falling apart. You know, I just thought I'm this person that can cope with anything, and I can't cope with this. I really got to a stage where I just felt I just can't cope with this. It all got so hard."

"I think in many ways I didn't cope. Um. It was a very difficult time, and I cried a lot ... some areas of my life I stopped coping with. ...I think for five or six months after [the baby] was born, only the very very barest minimum was handled... I just didn't cope. ...Eventually I did cope very well."

Clearly, interviewees had different experiences of the impacts of major turning points and how well they felt they coped with them. It is in this context that interviewees reported what helped them cope with major life change, what was most helpful and unhelpful, and what might have been helpful.

6.6.2   Interviewees' perceptions of what helped them cope with major life change

Table 6 below shows the frequency of themes emerging from interviewees' descriptions of what helped them cope with the turning point that had the greatest change impact on their lives.

As revealed in Table 6, all eight themes raised by interviewees as helpful to them in coping with the turning point identified as bringing the greatest change in their lives involved activity on their own behalf. The helpful coping strategies the interviewees drew attention to involved their actively making a decision to accept or engage something they perceived as being helpful in alleviating the heightened stress associated with the change. This common coping mechanism was essential to the range of coping strategies adopted within themes as

described below. In addition, the entire range of coping strategies involved practical actions perceived by the interviewees as helpful to them in attending to their immediate day-to-day needs.

Table 6

Interviewees' Perceptions of What Helped Them Cope with the Turning Point that had the Greatest Change Impact on Their Lives

Theme emerging concerning what helped cope with change	Number of responses	Interviewee identity number (n = 5)
Sought supportive people	5	1, 2, 3, 4, 5
Actively sought help	3	1, 3, 4
Attended to own thoughts	2	1, 2
Concentrated on self and own needs	1	4
Concentrated on engaging in constructive activities	1	4
Embraced change	1	5
Organised new occupation and accommodation	1	5
Actively familiarised self with surroundings	1	5

Further, also shown in Table 6, all interviewees reported the importance of supportive others in their ability to cope with their most significant life change. Interviewees described six different coping strategies under this theme, namely, choosing supportive social networks/friendships, joining support groups, boosting self-confidence through relationships with husband and friends with babies, talking to supportive people, associating only with people who *"believed in me or were helpful"*, and maintaining existing friendships while simultaneously establishing new networks in new place of residence. Emphasising the importance of support from people for her capacity to cope, one interviewee stated, *"I really find it helpful for me to have group contact with other people"*.

Three interviewees actively sought help to cope with the greatest change in their lives. For two this change was the transition to motherhood, while the third was her decision to change an undesirable situation. Each interviewee sought help to cope with the major change in different ways. One sought professional advice from a Maternal and Child Health Nurse, another engaged psychotherapy and other treatments, while the other sought practical help and advice from family members. Consistent with this theme, the interviewee who identified the transition to motherhood as having the second greatest impact on her life stated that she coped with the change by reaching out and accepting help from her husband and family.

Table 6 also shows that two interviewees indicated that one way they coped with the major change was to attend to their thoughts. Again, the nature of this strategy was different for the two interviewees. One stated that she concentrated on normalising the situation, engaged positive self-talk and focused on positive thoughts. The other stated that she concentrated her mind on getting through day by day, and remaining focused on goals.

Further ways in which the interviewees coped with the greatest change in their lives by actively making a decision to accept or engage something are shown in Table 6. One response was recorded for each of five themes, namely, concentrating on self and own needs, concentrating on engaging in constructive activities, embracing change, organising new occupation and accommodation, and actively familiarising self with her new surroundings.

6.6.3 Interviewees' perceptions of what was most helpful in coping with major life change

Table 7 shows the factors that interviewees identified as most helpful to them when coping with the turning point that had the greatest change impact on their lives.

Table 7

Interviewees' Perceptions of What was Most Helpful in Coping with the Turning Point that had the Greatest Change Impact on Their Lives

Theme emerging concerning what most helped cope with change	Number of responses	Interviewee identity number (n = 5)
Supportive friends who were mothers	1	1
Support and understanding from husband	1	1
Meeting new people	1	2
Practical help	1	3
Encouragement and hopeful advice	1	3
Writing and drawing	1	4
Counselling	1	4
Strategies that reduced feelings of isolation	1	5

In describing what was most helpful in coping with the greatest change in their lives, the five interviewees identified eight different themes as shown in Table 7, namely, supportive friends who were mothers, support and understanding from the husband, meeting new people, practical help, encouragement and hopeful advice, writing and drawing, counselling, and strategies that reduced feelings of isolation. Consistent with one of these themes, the interviewee who identified the transition to motherhood as having the second greatest impact on her life stated that her supportive husband was most helpful in coping with the change. Despite the range of themes reported, the underlying coping mechanism indicated is consistent with that described in Section 6.6.2 above regarding interviewees' perceptions of

what helped them cope with their greatest turning points. In other words, each involved the interviewee actively making a decision to accept or engage something that she perceived to be helpful in coping with the immediate impacts of the change.

6.6.4 Interviewees' perceptions of what was unhelpful in coping with major life change

Table 8 shows what was unhelpful to interviewees in coping with the turning point that had the greatest change impact on their lives.

Table 8

Interviewees' Perceptions of What was Unhelpful in Coping with the Turning Point that had the Greatest Change Impact on Their Lives

Theme emerging concerning what was unhelped coping with change	Number of responses	Interviewee identity number (n = 5)
Inappropriate advice	1	1
Visitors (family) who focused on their desire to get to know the new baby at the expense of mother getting to know her baby	1	1
Family	1	2
Criticism	1	2
Mothers' group	1	3
Professionals demonstrating disingenuous empathy	1	4
Becoming pregnant	1	5

In describing what was unhelpful in coping with the greatest change in their lives, the five interviewees identified seven different themes as shown in Table 8, namely, inappropriate advice, visitors (family) who focused on their desire to get to know the new baby at the expense of the mother getting to know her baby, family, criticism, mothers' group, professionals demonstrating disingenuous empathy, and becoming pregnant.

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The interviewee who identified the transition to motherhood as having the second greatest impact on her life highlighted two different factors that she found unhelpful when coping with this change. These were her own preconceptions about motherhood, derived from its unrealistic portrayal in the media, and her unwillingness to hear the realities of motherhood from her sisters.

6.6.5   Interviewees' perceptions of what might have been helpful coping with major life change

Table 9 shows interviewees' perceptions of what else might have been helpful in coping with the turning point that had the greatest change impact on their lives.

Table 9

Interviewees' Perceptions of What Might Have Been Helpful in Coping with the Turning Point that had the Greatest Change Impact on Their Lives

Theme emerging of what might have been helpful in coping with change	Number of responses	Interviewee identity number (n = 5)
Advice about or insight into the reality of life with a baby	1	1
Acceptance and support of family	1	2
Discussion rather than criticism	1	2
Close proximity to family	1	3
Interviewee could not recall	1	5
Researcher omitted question	Not applicable	4

In describing their perceptions of what else might have been helpful in coping with the greatest change in their lives, three interviewees identified four different themes, one could not recall, while another did not have the opportunity to respond since the researcher mistakenly omitted the question during her interview. As shown in Table 9, what

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interviewees thought they might have found helpful were advice about or insight into the reality of life with a baby, acceptance and support of family, discussion rather than criticism, and close proximity to family.

6.7 Conclusions concerning research question 1: What are the life transition experiences of mothers of young children?

The life transition experiences reported by the five mothers of young children involved in the present study were diverse. The number and types of turning points experienced varied widely. The turning points nominated as having had the greatest change impact on their lives also varied in nature and impact, and the meaning ascribed to major transitions was often complex. This was particularly highlighted where a major turning point coincided with another major event and the impacts of the two were enmeshed.

Regardless of which turning point was nominated as having had the greatest impact, interviewees pointed to diverse changes in their views of self, on their important relationships, and on their commitment to and experience of paid professional work. It was striking that common themes emerged rarely. Specifically, four interviewees reported drawing on and/or realising inner resources in response to the greatest turning point, three reported that their social networks changed to surround the new baby, and three reported a change in their commitment to paid work. Nevertheless, the interviewees attributed diverse meanings within these common themes. In addition, the change impacts of the greatest turning point or transition were not specific to the nature of the turning point.

Concerning experiences of coping with significant transitions in their lives, neither the interviewees' perceptions of how well they coped, nor the coping strategies used, appeared to be related to the type of turning point, whether it was expected or unexpected, or whether the change was desirable or undesirable. However, an important finding was that the interviewees reported two distinct ways of experiencing and coping with major transitions in their lives. Some reported that the turning point was motivating or a positive and smooth experience, and they also perceived that they had coped very or extremely well. In contrast, where turning points had aroused deep psychological distress and long periods of personal struggle, interviewees reported that they had not coped for a time.

Another important finding related to the coping mechanism reported as being used by the interviewees. All strategies identified by interviewees as helpful, and most helpful to them in coping with the turning point that had the greatest change impact on their lives, involved their initiating an activity or decision that they perceived as helpful to them in responding to the immediate impacts of the change. Rather than adopting a passive position, the coping strategies they highlighted comprised very active commitments by them to better manage their stress. In this way, the coping mechanism underlying all the strategies involved the interviewees taking an active role in selectively specifying and seeking out relationships and activities to ease the day-to-day stress associated with the change. Notably, related to this latter point, all five interviewees identified only one common helpful coping strategy, namely, seeking out supportive people helped them cope with their greatest turning point.

CHAPTER SEVEN

EVALUATION FINDINGS CONCERNING THE TRANSITION TO

MOTHERHOOD WORKSHOP

The findings concerning the second research question relate to the evaluation of the

Workshop and the Transition Model and are presented in this chapter. The second research

question was 'Would the Transition to Motherhood Workshop be a useful component of the

training program designed to prepare mothers to work as Breastfeeding Counsellors with

NMAA?'. The findings of the evaluation component of the research are presented in terms of

the three domains of enquiry:

(a)   Domain 4: Overall evaluation of the Workshop;

(b)   Domain 5: Overall evaluation of the Transition Model; and

(c)   Domain 6: Links between trainees' experiences of major life transitions, perceptions of

coping, and how they evaluated the Workshop and the Transition Model.

7.1   Domain 4: Overall evaluation of the Workshop

The findings of the analysis of the questionnaire data concerning the overall evaluation of the

Workshop by all research participants are presented below. As detailed in Section 4.4.3.2 of

Chapter Four, the dimensions of the Workshop evaluation were:

(a)   the objectives for conducting the Workshop;

(b)   presentation of the Workshop in terms of its clarity and focus, pace, level of

engagement, level of interaction, and use of visual aids and handouts;

(c)   the willingness of trainees to participate in Workshop discussion;

(d)   trainees' learnings from the Workshop;

(e)   usefulness of the Workshop in terms of its relevance to the Breastfeeding Counsellor

        training; and

(f)   participants' suggestions about how the Workshop might be improved.

The data relating to each dimension are presented, as appropriate, in terms of comparing and

contrasting the findings of the three categories of participant, namely, the trainees, the

Trainee Adviser and the Workshop Presenter.

7.1.1   Objectives of Workshop

Only the Trainee Adviser and Workshop Presenter were asked in the questionnaire to identify

their objectives for including the Workshop in the training program for trainee Breastfeeding

Counsellors. While the Trainee Adviser and the Workshop Presenter shared the common

objective to further collaboration between Doncare and the NMAA, their objectives with

respect to the trainees were different. Figure 3 below shows the extent to which the Trainee

Adviser and the Workshop Presenter indicated that their respective objectives were met.

Ratings were elicited on a scale of 1 to 10, with 10 indicating that an objective was fully met.

As shown in Figure 3, the Trainee Adviser's and the Workshop Presenter's one shared

objective to collaborate with each other was almost *fully met*. In imparting the Transition

Model to the trainees, the Trainee Adviser's objectives focused on its value for their work as

Breastfeeding Counsellors. The objectives to improve trainees' understanding of clients and

to impart information useful to Breastfeeding Counsellors' work were *fully met* and well *met*

respectively. The Workshop Presenter's objectives to present the Transition Model so that

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trainees might assess its relevance to their own new-motherhood experiences, and in a new

setting so that the Workshop Presenter might determine its usefulness and relevance were

both *fully met*.
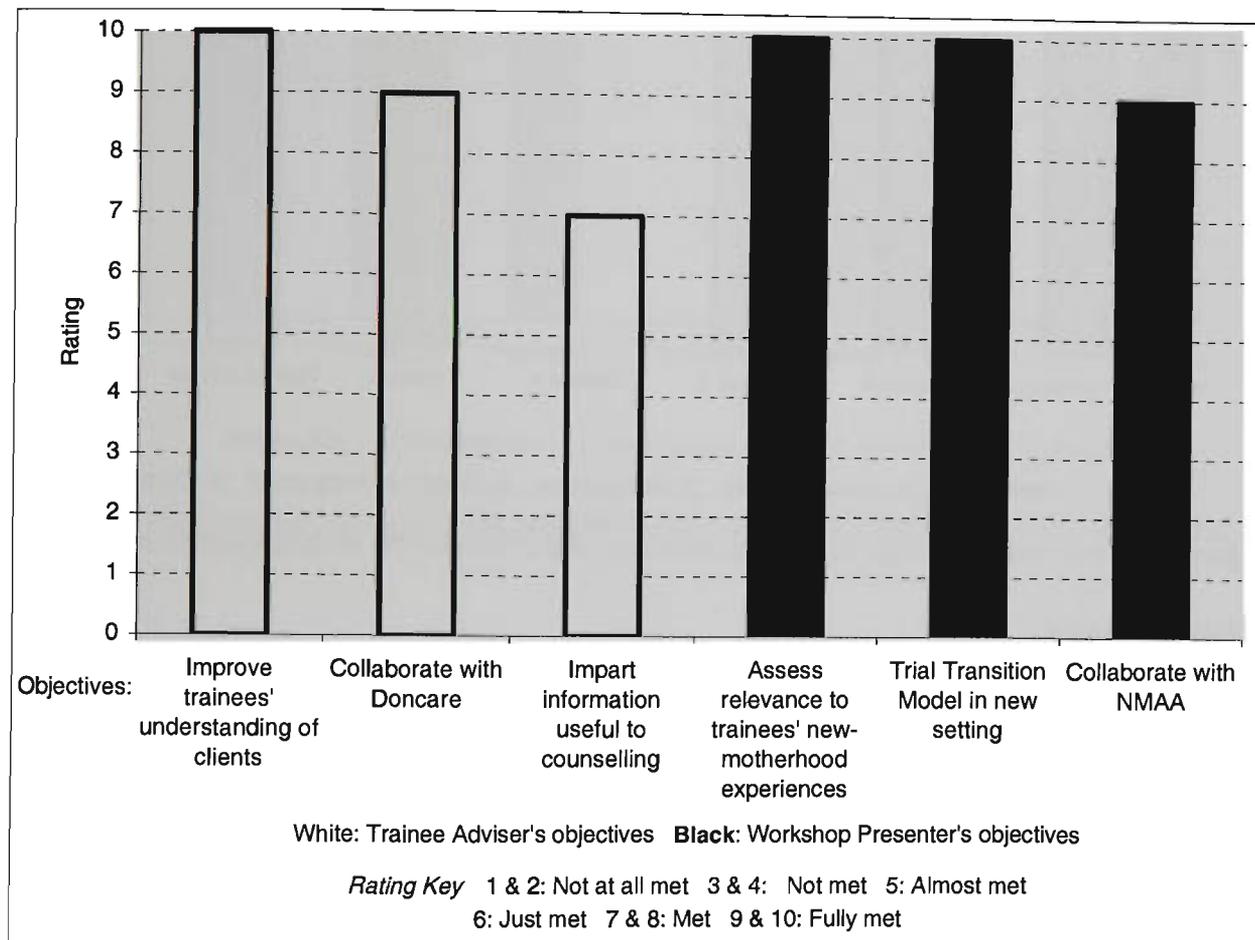
Figure 3. Extent to which the Trainee Adviser's and the Workshop Presenter's objectives for

including the Workshop in the training program for trainee Breastfeeding Counsellors were met.

7.1.2 Presentation of Workshop

Participants' ratings of the presentation of the Workshop were measured with respect to the

level of clarity and focus, pace, engagement, interaction, and the use of visual aids and

handouts. Figures 4 to 8 below illustrate participants' ratings, where five indicated the highest

rating. One trainee did not rate any aspect of the Workshop presentation.

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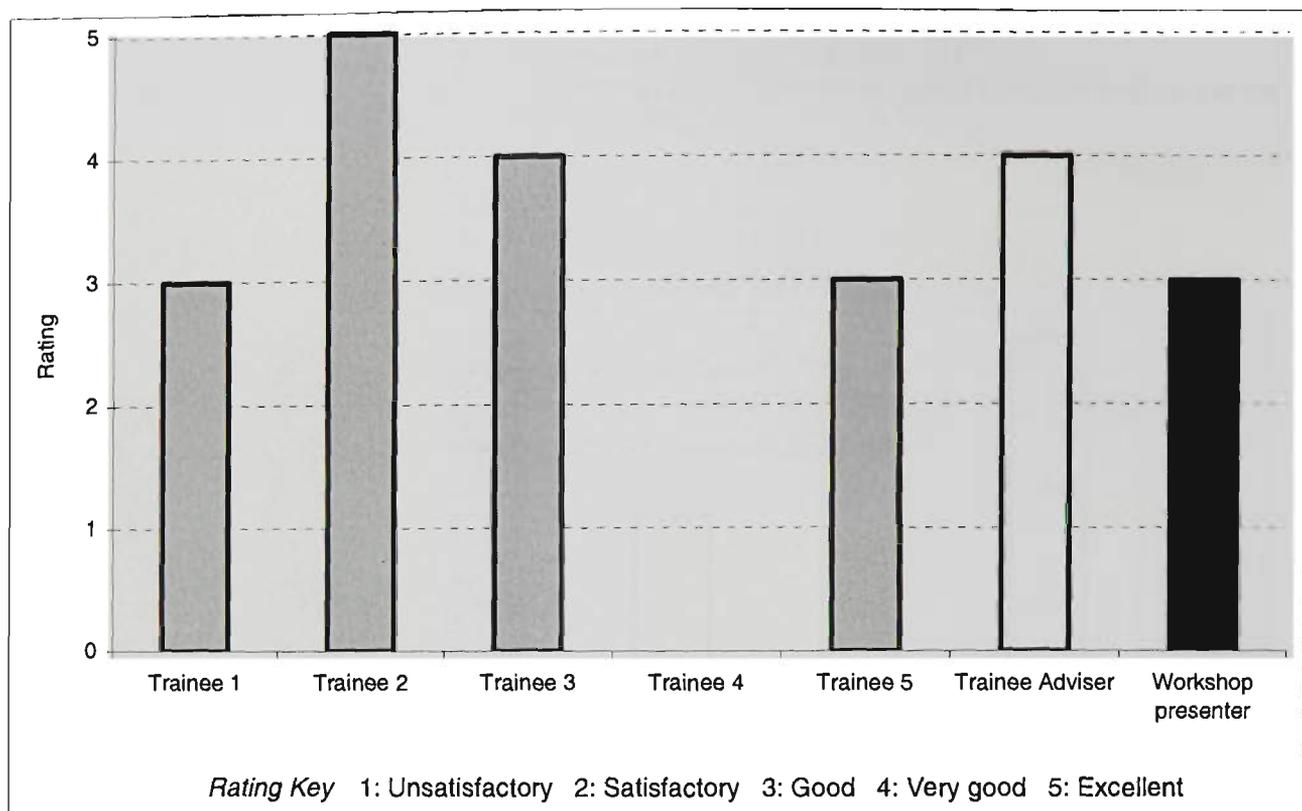
Figure 4. Participants' ratings of the presentation of the Workshop with respect to its level of clarity and focus.

Figure 4 reveals that, of the four trainees who rated the clarity and focus of the Workshop, one rated these as *excellent*, one *very good*, and two *good*. The Trainee Adviser rated these aspects as *very good*, while the Workshop Presenter rated them *good*.

As shown in Figure 5, two trainees rated the pace of the Workshop as *very good*, and two *good*. Both the Trainee Adviser and Workshop Presenter rated it *good*.

In terms of the level of engagement with the topic of the Workshop, Figure 6 shows that one trainee rated it as *excellent*, two *very good*, and one *good*. Both the Trainee Adviser and Workshop Presenter rated the level of engagement as *excellent*.
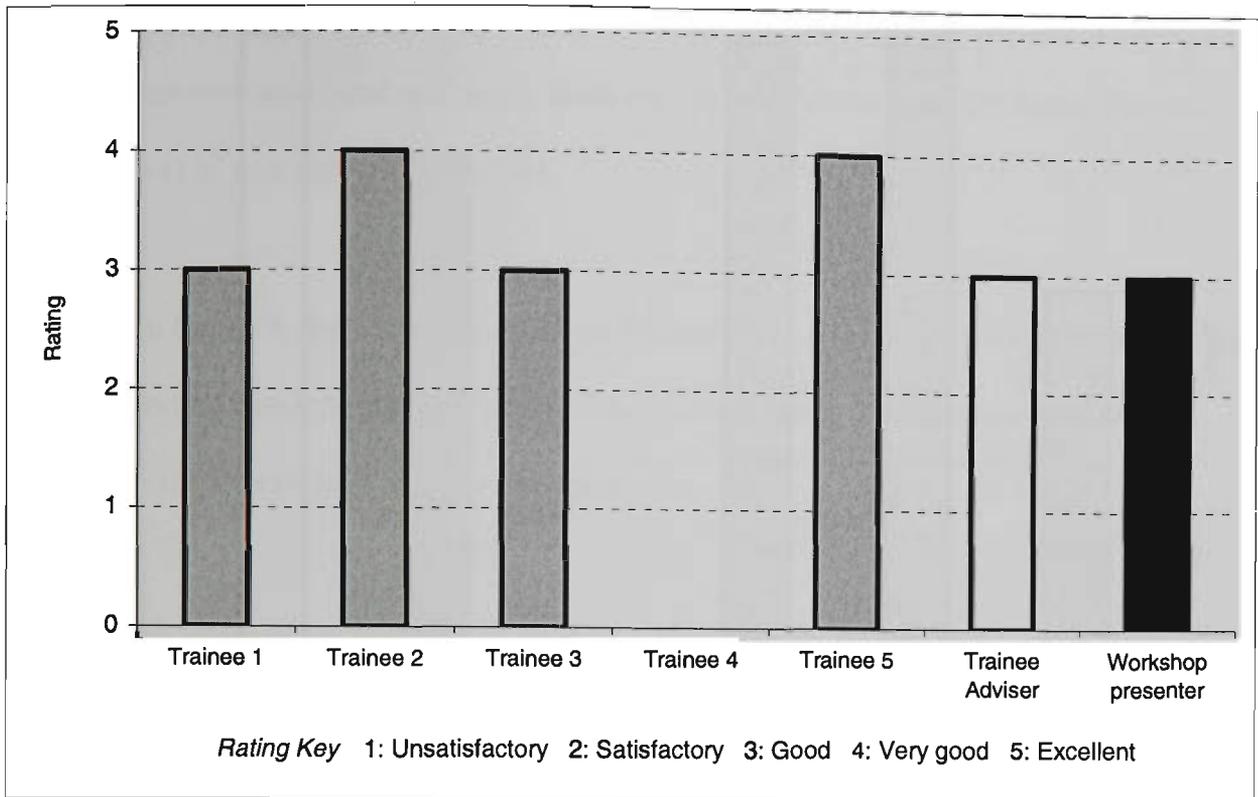
Figure 5. Participants' ratings of the presentation of the Workshop with respect to its pace.
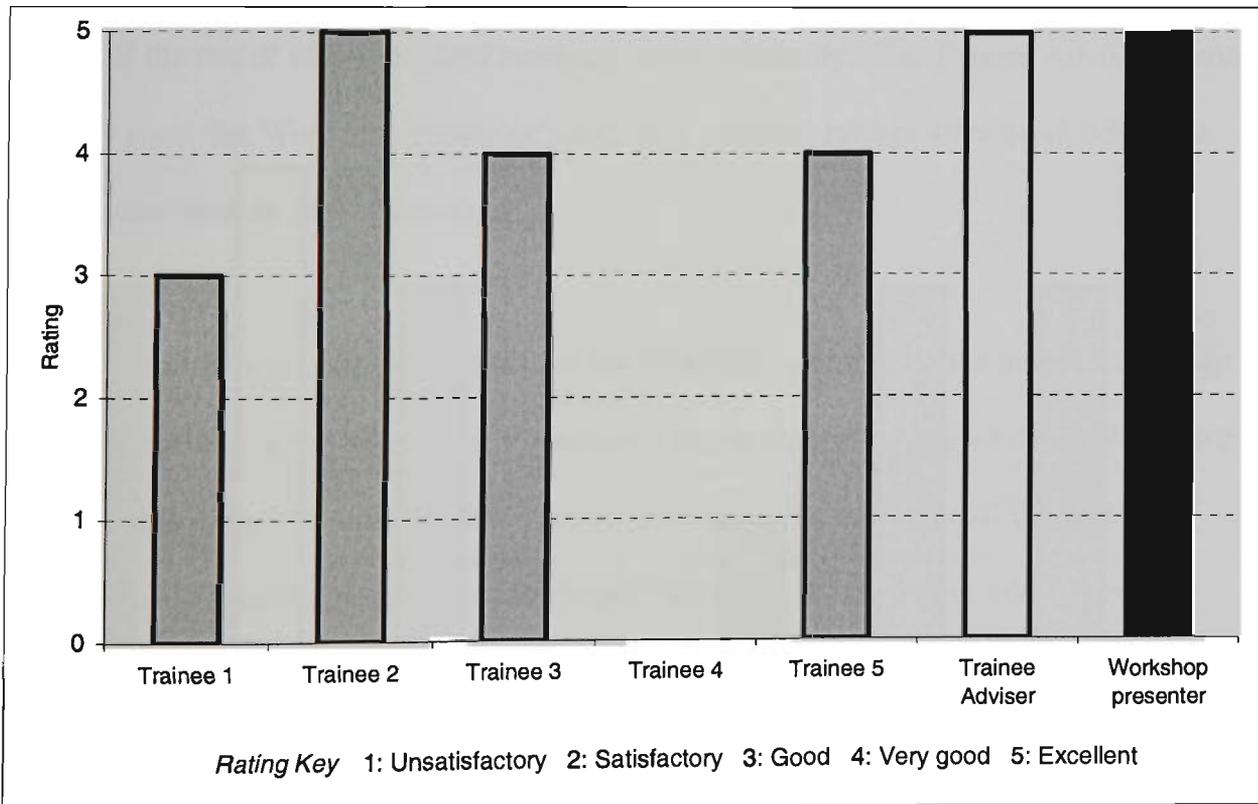
Figure 6. Participants' ratings of the presentation of the Workshop with respect to its level of

engagement.

Rating Key   1: Unsatisfactory   2: Satisfactory   3: Good   4: Very good   5: Excellent
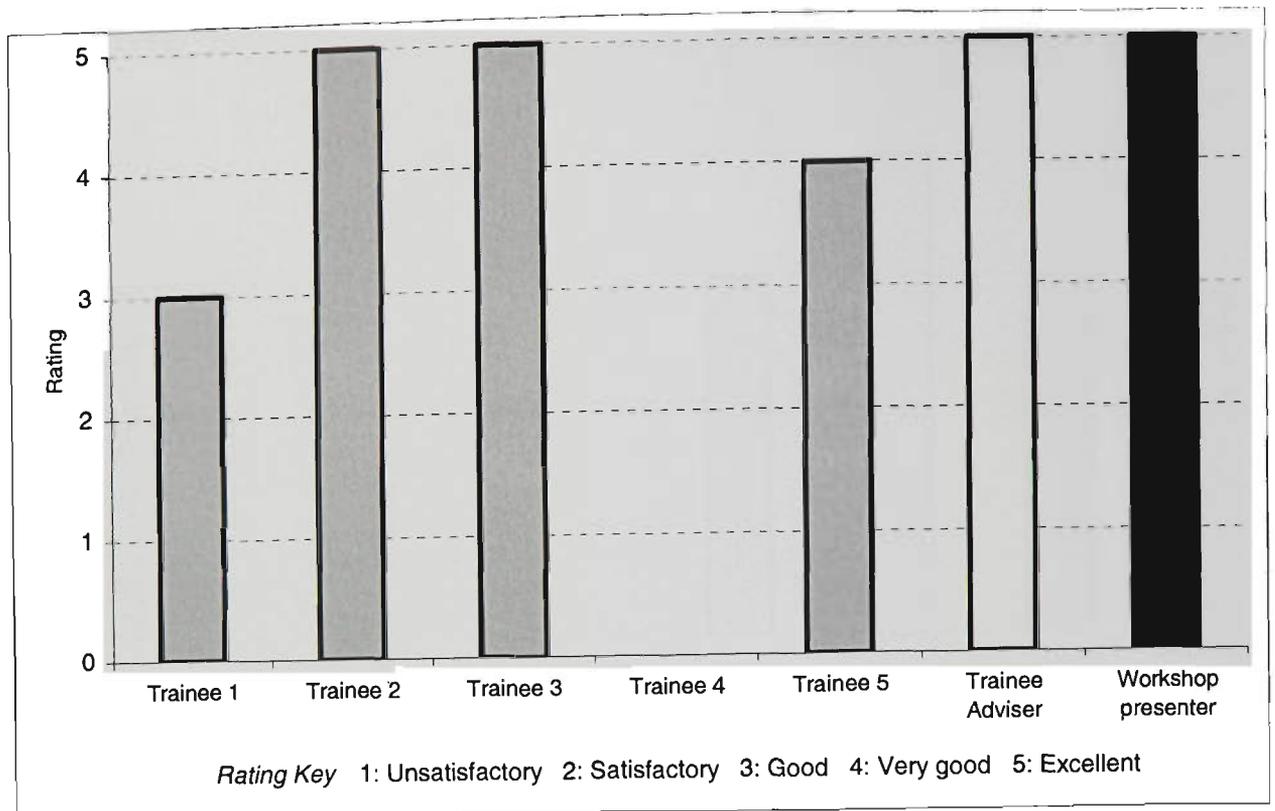
Figure 7. Participants' ratings of the presentation of the Workshop with respect to the level of interaction.

Rating Key   1: Unsatisfactory   2: Satisfactory   3: Good   4: Very good   5: Excellent

Figure 8. Participants' ratings of the presentation of the Workshop with respect to the use of visual aids and handouts.

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Figure 7 reveals that two trainees rated the interaction between Workshop participants as *excellent*, one *very good*, and one *good*. Both the Trainee Adviser and Workshop Presenter rated the level of interaction as *excellent*.

As shown in Figure 8, three trainees rated the Workshop as *good* in terms of the use of visual aids and handouts, and one *unsatisfactory*. The Trainee Adviser rated this aspect as *very good*, while the Workshop Presenter rated it *good*.

Overall, then, participants rated the Workshop's level of engagement and interaction as *very good* or *excellent*, its pace as *good* or *very good*, while ratings of the level of clarity and focus, and the use of visual aids and handouts were varied. Trainees' ratings regarding the Workshop's clarity and focus ranged between *good* and *excellent*, while the Trainee Adviser's and the Workshop Presenter's ratings were *very good* and *good* respectively. Ratings of the use of visual aids and handouts varied markedly. The Trainee Adviser's rating was *very good*, the Workshop Presenter's and three trainees' ratings were *good*, while one trainee rated them as *unsatisfactory*.

Another issue related to the presentation of the Workshop was that, in the month leading up to the presentation of the Workshop, it was noted by the researcher that while the Workshop Presenter stated that she agreed to the Trainee Adviser's time allocation of one and a half hours for the Workshop presentation, she hoped more time would be available. The Workshop presentation started as scheduled at 8:50 pm. The Workshop was the second part of the NMAA Trainee Meeting, following a twenty-minute break for refreshments. This allowed the Workshop Presenter time to set up and the researcher the opportunity to gain research consent from attendees who had not been present at the meeting during which the

researcher invited trainees to participate in the research. The Workshop presentation was one hour and fifty minutes, finishing at 10:40 pm.

7.1.3   Trainee participation

Participants were asked to rate their perceptions about the willingness of trainees to participate in the Workshop discussion. On a scale of 1 to 10, 10 represented the highest level of comfort. These ratings are shown in Figure 9.
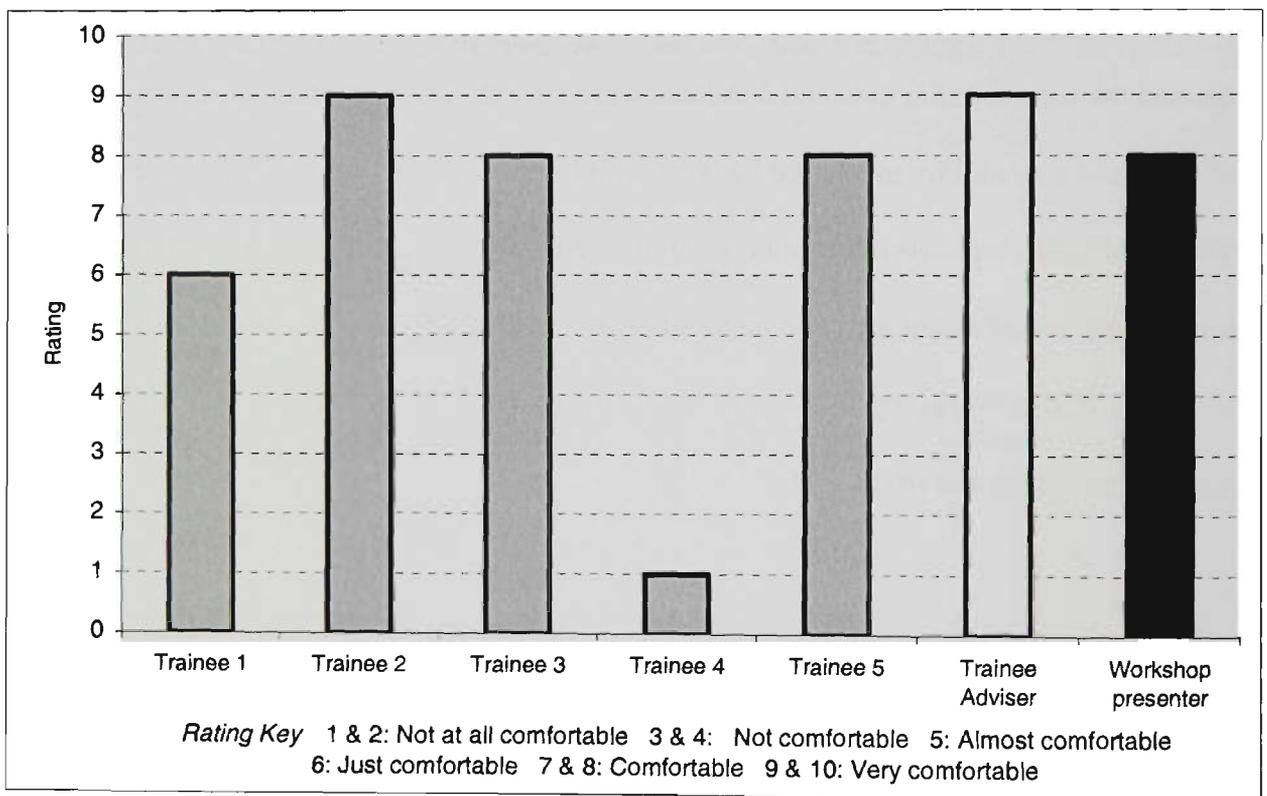
Figure 9. Participants' ratings of the trainees' level of comfort in sharing their thoughts with the Workshop group.

Figure 9 shows that participants' ratings of the trainees' level of comfort in sharing their thoughts with the Workshop group varied considerably. While the Trainee Adviser and the Workshop Presenter were correct in their perceptions that generally trainees felt *comfortable*

or *very comfortable* sharing their thoughts with the Workshop group, one trainee felt *just comfortable* and another felt *not at all comfortable*.

It was observed by the researcher that while two trainees felt less than comfortable sharing their thoughts with the Workshop group, others felt quite comfortable and tended to dominate some aspects of the discussion.

7.1.4   Trainees' learnings from Workshop

The questionnaire asked trainees to list what they learned from the Workshop. Table 10 shows the reported learnings from the Workshop of Trainees 1, 3 and 5.

Table 10

Trainees' Reported Learnings from the Workshop

Theme emerging	Number of responses	Interviewee identity number (n = 5)
Did not respond	2	2, 4
Multiple children more stressful than new-mother experience	1	1
Transition to motherhood can result in suicide or homicide	1	1
Different changes arouse different sets of mixed feelings	1	1
Transition Model can be helpful	1	3
Transition Model has limitations	1	3
Life-changing events can be overwhelming	1	5
Counselling can assist people adjust to change	1	5
Change process can be depicted visually	1	5

Table 10 reveals that the trainees' gained widely different learnings from the Workshop. While two trainees made no comment about their learnings from the Workshop, the remaining three trainees listed a total of eight different learnings, namely, having multiple

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children is more stressful than new-mother experience, the transition to motherhood can result in suicide or homicide, different changes arouse different sets of mixed feelings, the Transition Model can be helpful, the Transition Model has limitations, life-changing events can be overwhelming, counselling can assist people adjust to change, and the change process can be depicted visually.

7.1.5 Usefulness of Workshop

The usefulness of the Workshop was considered in terms of its relevance to the Breastfeeding Counsellor training. Three aspects were explored and are presented below, namely, trainees' ratings of the usefulness of the Workshop for improving their understanding of life changes and how people cope with them, participants' assessments of the relevance of the Workshop to trainees' Breastfeeding Counsellor training, and the NMAA training competencies addressed by the Workshop.

Figure 10 below illustrates trainees' ratings of the usefulness of the Workshop to improving their understanding of life changes and how people cope with them. On the scale from 1 to 10, 10 represented the highest level of contribution perceived.

As shown in Figure 10, trainees' ratings of the usefulness of the Workshop for improving their understanding of life changes and how people cope with them varied considerably. While three trainees stated that the Workshop *contributed*, one stated that it *contributed a little* and another indicated that it *did not contribute at all*.
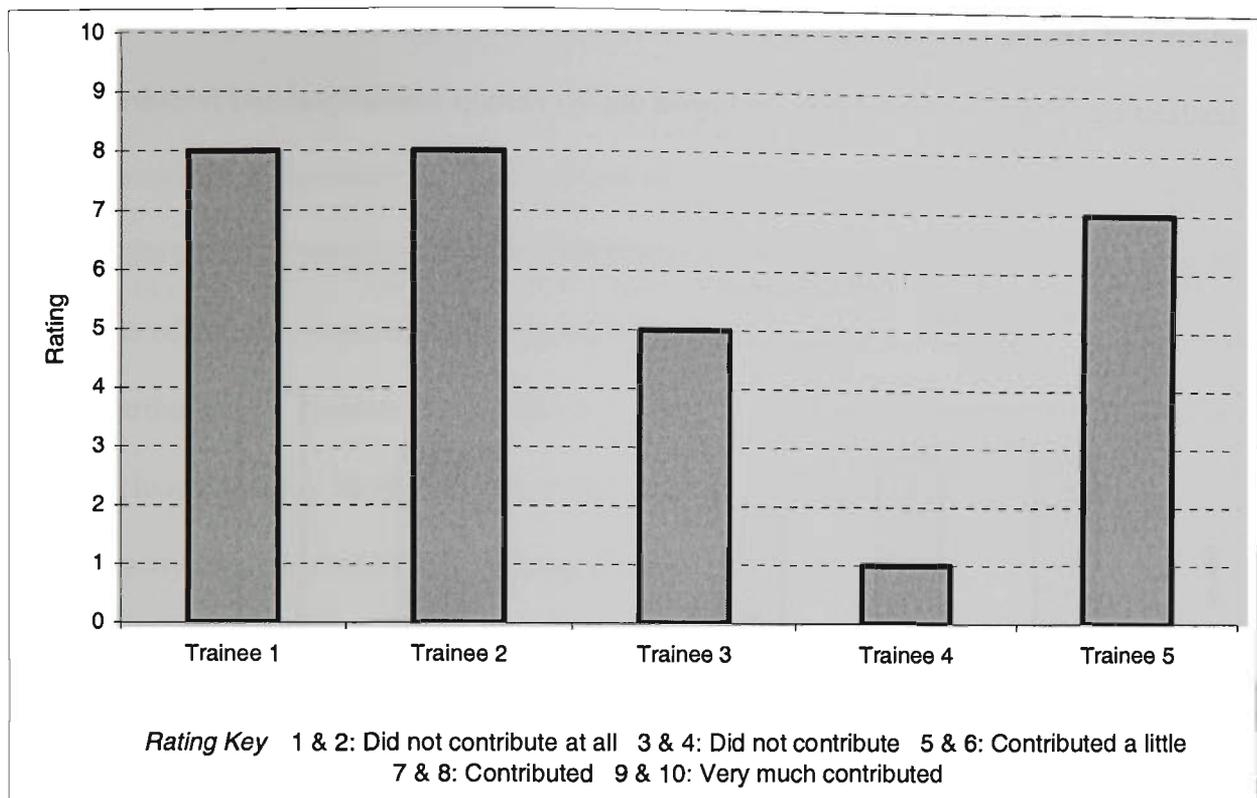
Rating Key   1 & 2: Did not contribute at all   3 & 4: Did not contribute   5 & 6: Contributed a little
7 & 8: Contributed   9 & 10: Very much contributed

Figure 10. Trainees' ratings of the usefulness of the Workshop to improving their

understanding of life changes and how people cope with them.

Participants were asked to rate and comment about the relevance of the Workshop to trainees'

Breastfeeding Counsellor training. Figure 11 below shows participants' ratings. Here, on the

scale 1 to 10, 10 represented the highest level of relevance perceived.

As revealed in Figure 11, again, participants' perceptions about the relevance of the

Workshop to trainees' Breastfeeding Counsellor training varied. The Trainee Adviser and

three trainees rated the Workshop *relevant* to trainees' Breastfeeding Counsellor training.

One of these trainees offered the only comment by trainees, that the Workshop raised her

awareness of others' negative reactions to change. The Trainee Adviser related the relevance

of the Workshop to the trainees' role as Breastfeeding Counsellors working with mothers

during their transition to motherhood. One trainee rated the Workshop *just relevant*, and

another *not at all relevant*. The Workshop Presenter did not rate this psychological

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phenomenon, stating that she did not know the specific training requirements of

Breastfeeding Counsellors, and that she hoped the Workshop was helpful and relevant.
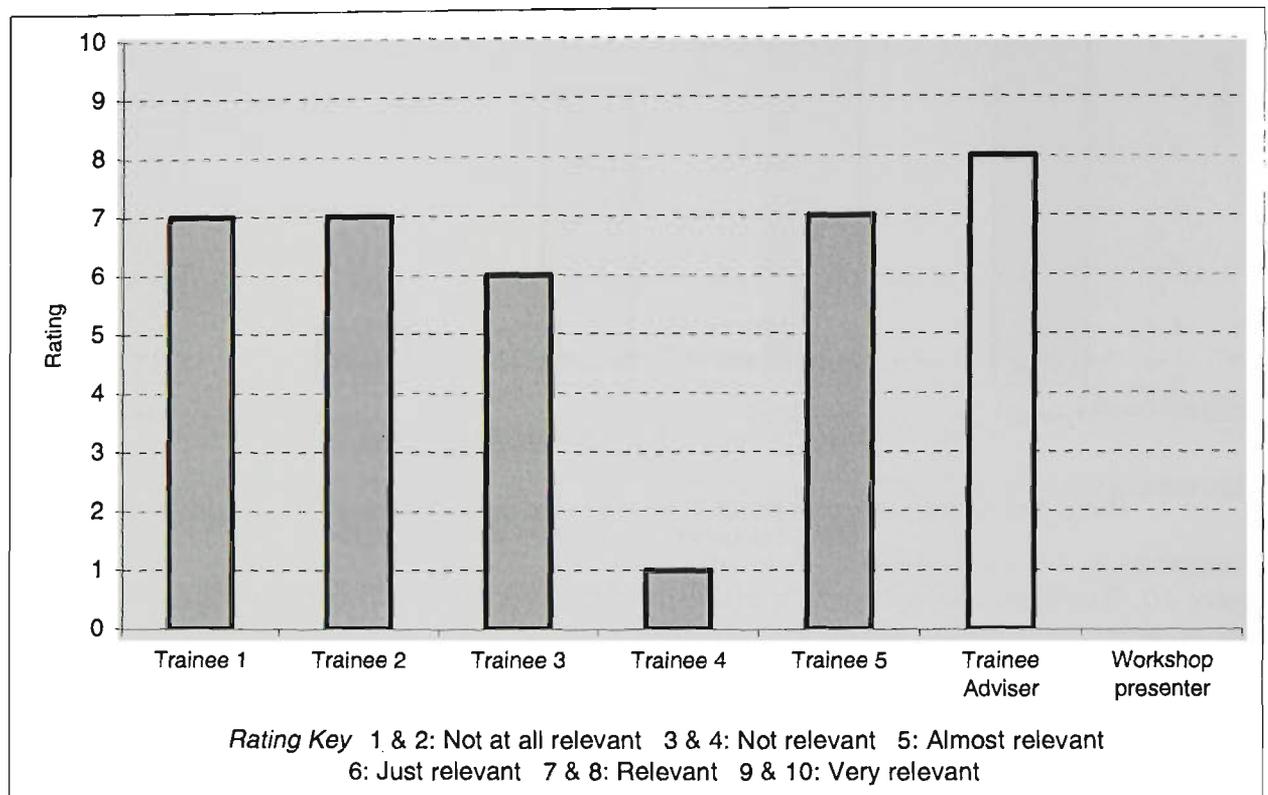
Figure 11. Participants' ratings of the relevance of the Workshop to trainees' Breastfeeding

Counsellor training.

The usefulness and relevance of the Workshop were also considered in terms of the NMAA

training competency objectives. To this end, the Trainee Adviser was asked to nominate the

training competencies that trainee Breastfeeding Counsellors were expected to have acquired

through their participation in the training program. The training competencies are

documented in the NMAA's Statement of Outcomes (NMAA, 1999a). In contrast to rating

the Workshop *relevant* to trainees' Breastfeeding Counsellor training (as shown in Figure 11

above), the Trainee Adviser stated that none of the NMAA training competency objectives

were addressed by the Workshop.

However, analysis of the Trainee Adviser's responses of the relevance of the Transition Model to the NMAA's (1999a) purpose, vision and aims, the trainees' and the Trainee Adviser's ratings of the relevance of the Workshop to the trainee Breastfeeding Counsellor training, the trainees' learnings from the Workshop, the usefulness of the Workshop, and the usefulness of the Transition Model to the work of NMAA, suggested that the Workshop may have contributed to a number of the NMAA's training competencies for some of the trainees. These include (Nursing Mothers Association of Australia, 1999a, pp. 35-37):

(a)　identify possible feelings underlying mothers' statements;

(b)　respond to mothers' feelings using empathy;

(c)　reflect a mother's possible feelings;

(d)　reassure mothers and encourage them to trust their judgment;

(e)　support a woman's decisions with regard to her own life and family situation;

(f)　establish empathy with a mother;

(g)　provide appropriate reassurance to a mother; and

(h)　offer information and make practical suggestions in such a way as to enable the mother to make the best decisions for herself and her baby.

Therefore, given the Trainee Adviser's responses to numerous questions indicating her favourable perceptions as to the relevance and value of the Transition Model to the NMAA Breastfeeding Counsellor training, the researcher speculates that the Trainee Adviser may have interpreted the question as asking her to highlight the training competencies that were fully met by the Workshop, rather than the training competencies to which the Workshop contributed, the latter being the researcher's intention. Perhaps the ambiguity of the written question accounted for this discrepancy. Amelioration of this defect in questionnaire design is addressed in Section 8.1.2.3 of Chapter 8.

7.1.6 Suggestions to improve the Workshop

The Trainee Adviser and Workshop Presenter were asked in the questionnaire to articulate their views about the general appropriateness of the Workshop presentation. They both stated that the Workshop presentation would be enhanced by an emphasis that most people emerge from transition well adjusted. The Workshop Presenter also suggested a number of logistical changes, namely, an earlier start time, larger room, smaller group and larger whiteboard.

At the end of each questionnaire, participants' additional comments were sought. Consistent with her responses about the usefulness of the Workshop as detailed in Section 7.1.5 above, the Trainee Adviser's responses implied that the Workshop was valuable with respect to the work of Breastfeeding Counsellors. She highlighted the importance of Breastfeeding Counsellors understanding their clients, that an understanding of self is helpful, and that normalising clients' feelings helps relieve their distress. The Workshop Presenter made no additional comment.

Four trainees' additional comments indicated their interest in the Workshop by requesting further information about the material presented or about the application of the Transition Model in counselling, or by stating "*terrific*". Regarding the logistics of the Workshop, one trainee stated that the Workshop started and ended too late, another commented that there was not enough time to explore the extent and limitations of the Transition Model, and one had to leave the Workshop before it ended. In other words, the trainees clearly indicated keen interest in the Workshop and the Transition Model, and would have appreciated more time in which to explore it further.

7.2   Domain 5: Overall evaluation of the Transition Model

The findings of the analysis of the questionnaire data concerning the overall evaluation of the

Transition Model by all participants are presented below. The dimensions of the Transition

Model evaluation were the applicability of the Transition Model to NMAA, trainees'

understanding of the Transition Model, usefulness of the Transition Model to trainees as

individuals and to the work of NMAA, and suggestions about the Transition Model. The data

relating to each dimension are presented, as appropriate, in terms of comparing and

contrasting the findings of the three categories of participant, namely, the trainees, the

Trainee Adviser and the Workshop Presenter.

7.2.1   Applicability of the Transition Model to NMAA

The Trainee Adviser and the Workshop Presenter were asked to identify aspects of the

Transition Model that related to the NMAA's purpose, vision and aims, thereby indicating

the general applicability of the Transition Model to NMAA. Their perceptions are shown in

Table 11 below. In the left hand column, the policy of NMAA is set out, as it related to the

purpose, vision and aims of the organisation according to its statement "NMAA - Who are

we?" (1999b). Against each feature, is recorded the questionnaire data of the Trainee

Adviser and the Workshop Presenter.

Table 11 reveals that the Trainee Adviser's and the Workshop Presenter's perceptions of the

Transition Model, as it related to the NMAA (1999b) purpose, vision and aims, varied

markedly. In relation to the purpose, "to empower women to breastfeed", the Trainee

Adviser related the usefulness of the Transition Model to the trainees' future work as

Breastfeeding Counsellors, while the Workshop Presenter focused more generally on its benefits to new mothers. While the Workshop Presenter was uncertain as to how the Transition Model related to NMAA's vision "to be the recognised authority on breastfeeding information, management and support", the Trainee Adviser's response implied that trainees' use of the model would assist the NMAA to meet the needs of mothers.

Further, Table 11 reveals that, in relation to the NMAA's aims pertaining to its work with women directly, and at the community level, the Trainee Adviser's responses centred on the trainees' future work as Breastfeeding Counsellors, while the Workshop Presenter focused more generally on new motherhood.

Table 11

The Trainee Adviser's and the Workshop Presenter's Perceptions Regarding Aspects of the

Transition Model that Relate to the NMAA's Purpose, Vision and Aims.

NMAA policy	Trainee Adviser	Workshop Presenter
Purpose *To empower women to breastfeed.*	Implication that trainees' use of Transition Model will assist them understand clients' needs and help them empower women to make their own decisions.	Transition Model normalises turbulent emotional experiences that may be associated with breastfeeding. The holding and containment provided by the Transition Model can ensure holding and containment by the mother of the baby's needs in the feeding relationship.
Vision *We will be the recognised authority on breastfeeding information, management and support.*	Implication that trainees' use of Transition Model will assist NMAA to meet the needs of mothers.	Uncertain.
Aims *To provide factual information for all women to make informed choices about feeding their babies and their parenting styles.*	Transition Model assists understanding of women's negative responses to change.	Transition Model provides a conceptual framework for mothers to understand and resolve emotional turmoil of change which may be associated with their choices about feeding and general parenting of their babies.
To be active participants in government inquiries and committees concerning breastfeeding, and provide input into government policy development.	Did not respond.	Did not respond.
To give women confidence in themselves as women and mothers, through skill acquisition, community networks and positive role models.	Implication that trainees' use of Transition Model will assist their understanding of, and service to, women lacking confidence.	Transition Model builds confidence in mothers by normalising their varied emotional responses to change.
To create an awareness in the community of the importance of human milk, breastfeeding and nurturing.	Implication that Transition Model provides a framework for imparting knowledge that is accessible to a range of women.	Transition Model provides nurture to mothers which has implications for community awareness campaigns regarding breastfeeding.
To work with health professionals and others in the community to provide an optimum environment for women to establish and continue breastfeeding.	Implication that Transition Model provides trainees a framework for recognising clients who require clinical intervention and therefore referral.	Transition Model could positively change current community environment in which women breastfeed their babies.

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7.2.2   Trainees' understanding of the Transition Model

Figure 12 shows participants' ratings of the trainees' ease of understanding of the Transition Model. They rated this psychological phenomenon on a four-point scale, from *very difficult* to *very easy*.
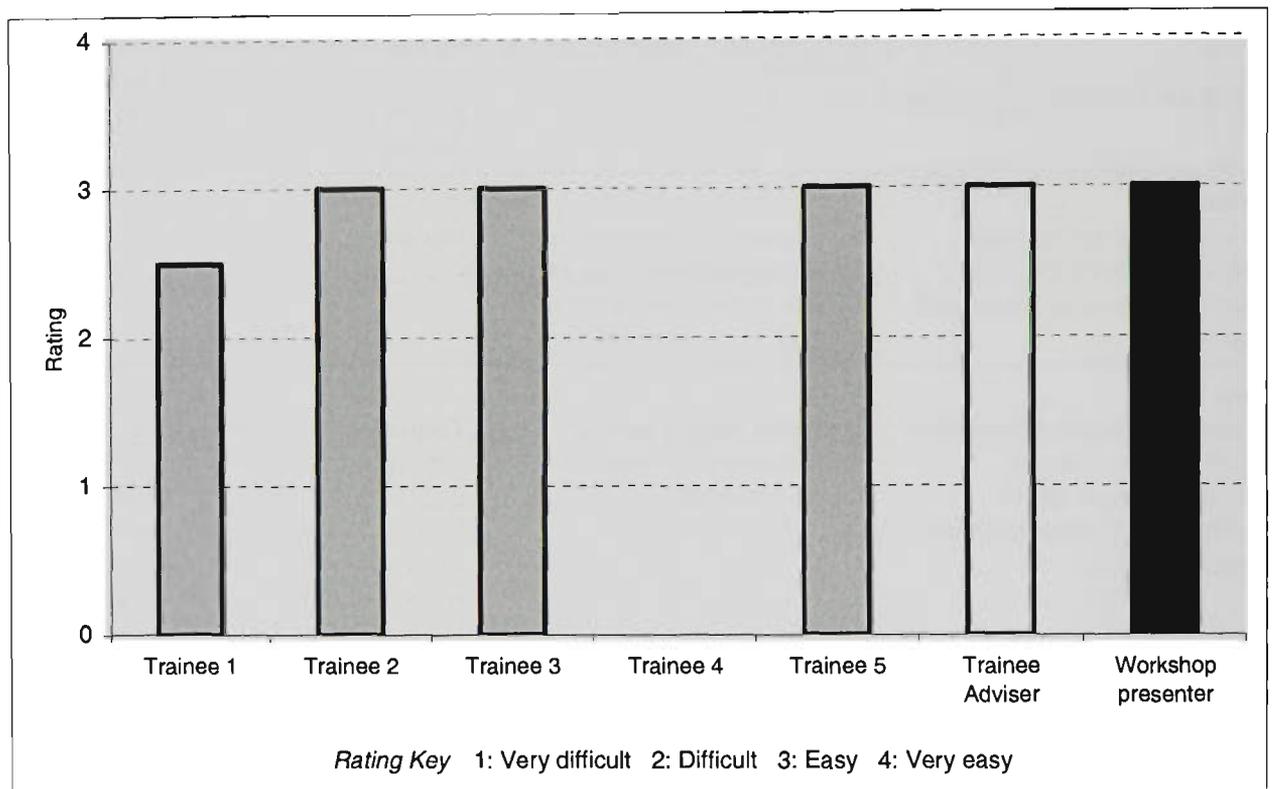
Figure 12. Participants' perceptions of the trainees' understanding of the Transition Model.

As illustrated in Figure 12, three trainees found the Transition Model *easy* to understand, one trainee stated that it was *between difficult and easy* and another did not respond. The Trainee Adviser and the Workshop Presenter rated trainees' understanding of the Transition Model as *easy*. Trainees were asked to list the aspects of the Transition Model that they understood. Table 12 shows trainees' reported learnings about the Transition Model.

Table 12

Aspects of the Transition Model Understood by the Trainees

Theme emerging	Number of responses	Interviewee identity number (n = 5)
Insights into mothers' expectations can be gleaned from understanding circumstances before and after birth	1	1
Negative responses to change can be temporary or permanent	1	1
Must experience "transition storm" before change or grow	1	1
Could not remember	1	2
Visual depiction of process of change during which confusion and emotional turmoil precede acceptance	1	3
Did not respond	1	4
Responses to change are predictable	1	5
When assess stage of change, can facilitate person to 'move on'	1	5
Unproductive responses to change can be sought	1	5

Table 12 shows seven different aspects of the Transition Model understood by trainees. While varied in their depth of interpretation, three trainees demonstrated a reasonable understanding of the Transition Model as presented. One trainee stated that she could not remember and another did not respond.

7.2.3 Usefulness of the Transition Model to trainees

Regarding the usefulness of the Transition Model to trainees, a number of psychological phenomena were investigated in the questionnaire, namely, helpfulness of the Transition Model to trainees' understanding of themselves and the changes they had experienced, helpful and unhelpful aspects of the Transition Model, usefulness of the Transition Model to trainees' in reflecting upon their own past experiences in general, applicability of the Transition Model to trainees' own new-mother experiences, and the trainees' readiness to apply or use the Transition Model during their past and future change experiences. To

comment on some of these psychological phenomena, trainees used rating scales, while on others, they were invited to freely express their experience in writing.

Figure 13 shows trainees' ratings of the helpfulness of the Transition Model to understanding themselves and the changes they had experienced. On a four-point scale, trainees rated their perceptions from *not at all helpful* to *very helpful*.
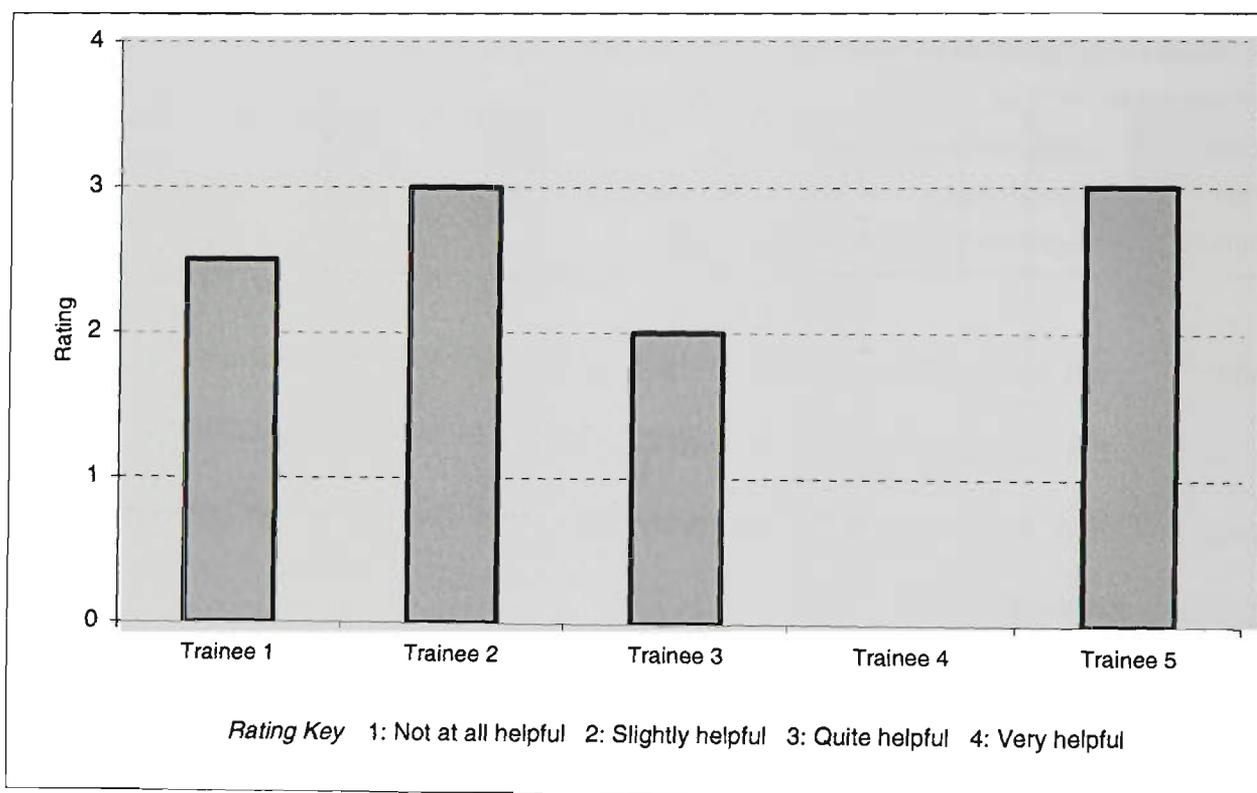
Figure 13. Trainees' ratings of the helpfulness of the Transition Model to understanding of themselves and the changes they had experienced.

Figure 13 demonstrates that trainees' responses varied regarding the helpfulness of the Transition Model to their understanding of themselves and the changes they had experienced. One trainee rated the Transition Model *slightly helpful.* Another rated it as between *slightly helpful* and *quite helpful*, while two rated the model as *quite helpful.* One trainee did not respond.

Tables 13 and 14 list the aspects of the Transition Model that trainees wrote of as helpful and unhelpful respectively.

Table 13

Helpful Aspects of the Transition Model to Trainees

Theme emerging	Number of responses	Interviewee identity number (n = 5)
Experiencing change has a positive outcome	2	1, 3
Acceptance that change process is emotionally turbulent	1	1
Could not remember (though had found Transition Model helpful)	1	2
Descriptive structure can be helpful to people experiencing change	1	3
Sickness and addiction are ways of coping	1	3
Did not respond	1	4
Visual simplicity	1	5
Easy to remember	1	5
Practically applicable	1	5

Table 13 reveals that responses from trainees were again diverse. Four trainees responded. One trainee who had rated the Transition Model as *quite helpful* to understanding herself and the changes she had experienced could not remember any helpful aspects of the model. The remaining three trainees put forward a total of seven themes denoting helpful aspects of the Transition Model. These could be categorised into two types. The first involved helpful aspects about the process of and reactions to change, while the second pointed to helpful aspects regarding the nature or value of visually depicting the transition process.

Table 14

Unhelpful Aspects of the Transition Model to Trainees

Theme emerging	Number of responses	Interviewee identity number (n = 5)
All transition storm "exits" are negative	1	1
No explanation of how to make positive "exit" from transition storm	1	1
Could not remember	1	2
Did not know	1	3
Did not respond	1	4
None	1	5

Table 14 shows that all five trainees responded differently when asked about unhelpful aspects of the Transition Model. One stated that she could not remember any unhelpful aspects of the model, one responded that she did not know, and another that there were none. Consistent with the Trainee Adviser's and Workshop Presenter's suggestions about how the Workshop could be improved, one trainee indicated two unhelpful aspects of the Transition Model: one, that all transition storm "exits" depicted in the model are negative; and two, that there was no explanation of how to make a positive exit from the transition storm. One trainee made no comment.

Trainees were asked to rate the applicability of the Transition Model to their own new-mother experiences. These are shown in Figure 14 below. Trainees rated this on a four-point scale, from *not at all applicable* to *very applicable*. Again, one trainee did not respond to this item.

As shown in Figure 14, three trainees rated the Transition Model *quite applicable* to their own new-mother experiences and one trainee rated it *slightly applicable*.
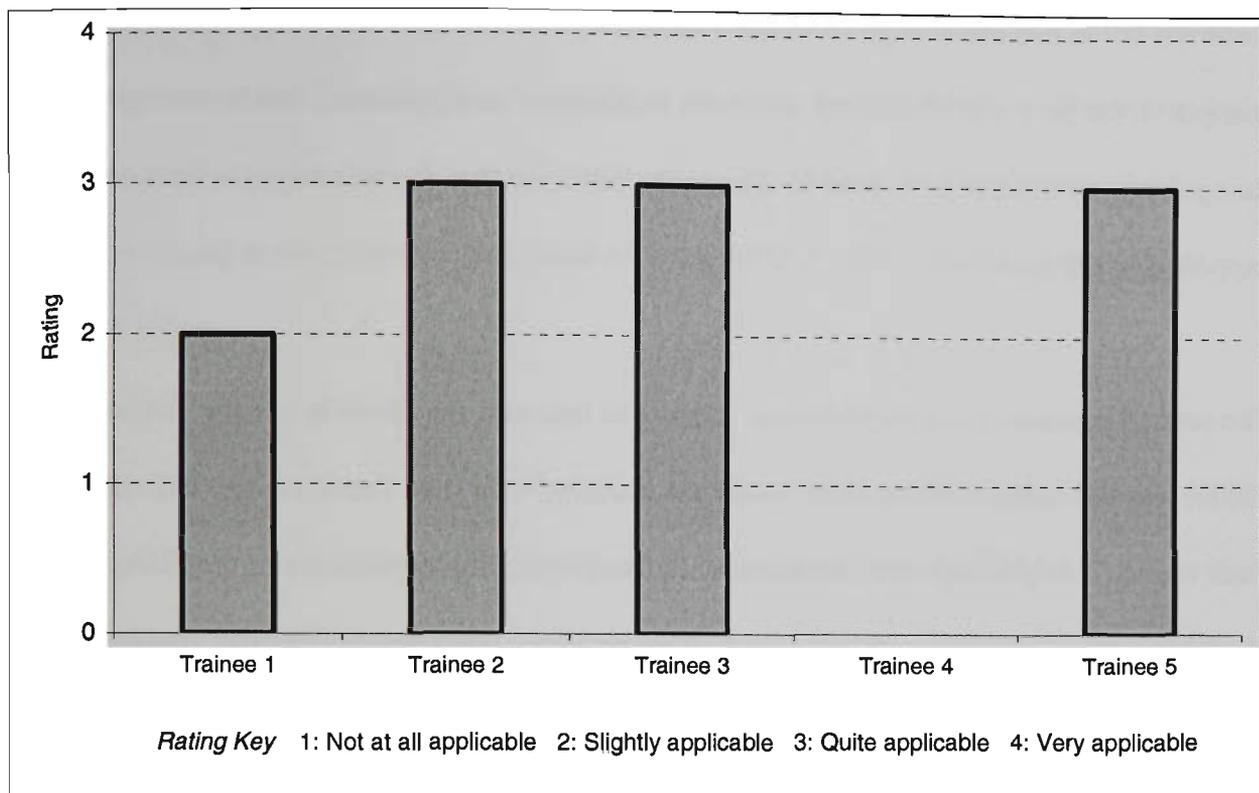
Figure 14. Trainees' ratings of the applicability of the Transition Model to their own new-mother experiences.

Two further psychological phenomena of the usefulness of the Transition Model to trainees were explored, namely, trainees' readiness to apply their knowledge of the model to their past change experiences and to their future change experiences. Trainees were asked to write about such readiness. Again, the same trainee did not respond.

When considering past changes in their lives, two trainees stated that, given their knowledge of the Transition Model, they would like to alter ways they had coped with changes in the past, and two said they would not. In giving their responses, trainees highlighted different aspects. One trainee reported that she would have liked to apply the Transition Model in three ways to alter how she had coped in the past. She stated that she would not expect too much too early, take time to adapt, and not feel a failure. Another expressed her view that greater self-awareness would have accelerated adaptation to change. Of the two trainees who

preferred not to use knowledge from the Transition Model to alter ways they had coped with changes in the past, one stated that while the model provided enhanced understanding of past changes, she would not have used it. The other indicated that she was happy with what had happened in her past.

The second psychological phenomenon relating to trainees' readiness to use the Transition Model was the likelihood that they would use it during their own future change experiences. Each trainee's responses were consistent with those regarding application of the Transition Model to coping with changes in the past. Two trainees stated that they would apply the Transition Model to their own future change experiences, and two stated that they would not. Again, trainees identified different aspects. One trainee reported that she would apply the Transition Model by expecting and planning for mixed emotional responses, and would prepare her partner to support her. Another indicated the usefulness of a greater self-awareness in coping with changes in the future. The two trainees who said that the Transition Model was not useful to them commented differently. One stated that she did not know how to apply the Transition Model, while the other preferred to refer to her support networks.

7.2.4 Usefulness of the Transition Model to the work of NMAA

Seven psychological phenomena were explored with participants to assess the usefulness of the Transition Model to the work of the NMAA. These psychological phenomena were applicability of the Transition Model to aspects most frequently raised by mothers with the NMAA's Breastfeeding Counselling Services (Grieve et al., 1997), likelihood of the trainees to use the Transition Model in their work as Breastfeeding Counsellors, usefulness of an understanding of the Transition Model to trainees, usefulness of trainees using the Transition

Model in their work as Breastfeeding Counsellors, usefulness of the Transition Model as a core component of the Breastfeeding Counsellors' training, the best means of presenting and conveying the Transition Model to the Breastfeeding Counsellors, and usefulness of the Transition Model to other people associated with the NMAA. Participants' responses are presented below.

Firstly, the Trainee Adviser's and the Workshop Presenter's ratings of the applicability of the Transition Model to aspects most frequently raised by mothers with the NMAA's Breastfeeding Counselling Services are shown in Figure 15 below. These were reassurance, feed frequency, positioning and attachment of the baby onto the breast, low milk supply, and hand expressing. Ratings were from 1 to 10, where 10 represented the highest level of applicability perceived.

Figure 15 reveals that the Trainee Adviser and the Workshop Presenter reported widely varying perceptions about the applicability of the Transition Model to aspects most frequently raised by clients of the NMAA. While the Trainee Adviser rated the Transition Model *applicable* to "reassurance" and "low supply", and *not applicable* or *not at all applicable* to the remaining aspects most frequently raised by NMAA clients, the Workshop Presenter rated all aspects *very applicable.*

Rating Key 1 & 2: Not at all applicable   3 & 4: Not applicable   5: Almost applicable
6: Just applicable   7 & 8: Applicable   9 &10: Very applicable
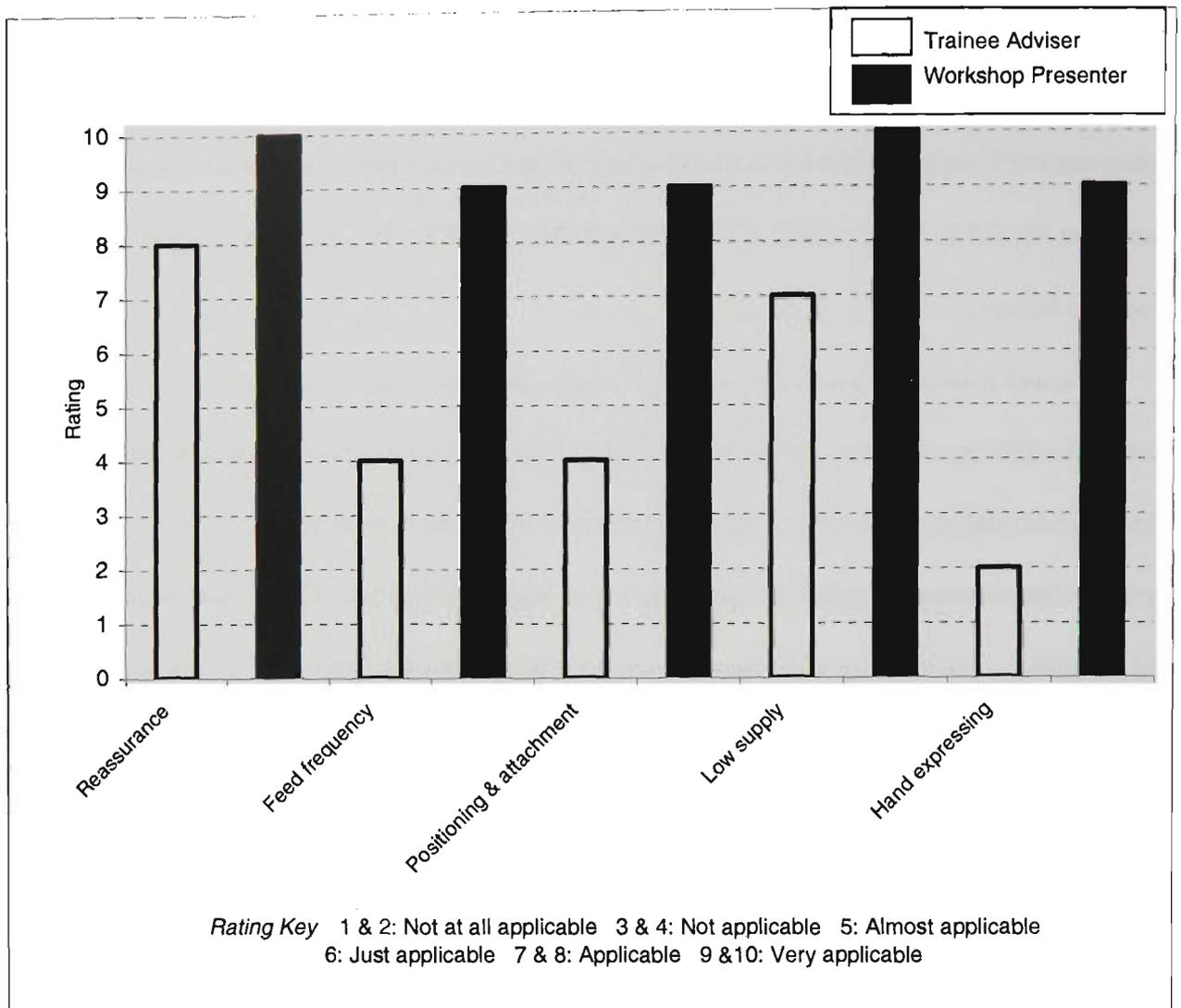
Figure 15. The Trainee Adviser's and the Workshop Presenter's ratings of the applicability

of the Transition Model to aspects most frequently raised by mothers with the NMAA's

Breastfeeding Counselling Services.

Secondly, participants were invited to report in the questionnaire their perceptions of the

likelihood of the trainees to use the Transition Model in their work as Breastfeeding

Counsellors. Four of the five trainees stated that they would use the Transition Model in their

work as Breastfeeding Counsellors by empathising with clients' experiences of change. In

addition, one of these trainees reported that she would provide mothers reassurance of a

positive outcome, while another indicated that she would use the Transition Model to identify

the stage of transition that clients are occupying. While both the Trainee Adviser and the

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Workshop Presenter were uncertain about the trainees' application of the Transition Model in their work as Breastfeeding Counsellors, the Trainee Adviser stated that despite the brevity of the Workshop, the *"trainees may remember clients are in transition"*. One trainee did not respond.

The Trainee Adviser and the Workshop Presenter reported their perceptions of the usefulness of the Transition Model in three ways. Their comments agreed that an understanding of the Transition Model would improve trainees' understanding of and ability to support clients. They both also considered that the Transition Model was useful in terms of Breastfeeding Counsellors' understanding of and work with clients' emotional responses to motherhood. They both believed the Transition Model needed to be included in the training of Breastfeeding Counsellors, the Trainee Adviser considering that it could be included either during or post training, and the Workshop Presenter that it needed to be included both during and post training.

On the matter of the best means of presenting and conveying the Transition Model to the Breastfeeding Counsellors, the Trainee Adviser's and Workshop Presenter's suggestions were different and outside the scope of the NMAA's training program at the time of the research. The Trainee Adviser suggested seminars and conferences, because the training program for trainee Breastfeeding Counsellors was already very full, while the Workshop Presenter stated a preference for a weekly support group.

Also associated with training, the Trainee Adviser and the Workshop Presenter were asked their perceptions of the usefulness of the Transition Model to other people associated with the NMAA. The Trainee Adviser stated that the Transition Model would be useful to NMAA

Counsellors themselves. The Workshop Presenter indicated its use for General Practitioners, Maternal and Child Health Nurses, and husbands (it was not stated of whom). It may be important to note that the usefulness of the Transition Model to clients of NMAA's Breastfeeding Counselling Services was not mentioned. This may be because the Trainee Adviser and the Workshop Presenter assumed that this might be taken for granted.

7.2.5   Suggestions regarding the Transition Model

Participants were invited in the questionnaire to write any additional comments about the Transition Model. The Trainee Adviser's comments implied that the value of the Transition Model was with respect to the work of Breastfeeding Counsellors, and suggested that it be presented at a NMAA conference. Four trainees' comments indicated their interest in the Transition Model. Two requested a written copy of the Transition Model, one asked for information about how to apply it in counselling, one expressed interest in exploring the extent and limitations of the model, while another simply stated "*terrific*". One trainee reported her need to leave the Workshop before the presentation of the Transition Model ended. The Workshop Presenter made no comment here.

7.3   Domain 6: Links between trainees' experiences of major life transitions, perceptions of coping, and how they evaluated the Workshop and the Transition Model

Some introductory, summary remarks are useful before presenting the findings concerning Domain 6. As indicated in Sections 7.1 and 7.2 above, the trainees' evaluations of the Workshop and the Transition Model revealed that four of the five trainees reported at least a

general interest in them. Four stated that the Workshop contributed at least to some degree to their understanding of life changes and how people cope with them, that the Workshop was relevant at least to some degree to their Breastfeeding Counsellor training, that the Transition Model was helpful at least to some degree in understanding themselves and changes they had experienced, and that the Transition Model was useful to their work as Breastfeeding Counsellors.

However, differences between trainees were highlighted when it came to their willingness to use or apply the Transition Model to themselves. Two trainees stated that they would have liked to apply the Transition Model to changes they had experienced in the past. These trainees were also keen to apply the Transition Model during their own future change experiences. The three remaining trainees indicated that they would not apply the Transition Model to their own past or future change experiences. While these trainees' responses to the questionnaire were limited in elucidating their reasons for this, a comparative analysis of their evaluations of the Transition Model and their experiences of coping with their most significant turning points revealed a clear link.

To address Domain 6 of the research, a comparative analysis of the trainees' data relevant to Domains 1 to 5 was completed. As discussed in Section 4.4.3.4 of Chapter Four, the aim here was to explore more closely possible links between trainees' past experiences of coping with their major life transitions, and their evaluations of the usefulness of the Workshop and Transition Model. The data summarised in Table 15 below are drawn directly from that already presented so far under Domains 1 to 5.

Specifically, in Table 15, on the one hand, trainees' experiences of the nature or quality of the turning points identified as having the greatest impact, and the transition to motherhood, together with impacts of the changes on self, relationships and work, and perceptions of how well they coped with the most significant turning points, were compared with, on the other hand, evaluations of the usefulness of the Workshop and the Transition Model to themselves and to their work as Breastfeeding Counsellors. The data are organised according to individuals, thus allowing analysis of each trainee's responses across the five domains of enquiry, and comparison of all trainees' responses with each other.

Analysis of Table 15 reveals a clear link between trainees' experiences of major turning points and how well they coped with them, and their evaluations of the usefulness of the Workshop and the Transition Model. Trainees fell into two groups according to their willingness to use or apply the Transition Model to themselves, and this related to their perceptions of how well they coped with major transitions in their lives.

Table 15

Summary of trainees' experiences of major life transitions and coping, and of their evaluations of the usefulness of the Workshop and the Transition Model

Trainee / Interviewee identity number (n = 5)	Evaluation							Experiences of greatest (TP*) and second greatest (TP#) turning points: nature, impact and coping		
	Usefulness of Workshop		Usefulness of Transition Model							
	To improving understanding of life changes and how people cope with them	To Breastfeeding Counsellor training	To understanding self and changes experienced	To own new-mother experiences	To own past change experiences	To own future change experiences	To work as Breastfeeding Counsellors	Nature of turning points and transition to motherhood	Impacts on self, relationships and work	Perceptions of coping
1	Contributed	Relevant	Helpful	Slightly applicable	Useful	Useful	Useful	• Seven turning points associated with usual developmental milestones in life **TP*** • Arrival of first baby • While challenging, very positive and smooth experience	**TP*** • Changes centred on feelings and perceptions associated with new role and identity as mother • View of self, opinions, goals, activities, desired friends and associates, quality of relationships changed to emanate *"from a mother's perspective"*	**TP*** • Coped extremely well **Focus of coping activity for TP*** • Gaining confidence from supportive people
2	Contributed	Relevant	Quite helpful	Quite applicable	Not useful	Not useful	Useful	• Four turning points - two associated with usual developmental milestones in life, and two associated with undesirable events which aroused considerable distress in trainee **TP*** • Moving away from family of origin • Undesirable event aroused considerable distress **TP#** • Arrival of first baby • Prompted long period of low self-esteem **Transition to motherhood** • Arrival of first baby coincided with another stressful turning point • These prompted long period of personal struggle and review of priorities	**TP*** • Undesirable and motivating event • Prompted a display of fierce independence from family of origin, drawing on inner strength and resourcefulness to attain public markers of success (particularly career) • Gained realisation of own capacity *"to do anything"* **TP#** • *"Wall of toughness"* gave way to deep feelings of vulnerability and inability to cope, leading to deeper focus on relating and relationships • Combined impact of TP# and husband's serious illness (another turning point), prompted long journey of self-reflection and personal growth	**TP*** • Coped very well **TP#** • Did not cope for a time **Focus of coping activity for TP* and TP#** • Seeking out supportive people

3	Contributed a little	Just relevant	Slightly helpful	Quite applicable	Not useful	Not useful	Useful	• 14 turning points associated with usual developmental milestones in life, moves overseas/interstate, and periods of self-reflection, review of priorities and personal growth **TP*** • Arrival of first baby • While highly desirable, prompted considerable and prolonged psychological distress, leading to long period of personal struggle and self-reflection	**TP*** • View of self, roles, activities and relationships changed from emanating from perception of self in 'public' sphere to the 'private' (family and local community): deeper focus on relating and relationships	**TP*** • Did not cope for a time **Focus of coping activity for TP***: • Securing practical help, encouragement and hopeful advice from supportive family, friends and support group
4	Did not contribute at all	Not at all relevant	Did not respond	Did not respond	Did not respond	Did not respond	Did not respond	• Three turning points prompted by fear of consequences of undesirable and dangerous circumstances associated with considerable psychological distress **TP*** • Taking decision to change undesirable situation **Transition to motherhood** • In contrast to turning point experiences, described transition to motherhood as joyful and less challenging	**TP*** • Gained confidence and strength in self • Allowed greater trust in people leading to change from immersion in work to deeper focus on relating and relationships • Prompted long period of personal struggle and development	**TP*** • Did not cope for a time **Focus of coping activity for TP*** • Concentrated on self and own needs; engaged in constructive activities individually (including self expression) and with supportive people (professional and informal)
5	Contributed	Relevant	Quite helpful	Quite applicable	Useful	Useful	Useful	• Two turning points associated with usual developmental milestone and family life **TP*** • Moving away from family of origin • While challenging, positive and smooth experience **Transition to motherhood** • TP* coincided with the unexpected birth of first baby • While the two events were clearly distinguished, their impacts were enmeshed • Transition to motherhood described as easier than expected	**TP*** • Became self-reliant and a self-assured independent thinker • Gained confidence in ability to cope • Roles, activities, aspirations, social networks changed to centre on children instead of career interests	**TP*** • Coped very well **Focus of coping activity for TP*** • Strategies that reduced feelings of isolation (that is, gained familiarity with new place, established new networks, maintained existing friendships)

Note. TP* denotes the turning point identified by trainee as having caused the greatest change impact on her life.

TP# denotes the turning point that had the second greatest change impact on trainee's life (only identified where "arrival of first baby" was not identified as the greatest turning point).

As detailed in Section 6.6.1 of Chapter Six, the two trainees who stated that the Transition Model was useful to them personally and to their work as Breastfeeding Counsellors, also reported positive and relatively smooth passages adjusting to the turning points that had the greatest impacts on their lives, and that they had coped very or extremely well with the changes. In contrast, the three trainees who expressed no interest in applying the Transition Model to their own change experiences, reported more radical turning point experiences which had a destabilising effect on their being, and stated that they had not coped with the changes for a significant period of time. Each of the latter trainees indicated that central to the transition were deep feelings of psychological distress, accompanied by a significant period of personal struggle and growth involving deep self-reflection and changes in priorities. They emphasised a deep shift in their sense of self and a greater focus on relating and relationships.

Nevertheless, as previously reported, while stating that the Transition Model was not directly useful to them personally, two of these trainees did report that the Transition Model would be useful to their work as Breastfeeding Counsellors.

7.4   Conclusions concerning research question 2: Would the Transition to Motherhood Workshop be a useful component of the training program designed to prepare mothers to work as Breastfeeding Counsellors with NMAA?

Overall, the trainees' experience of the Workshop and the Transition Model was that it was useful in a general sense at the time of the presentation, with some general learnings gained. Two trainees even found the Workshop relevant to their own lives, one of whom was

extremely enthusiastic. Thus, there was a great diversity of response reflected in the evaluation. From the trainees' reported perceptions also emerged a number of specific suggestions for enhancement of the Workshop presentation overall, and the presentation of the Transition Model material in particular.

Similarly, the NMAA Trainee Adviser's experience revealed the Workshop and the Transition Model material to have achieved the NMAA objectives of being relevant and useful to the work of Breastfeeding Counsellors. The Trainee Adviser also had suggestions as to how the Transition Model material could be made even more relevant and accessible in the context of the Breastfeeding Counsellor training.

From the Workshop Presenter's perspective, the presentation of the Workshop and the Transition Model material was also seen as meeting her specific Workshop objectives, which differed from those of the Trainee Adviser by emphasising the new-motherhood experience rather than the training experience of the trainees. Again, the Workshop Presenter had several suggestions concerning more effective presentation of the Workshop and its Transition Model material for the future.

Concerning recommendations for future presentation, there was consensus amongst some trainees, the Trainee Adviser and the Workshop Presenter that the presentation of the Transition Model needed to be more detailed in terms of explicating the mechanisms by which the "transition storm" and the "what now" phases of life stage transition might be processed.

The data suggested that psycho-education of the type presented in the Transition to Motherhood Workshop both is helpful to some extent and has its limitations. While four of the five trainees reported that the Transition Model was useful to their work as Breastfeeding Counsellors, only two expressed their intention to apply it to their own experiences of change in their lives. A comparative analysis of the data presented for Domains 1 to 5 revealed that the trainees' interests in making use of the Workshop material was associated with the quality of their experiences of coping with important turning points in the past. Specifically, the conceptualisation of change depicted in the Transition Model was less likely to be experienced as relevant where trainees had experienced deeply disturbing changes with which they felt they had not coped well. These trainees reported more radical turning point experiences that they felt had a destabilising effect on their being, resulting in feelings of not coping with the changes for some time. They spoke at length of deep feelings of psychological distress accompanied by a significant period of personal struggle and growth involving deep self-reflection and changes in priorities. Further, these trainees emphasised that their experience of personal growth involved a significant change in their sense of self or identity.

The implications are that mothers of young children who have not experienced a significant period of psychological distress and inability to cope are more likely to find the Transition Model helpful. Mothers who have experienced a major life transition that yielded a significant period of psychological distress, and inability to cope, may have the knowledge that major changes can be far more challenging than they were prepared for, and that there is a limit to one's preparedness for the psychological stress associated with an extreme degree of radical change.

Discussion of the implications of the findings concerning future practical use of the

Workshop and the Transition Model, along with implications for theory and future research,

is pursued in Chapter Nine. This is preceded in Chapter Eight by discussion of the findings

themselves.

CHAPTER EIGHT

DISCUSSION: INTERPRETATION OF THE FINDINGS

In this chapter the findings are interpreted. First, the limitations and strengths of the study are reviewed. Then, in this context, the findings concerning the two broad research questions are discussed in terms of the six domains of enquiry defined in Section 4.4.4 of Chapter Four, and interpreted in relation to the literature outlined in Chapters One to Four.

8.1   Limitations and strengths of the present study

Several methodological considerations are critical to interpreting the significance of the findings, and are described as they relate to the two stages of the research, interview and evaluation as described in Section 4.3.2 of Chapter Four. The first methodological issue is that of sampling as it related to the constraints of the recruitment procedure that was prescribed by Doncare, in particular the small sample size that affected both Stages 1 and 2 of the research. The second issue concerns the design of both stages of the study, including limitations associated with the data analysis strategy employed, and due to insufficient time to pilot research instruments. A third critical issue concerns aspects of the process of conducting Stage 1 of the research. After these methodological issues are outlined, the implications for interpreting the findings are discussed.

8.1.1   Sampling

It is the very nature of qualitative research that it does not seek to arrive at findings that are generalisable from a population sample. Indeed, the fact that a qualitative piece of research does not afford generalisable findings is not normally considered a limitation of that research, but rather part of the nature of the qualitative approach, which emphasises depth and richness of data.

However, because of the service delivery context of the present research, it is important to explicate why the conclusions of the study cannot be generalised beyond the sample studied. The Workshop Presenter prescribed a number of aspects of the research, including the recruitment of one cohort of NMAA trainee Breastfeeding Counsellors as participants in the present study. While a response rate of 63% may be considered high for this type of methodology and design, the small sample of five trainees raises a number of issues. The first is a limitation and relates to the generalisability of the findings. While the sample of mothers of young children could be described as aged in their thirties, married, well educated, living in middle to upper income circumstances, and with the personal resources to commit to volunteer work, such a small sample is not representative of any population. This means that the findings cannot be generalised to the NMAA trainee population, to mothers of young children, or to women in general.

This limitation holds particular relevance for the evaluation stage of the research in which a representative and statistically significant population of NMAA trainees would need to be recruited in order that generalisable findings could be asserted about the usefulness of the Workshop and the Transition Model to trainee Breastfeeding Counsellors. Similarly, while

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the Trainee Adviser provided a valuable evaluation perspective, it must be obviously viewed as just one Trainee Adviser's perspective and not representative of the views of NMAA Trainee Advisers, and certainly not as representing the views of the official national NMAA Trainee Unit.

The second issue related to the small sample size of trainees constitutes a strength of the present study. The small sample size enabled detailed in-depth analyses of mothers of young children's interview transcripts, and indeed revealed psychological phenomena not reported in the international literature to date. The findings of the emerging body of research concerned with women's experiences of the transition to motherhood outlined in Chapter Two indicated diverse and idiosyncratic experiences of women as they experienced the change (Bailey, 2000, 2001; Lewis & Nicolson, 1998; Miller, 1998; Nicolson, 1998; Oakley, 1979; Sethi, 1995; Smith, 1990, 1994, 1995, 1997, 1999b). Similarly, when considering the transition experiences of mothers of young children it may be important to understand their individual perceptions of experiences of major changes in their lives, and the psychological processes of coping with them, as neither women nor mothers of young children should be perceived as homogenous groups. Indeed, Boulton (1983), in her study of how mothers of young children experienced their roles as childcarers, similarly reported that the women's experiences varied considerably.

Doncare may consider another issue related to sampling as a limitation of the present study. It became apparent to the researcher that Ms Pearson had conceived of the trainees as new mothers. However, a more accurate description of the women in this regard would be trainee Breastfeeding Counsellors who happened to be mothers of young children. While this did not compromise the research as formulated within the constraints prescribed by Ms Pearson,

it meant that her question about the usefulness of the Transition Model to a non-clinical population of new mothers was not addressed by the present study.

8.1.2   Design of the study

Limitations and strengths centring on the design of the present study involve limitations flowing from organisational constraints, and the validity of the Interview Schedule, and of the Workshop Evaluation Form for the Trainee Adviser.

8.1.2.1   Limitations flowing from organisational constraints

A number of organisational constraints restricted the scope and design of the study. Most notable was Doncare's specification to the researcher of the date that the Workshop would be presented to the trainee Breastfeeding Counsellors. As previously stated, this placed serious time constraints on the researcher. Firstly, in terms of the scope of the study, Pearson's (personal communications, October 11, 1999, February 9, 2000) central proposal that individuals' usage of the Transition Model requires several exposures could not be tested within the terms of the agreement made between Doncare and the NMAA. Secondly, piloting of the research instruments was not possible within the time available. This in turn raised issues as to the capacity of the Interview Schedule and the evaluation questionnaires to yield valid and reliable data. These issues are discussed in the following sections.

8.1.2.2   Validity of the Interview Schedule

Overall, the design of the Interview Schedule (Appendix E), incorporating the Events Chart (Appendix F), was a strength of the present study. The Interview Schedule brought together a number of aspects of different interview schedules reported in the literature (Leonard & Burns, 1999; McAdams, 1985; Wethington et al., 1997), and provided a very effective and efficient way of orienting individual interviewees to disclosing in depth many aspects of their most significant turning point experiences, as detailed in Section 6.3 of Chapter Six. The validity of the turning point method was further indicated in that all interviewees volunteered a consistent understanding of the notion of a turning point. Further, the Interview Schedule provided a useful means of exploring with participants their perceptions of a particular event or circumstance in life (in this case, the transition to motherhood), in relation to all the key events and turning points they identified in their life. In this way, the experiential context in which the woman experienced a particular life event or circumstance was explored at a point in time. It is well documented in the life course literature that individuals' perceptions of their past experiences may change during the course of their lives (Datan, et al., 1987; McAdams, 1985; Neugarten, 1984). It is not assumed, therefore, that the interviewees in this study would report the same turning point or transition to motherhood experiences if responding to this Interview Schedule at some point in the future, for example, as mothers of adolescent or adult children.

Nevertheless, piloting of the Interview Schedule (Appendix E), precluded by Doncare's timelines, would have improved this aspect of the research. The Interview Schedule could have been enhanced by two changes. The first relates to two questions in Part 3 of the Interview Schedule. These questions were Wethington et al.'s (1997) free probes, namely

"How did this turning point change your view of yourself?" and "What changed about you because of this experience?". Every interviewee interpreted these questions as asking the same thing, that is, asking about her perception of changes in her view of herself as a result of the turning point. However, it was noted that in some instances the interviewee added further perceptions of changes in her view of self in response to the second question. It is therefore recommended that in any future application of the present or similar interview schedule the second question be adapted as follows: "Were there any other changes about you flowing from this experience?"

A second limitation in the design of the Interview Schedule was highlighted by the process of analysing the interview data. Understanding of some aspects of the findings might have been enhanced if some data had been elaborated. The significance of these omissions only emerged during the data analysis process. Analysis of the data relating to Domain 3 revealed a common coping mechanism, namely, helpful coping strategies involved the women in active decision-making to accept or engage something perceived by them as helpful in alleviating the heightened stress associated with the transition. In the light of this, an invitation to the interviewees to elaborate on their responses about what might have been helpful to their coping with the change might have elucidated further meaning to or understanding of the coping mechanism revealed. As asked, this question elicited quite limited data. It is therefore recommended that in any future application of the Interview Schedule, a follow-up question be asked: "What might have been different, or what might you have done differently, in this circumstance?" The intention would be to see if interviewees provide further data indicative of the coping mechanism revealed in the present study.

Analysis of data pertaining to Domain 6 revealed another area in which the study could have benefited from elaborated data, and indicated that an extension to the design might have been merited. In analysing why some trainees would not apply the Transition Model to their own past or future experiences of changes in their lives, it would have been useful to have more qualitative information. While in the evaluation questionnaire (Appendix G), trainees were asked to explain their answers as to why they would or would not apply the Transition Model to their own change experiences, the trainees chose either not to elaborate or gave very brief responses. This study would have been enhanced by a follow-up interview with each trainee to explore further the link suggested between the trainees' expressed interest in using the Transition Model and the quality of their experiences of coping with important turning points. In such an interview, the trainee's perceptions of the strengths, limitations and assumptions of the Transition Model could have been explored and related to their interest in applying (or not) the Transition Model to their own change experiences. Enquiry could have followed relating these perceptions about the Transition Model to the trainees' experiences of coping with significant turning points in the past. In this way, a greater understanding of the coping mechanisms employed by the women could have been gained, as well as a greater understanding of the possible usefulness of the Transition to Motherhood Workshop, that is, more specific indicators of for whom and when the intervention would be most suitably targeted.

8.1.2.3   Validity of the Workshop Evaluation Form used by the Trainee Adviser

A further limitation was indicated in another of the research instruments, namely the Workshop Evaluation Form for the Trainee Adviser (Appendix J). As highlighted in Section 7.1.5 of Chapter Seven, it seemed that the question asking the Trainee Adviser to circle the

training outcomes addressed by the Workshop might have been ambiguous. The Trainee Adviser may have interpreted the question as asking her to highlight the training competencies that were fully met by the Workshop, rather than the training competencies to which the Workshop contributed. It is therefore recommended that, in any future application of the present or similar evaluation questionnaire for Trainee Advisers, this question be adapted as follows:

> The NMAA's 'Statement of Outcomes' for trainee Breastfeeding Counsellors is attached to this questionnaire. Please indicate on the attached 'Statement of Outcomes' the extent to which you believe the Workshop contributed to meeting each outcome. Use the following rating scale of 1 to 5 to indicate your answers:
>
> > 1: Not met   2: Almost met   3: Just met   4: Met   5: Fully met
>
> Please place your rating beside each bullet point.

The fact that the Trainee Adviser did not provide her views of how the Workshop contributed to the trainees' training outcomes was a clear limitation of the study. Instead, the finding for this psychological phenomenon is limited to an extrapolation made by the researcher from the Trainee Adviser's other responses, as well as from trainees' questionnaire responses. Clearly, the veracity of this finding would have been enhanced with the Trainee Adviser's direct assessment of the training outcomes met or partially met by the Workshop, as this information relates directly to the second research question.

8.1.2.4   Data analysis strategy

As detailed in Section 5.5 of Chapter Five, the researcher carefully considered the context in which the research was conducted when selecting the data analysis strategy to be employed in

the present research. It was critical that the trainees' confidentiality and anonymity of responses be guaranteed, with particular attention needed to assuring this amongst the group members. The nature of the participant group meant that data analysis methodologies employing a case study approach were deemed inappropriate for the present study on ethical grounds. Instead, Miles and Huberman's (1994) thematic content analysis methodology was employed to identify themes across participants according to the domains of the research.

Specifically, Miles and Huberman's (1994) data analysis strategy using a series of matrices to summarise data across cases, at increasing levels of abstraction, was employed. This allowed the researcher to identify themes that emerged for each research domain as they related to the research questions, which encompassed Doncare's research brief. This method allowed for much richness of the data to be presented without breaching the assurance of confidentiality and anonymity of responses made by the researcher to each trainee participant.

However, the findings represent but one "construction of reality" (Farran, 1990, p. 101). A limitation of the data analysis strategy employed in the present study was that it precluded "understanding (each participant) as a whole" (p. 96). Instead, as Farran stated in a critique of her own similar data analysis strategy, the purpose was to "examine how bits of 'her' compared to bits of other people" (p. 96). While a case study analysis was precluded on ethical grounds for the present study, it is acknowledged that such analysis would contribute further to the body of research about the process of psychological change. For example, a case study discourse analysis might be useful in exploring each woman's approach to transition, trying to identify her implicit theory of personal change.

8.1.2.5   Overview of design issues

Notwithstanding these limitations, the present research demonstrated that the evaluation questionnaires (Appendices G, J and K) were useful and applicable to the task of evaluating the Workshop and the Transition Model and could be usefully adapted for future and routine evaluations of the Workshop presentation. Further, the data derived from the three evaluation questionnaires could be usefully compared, to identify commonalities and differences in perception between the three categories of participant.

Another strength concerning the design of the study related to the context in which the researcher conducted the thematic content analysis of the interview data. The interviewees' individual transcripts were analysed, emergent themes identified and then related to the literature about turning points and women's experiences of the transition to motherhood. In this way, the researcher stayed close to each interviewee's stated experiences and perceptions and was not tempted to massage the material into pre-ordained categories. Smith (1991) argued that this method of data analysis enhances the credibility of findings, since possible biases of this nature are minimised.

A final and considerable strength of the study was the complementary design of the two stages of the research, bringing the interview data to the evaluation data. This allowed detailed analyses of why trainees might have evaluated the Workshop and the Transition Model as they did. By examining the trainee's previous experiences of major transitions in their lives, the previous experiential context in which the Workshop and Transition Model were experienced could be explored, and the meaning behind their evaluations elucidated to some extent. This approach is consistent with that of theorists and researchers from different

disciplines who have emphasised that an understanding of the context in which people experience their lives is an important consideration (Bronfenbrenner, 1979; Clausen, 1993, 1997; Datan et al., 1987; Gilligan, 1982, 1993; Hopson, 1981; Lowenthal et al., 1975; McAdams, 1985; Nicolson, 1998, 1999, 2003; Neugarten, 1979; Oakley, 1979; Reinke et al., 1985; Rossi, 1980; Schlossberg, 1981; Sethi, 1995; Trickett & Buchanan, 1997; Vaillant; 1977; Weiss, 1972; Wheaton & Gotlib, 1997). The complementary design of the study provided a richness and depth of understanding to the evaluation material.

8.1.3   Process of conducting the research

The third methodological issue concerns the process of conducting the research. A limitation of the study was the omission by the researcher of one question with one interviewee. The question omitted concerned what might have been helpful to the woman coping with her greatest turning point. However, since the data derived from this question were considered limited as described in Section 8.1.2.2 above, this omission was not considered critical to the overall findings and implications of the study.

A clear strength relating to the conduct of the research was the willingness demonstrated by all participants to participate fully in the study. All participants expressed an enthusiastic desire to contribute to the aims of the research and each provided a full data set. Further, the credibility of the data gathered during the interviews was indicated by the women's long and detailed disclosure of deeply emotional experiences.

In gathering the interview data from a number of the interviewees, a related strength seemed to be that the researcher did not have children. When speaking about their transition to

motherhood, a number of the women asked the interviewer if she had children. On hearing

that she did not, these interviewees seemed to provide a fuller description of their experiences

and perceptions than they seemed to believe would have been necessary if the interviewer

had children. The benefit to the research was that these interviewees seemed to perceive that

they could not take for granted their perception of the interviewer's knowledge of their

experiences and so provided fulsome descriptions. Conversely, individual interactions

between the interviewer and the interviewees, being influenced by the perceptions of each

party on the other, would certainly have affected the interviewees in the usual censorship

process employed in imparting information, an issue that Miller (1998) highlighted as

particularly pertinent to women conveying their experiences of the transition to motherhood.

However, such negative influences were not apparent to the researcher, and would have been

subtle in nature.

8.1.4   Implications for the interpretation of findings

Methodological limitations and strengths related to sampling, and to the design and conduct

of the study, have implications for the interpretation of the findings. In summary, the

complementarity of the two research questions provided particular robustness and strength to

the research. Another strength of the study contributing to its overall internal validity was the

committed manner in which all participants participated in the study, and particularly the

interviewees' depth of expression of their experiences and perceptions.

Against this overall background, the limitations of the study have implications for the

interpretation of the findings. Firstly, those concerning Stage 1, the interview study of

transition experiences among mothers of young children, related to the small sample size, and

to the design and conduct of the interview, as detailed in Sections 8.1.1, 8.1.2 and 8.1.3 above. Most pertinent was the small trainee sample size, meaning that the findings of this study are not generalisable. However, this limitation is minimised when the findings are interpreted as understanding individual mothers of young children's perceptions of major life transitions and how they coped, and how these might influence their evaluations of an intervention designed to help women cope with the transition to motherhood. Limitations associated with opportunities for elaborated data and case study analysis restrict the extent of interpretation of the present findings, but indicate enhancements relevant to further research. The implication here is that the findings afford a good basis for further and more focussed investigations into transitions in people's lives generally, perceptions of the experience of the transition to motherhood in the broader context of women's lives and across the life span, and the mechanisms underlying how people cope with major changes in their lives.

Also as detailed in Sections 8.1.1, 8.1.2 and 8.1.3 above, limitations are evident concerning Stage 2 of the research, the evaluation. Again the small trainee and Trainee Adviser sample size means that the evaluation findings cannot be generalised. The limitations associated with having insufficient time to pilot the questionnaires had overall, minimal implications for the interpretation of the findings. An important strength of the evaluation stage of the study was the utility demonstrated in the usefulness and suitability of the questionnaires for future and routine evaluations of the Workshop and the Transition Model. Overall, examination of the limitations and strengths associated with the evaluation indicated that while external validity of the findings is not relevant, internal validity is high. In addition, and consistent with the implications for interpreting the interview findings, the Stage 2 evaluation findings afford a good basis for further elucidating the relationship between the women's previous

experiences of major transitions and their interest (or not) in applying the Transition Model to their own experiences of change.

8.2 Interpretation of findings concerning research question 1: What are the life transition experiences of mothers of young children?

Taking account of the limitations of the research, the findings of Stage 1 are discussed below in terms of the domains of enquiry related to the first research question, namely transitions in life of mothers of young children, impacts of the most significant life changes, and experiences of coping with the most significant life change.

It is important to highlight that the findings of the present research relate to the participants' perceptions at a point in time. It should not be assumed that the participants' perceptions were static. Rather, their understandings and experiences need to be interpreted in the broader context of their lives. This means that the women's perceptions revealed in the present study may change in the context of their future experiences and/or as a result of their reinterpretation of previous experiences.

8.2.1 Transitions in life of mothers of young children

Several key findings of the present study were revealed regarding the transition experiences in the lives of mothers of young children. These are outlined below as they relate to individuality of experience, significance of the transition to motherhood, complexity of turning point experiences, coping and turning points, and turning points and developmental change.

8.2.1.1 Individuality of experience

A central finding of the present study was the substantial variability of experiences revealed amongst the mothers of young children in terms of their perceptions of their turning point experiences, and their experiences of the transition to motherhood in relation to major transitions in their lives. This finding relating to mothers of young children is consistent with the literature described in Section 2.2 of Chapter Two that highlighted that the perceptions of other such mothers (Boulton, 1983), and women experiencing the actual transition to motherhood (Bailey, 2000; Lewis & Nicolson, 1998; Miller, 1998; Nicolson, 1998; Oakley, 1979; Sethi, 1995; Smith, 1990, 1994, 1995, 1997, 1999b) were idiosyncratic, involving a broad range of often conflicting emotional responses.

8.2.1.2 Significance of the transition to motherhood

As described in Section 2.2 of Chapter Two, some researchers concerned with women's experiences of the transition to motherhood have asserted various degrees of significance to that transition. Oakley (1979) referred to the transition to motherhood as a turning point, while Sethi (1995) asserted "that of all the normal expected life experiences, childbirth and the puerperium ... are the most stressful events that a woman is likely to experience in her lifetime" (p. 235). However, as explained in Section 4.2 of Chapter Four, Oakley's and Sethi's assertions appeared not to be grounded in empirical research that placed women's perceptions of their experiences of the transition to motherhood in relation to their other change experiences.

In contrast, a unique aspect of the present study was its focus on exploring women's experiences of the transition to motherhood in relation to other major transitions in their lives. The present findings do not accord with Oakley's (1979) and Sethi's (1995) general assertions concerning the significance of the actual transition to motherhood. Findings here revealed that amongst the group of five mothers of young children, two identified the transition to motherhood as the turning point that brought the greatest change impact on their lives, one identified it as the second greatest turning point, and two women did not identify the transition to motherhood as a turning point in their lives at all. While requiring further investigation, it is possible that these findings reflect retrospective perceptions of the transition to motherhood, such that the mothers had had a period of time in which to place their transition to motherhood in perspective with other past changes.

Another important finding of the present study related to the three mothers who did not identify their transition to motherhood as the turning point that had the greatest change impact on their lives. When describing their transition to motherhood in relation to the turning point experiences that had brought the greatest impacts on their lives, these women reported that their past experiences of change served as a yardstick for their subsequent experiences of change, such that the later experience of the transition to motherhood was perceived as less stressful and having less impact on their lives. This finding extends that of Lowenthal et al. (1975) that individuals use past events and experiences as a yardstick for apparently similar experiences in their lives. Here, different experiences of change acted as a yardstick for the women's perceptions of their experiences of the transition to motherhood. This suggests that it may be an individual's perception of the impact of a change, rather than the specific content of the event or experience itself, that is critical in influencing perceptions of subsequent experiences of change.

Leonard and Burns (1999), in their study of the turning points in the lives of midlife and older women, challenged the assumptions suggested by research that pre-ordains significance to women's experiences. They reported that a significant number of the mothers in their study did not perceive the transition to motherhood as a turning point in their lives. Taken together, the present study and Leonard and Burns' study suggest that individual women's perceptions of their experiences cannot be accurately predicted, particularly regarding the impact of changes on them, even when, as found in the present study, all the mothers of young children stated that the transition to motherhood had a significant effect on their lives.

8.2.1.3   Complexity of turning point experiences

As stated in Section 1.3 of Chapter One, Leonard and Burns (1999) also emphasised that the richness of the data collected using the turning point approach lay in its complexity. They noted that some of the meaning had been lost in their data analysis when assigning a primary category to a turning point that may have had multiple or opposing meanings, and concluded that it may be important to consider complexity, as well as content, in their own future data analyses. In this way, the richness of the meaning or significance attributed by individual women to their turning point experiences might emerge.

The findings of the present study support Leonard and Burns' (1999) assertion about the potential depth of understanding that might be revealed through more detailed analyses of individuals' turning point data. The depth of analysis of the turning point data conducted in the present study allowed the complexity and richness of the women's turning point experiences to be revealed. In addition to identifying their turning points, the process of thematic content analysis adopted uncovered the complex nature of the women's turning

point experiences. This was particularly apparent for two of the women whose transitions to motherhood were associated or intertwined with their experiences of another major transition. Significantly, the discourse of each of these women revealed that, while they conceptualised the two coinciding events as separate, their impacts were enmeshed, a phenomenon that could only have emerged through the conduct of detailed data analysis. In this way, the findings of the present study add weight to Clausen's (1997) conclusion that reported turning points reveal not so much how people's lives have been shaped, but how they have been experienced. Further, and consistent with Schlossberg (1981) and Trickett and Buchanan (1997), it was not the transition itself that was of primary importance, but rather how that transition fitted with the broader context of the individual's characteristics, experiences, environment, relationships and aspirations for the future.

8.2.1.4 Coping and turning points

Consistent with Wethington et al.'s (1997) findings, the women in the present study also seemed to link a turning point to the degree of coping and effort involved at that stage. In addition, the findings here indicated that the degree of coping seemed to be related to personal struggle and growth. Where interviewees reported that they did not cope for a time with a turning point, they also reported deep feelings of psychological distress, accompanied by a significant period of personal struggle and growth involving a deep shift in their sense of self. These women's experiences were consistent with McAdams' (1985) notion of an identity turning point in which the individual integrates perceived transformations into their life story, Hopson and Adams' final stage of transition, that of internalisation involving the incorporation of new meanings into behaviour (Hopson, 1981), and Pearson's (1999) notion of a new integration of the sense of self.

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The experiences of the women in the present study who reported not coping for a time were also qualitatively different to those who reported coping very well with turning points. For the latter women, new possibilities for self-realisation were yielded through the challenges presented, sometimes involving personal growth, but profound changes in identity were not reported. Again, consistent with Clausen's (1993) view, the present findings thus indicated that turning points may or may not involve personal growth and identity development.

8.2.1.5   Turning points and developmental change

In Chapter One, different notions of the term turning point were outlined in the context of developmental theory. As reported in Section 6.3 of Chapter 6, all of the women in the present study viewed a turning point in life as a circumstance from which stemmed a different course in life. A critical defining feature of all the turning points identified was the women's own perception of the experience, consistent with Hopson (1981) and Schlossberg (1981). Furthermore, the range of circumstances cited by the women as turning points in their lives lends support to Wheaton and Gotlib's (1997) broad definition of a turning point as any event, role transition, decision or change, expected or unexpected, planned or unplanned, that an individual perceives as prompting a change in direction in their life course.

Further still, the findings of the present study highlighted various dimensions of meaning that may be associated with a turning point. Specifically, meaning could be related to an event or circumstance itself, to the individual's experience of that circumstance, and to their perceptions about the implications of that circumstance.

Erikson (1963) wrote of turning points as "moments of decision between progress and regression, integration and retardation" (p. 271). As stated in Section 1.1.1 of Chapter One, according to Erikson, these "decisive encounters" with the environment provide the individual with opportunities involving purposeful choice to engage developmental change. The findings of the present study support Erikson's notion that turning points involve active decisions on the part of the individual experiencing the change. All of the turning points reported in the present study involved significant decisions on the part of the women to change their lives in many and varied ways.

Most significant in the present study was that all of the women indicated their active decisions in implementing strategies that helped them cope with the day-to-day demands associated with their greatest change. This aspect is described in further detail in Section 8.2.3 below. The women's purposeful choices in managing themselves in relation to their environments was perceived by them as helping them cope with the significant impacts of the transition. Three of the five women reported deep developmental changes associated with their greatest turning points involving a significant change in their sense of self or identity.

Like Erikson (1963), Clausen (1993) asserted that turning point experiences might involve developmental change. The findings of the present study indicated that, in at least some instances, the women certainly perceived turning points as involving developmental change. Thus the findings of the present study also provide evidence in support of theoretical models of adult development, in particular contextual models of development such as that of Bronfenbrenner (1979), in that the women reported ongoing interactions between their perceptions and decisions and the environments in which they experienced the change.

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In Section 2.2 of Chapter Two, a number of researchers' findings relating to identity development during the transition to motherhood are outlined (Bailey, 2000; Nicolson, 1998; Sethi, 1995; Smith, 1994, 1999a, 1999b). These studies involved the researchers in interpreting whether identity development had occurred in the women. All these studies reported some aspect of identity development as having occurred in the women in their studies. In the present study, findings about identity development were reported where an interviewee reported her perception of a profound change in her sense of self. However, it did not always emerge that identity development occurred during the transition to motherhood. Nevertheless, the present findings are not necessarily incompatible with those previously reported. Interpreting the findings together, it might be concluded that women's perceptions of changes in their sense of self may be different to changes in identity as interpreted by researchers. However, this construction must be very tentative given the limitations of the present study, and the fact that the study samples were different. While the present study was with mothers of young children, the studies reported in the literature were with women during pregnancy and early motherhood (with one exception, namely Boulton (1983)). Further, consistent with McAdam's (1985) notion that identity development is a dynamic evolving life story, it may well be that the perceptions of any changes in their sense of self during their transition to motherhood, reported by women in the present study, may have changed since they experienced the change.

8.2.2   Impacts of the most significant life change

Another important finding of the present study was the substantial variability in the impacts on themselves of the greatest turning points, as perceived by the mothers of young children. Most striking was that, irrespective of the turning point identified, each woman perceived it

as having had a significant impact upon her life and involving considerable adjustment. Each woman reported considerable impacts on her view of herself, upon her important relationships, and upon her commitment to and experience of paid professional work.

While a higher number of impacts reported by the women related to their role as a new mother, the findings of the present study align with Nicolson's (1998, 1999) assertion that the experience of loss associated with the transition to motherhood is similar in variability and complexity to other major changes. Indeed, the woman who identified as two distinct changes in her life, her move away from family of origin as bringing the greatest change, and the transition to motherhood as the second greatest change, reported a diverse range of substantial and complex losses associated with each change. This woman's narrative of her perceptions of each experience highlighted their similarity in this regard. In addition, as previously noted, the complexity of the impacts and losses associated with the change experiences for two of the women was further highlighted in that, for each of these women, the impacts of two transitions were enmeshed. The findings of the present study therefore added to the growing body of research which highlights the considerable and diverse impacts of major transitions in women's lives, irrespective of the nature of the change (including the transition to motherhood), and that women's experiences of the impacts are complex and idiosyncratic.

8.2.3   Experiences of coping with the most significant life change

As outlined in Sections 1.2 and 1.3 of Chapter One, life course and feminist researchers have contributed research that has challenged the predominant theories of adult development. They have raised the possibility that development can involve maintaining continuity, and

that development occurs in relationship and connection with other people challenging the predominant notion that the goal of maturation is autonomy and individuation. The findings of the present study support both of these assertions. Firstly, the possibility that development might involve maintaining continuity is supported by the finding that the women who reported identity development also indicated that they coped by attending to their most immediate and basic needs, thus placing great importance on maintaining continuity in their day-to-day lives.

In relation to the possibility that development occurs in relationship and connection with other people, the findings of the present study are of particular interest. Indeed, in a study revealing vast diversity in perceptions of change experiences, it was noted as significant that all five women in the sample highlighted the importance of their relationships with supportive others to their coping with their greatest turning points. As previously stated, three of these women reported their perceptions that their journey from initially not coping with the major transition through to coping, and adjusting extremely well, involved profound psychological development, and that their relationships with supportive others contributed significantly to their growth through the change. This finding lends further weight to the growing body of literature (Gilligan, 1982, 1993; Miller, 1984; Rossi, 1980; Trickett & Buchanan's, 1997) outlined in Chapter One that challenges the predominant developmental theorists' assumption that individuation and autonomy are the fundamental drivers underlying human development, with evidence that connection and relationships may be equally if not more important, at least for women.

In this way, the findings of the present study are consistent with the theory of Smith (1991, 1999a, 1999b). As outlined in Section 2.2.2 of Chapter Two, Smith (1999a) hypothesised

that when individuals experience major life transitions, "the close relationship between sense of self and sense of others becomes particularly acute and, furthermore, may facilitate the individual's development through the phase" (p. 415). Furthermore, in addition to highlighting the criticality of relationships in coping with major transitions, the findings of the present study suggest an underlying mechanism that seems to be involved in coping with major transitions in life. The present findings suggest that a critical mechanism in coping with major transitions is the individual's active decision to pursue a course perceived as helpful in attending to immediate day-to-day needs. All strategies identified by the women as critical to them in coping with their greatest turning points entailed their taking an active role in deciding to institute an action to ease the day-to-day stress associated with the change. In other words, whether the woman's decision was to engage with a supportive person or to initiate some other action, the common underlying coping mechanism involved her active and selective decision and commitment to do something practical to meet her most immediate and basic needs. The women's active approach is consistent with the recently described notion of proactive coping where an individual, faced with a demand or threat, perceives it as a challenge and strives for more resources (Schwarzer & Taubert, 2002). Often this involves utilising the resources of others including practical, informational, and emotional support (Greenglass, 2002) in order to promote personal agency and improve well-being. Moore (2002) has argued that such a positive approach "leads to better health outcomes and is, moreover, innately part of the human condition" (p. 119).

It was highlighted in Section 2.3 of Chapter Two that traditional educational practices relating to the transition to motherhood are being challenged to acknowledge the diversity and complexity of individual women's subjective experiences, and in so doing, the realities of becoming a mother. These findings may also have broader application in considering how

people cope with changes more generally, and what might be useful to them in facilitating successful adaptation to inevitable changes in life.

8.3 Interpretation of findings concerning research question 2: Would the Transition to Motherhood Workshop be a useful component of the training program designed to prepare mothers to work as Breastfeeding Counsellors with NMAA?

The findings concerning the second research question are discussed in terms of the overall evaluation of the Workshop and the Transition Model, followed by the links between the trainees' experiences of life transitions, perceptions of coping, and how they evaluated the Workshop and the Transition Model.

Generally, the findings about the usefulness of the Workshop and the Transition Model were positive. However, mixed responses revealed that four out five trainees intended to use the Transition Model in their work as Breastfeeding Counsellors, while only two expressed a readiness to apply it in their personal life.

8.3.1 Overall evaluation of the Workshop

The findings emerging from the Workshop evaluation data must be interpreted in the light of the finding that the contextual perspectives of participants in the research strongly influenced their reports. NMAA's focus for the presentation of the Workshop was clearly on the usefulness of the Transition Model to the trainees' work as Breastfeeding Counsellors, while that of the Workshop Presenter was on the trainees' personal new-motherhood experiences,

conceptualising the trainee Breastfeeding Counsellors primarily as new mothers. In this way, the Workshop Presenter had a contextual expectation regarding the trainees' participation in the Workshop that was different to that of the NMAA.

One of the implications for trainees of the latter difference of views may have been a lack of clarity on their part regarding the purpose of the Workshop within the wider context of the training. This may go some way to explaining the diversity of experiences reported by trainees in respect of their perceptions of the usefulness of the Workshop and the Transition Model, their learnings from the Workshop and about the Transition Model, and their willingness to participate in the Workshop discussion.

Notwithstanding any confusion about the context in which the Workshop was presented, especially concerning its purpose, the trainees' evaluation findings revealed that while the Trainee Adviser's objectives for including the Workshop in the training program for trainee Breastfeeding Counsellors were largely met, responses regarding the Workshop Presenter's primary objective were mixed. The Trainee Adviser hoped that the experience of the Workshop would improve trainees' understanding of their clients and equip them with information useful to their counselling work. As noted previously, according to their evaluations, four of the five trainees reported that the Workshop was relevant at least to some extent to their training, as well as their intentions to use the Transition Model in their work as Breastfeeding Counsellors. To this extent, the Trainee Adviser's objectives were met. However, the extent to which the trainees actually applied the Workshop material in their work as Breastfeeding Counsellors was obviously beyond the scope of the present study.

As previously stated, the Workshop Presenter sought an assessment of the relevance of the Workshop material to the trainees' new-motherhood experiences. While four of the five trainees reported that the Transition Model was at least applicable to some extent to their own new-mother experiences, only two trainees expressed their intention to apply it to their own experiences of change in their lives. Hence, trainees' evaluations revealed a mixed assessment regarding the relevance of the Workshop to the trainees' new-motherhood experiences.

On the matter of the presentation of the Workshop in terms of its clarity and focus, pace, level of engagement and interaction, and use of visual aids and handouts, the findings suggested that several enhancements could be made to provide conditions more conducive to trainees actively engaging with the Workshop material generally, and in relation to their own transition experiences specifically. Relevant here are Hopson's (1981) statements outlined in Section 3.1 of Chapter Three about the contextual issues he considered critical in presenting Hopson and Adams' (1977) transition model in workshop mode. Hopson highlighted the importance of individuals understanding the unique nature and multifaceted context of their transition experiences. He particularly emphasised the notion central to life course theorists, and depicted in Schlossberg's (1981) transition model, that the essential defining feature of any transition is the individual's perception of his or her experience, acknowledging that this may change over time.

When considering the contextual issues outlined by Hopson (1981) and others, this notion of understanding different individuals' perspectives could be also usefully applied by a workshop presenter to understanding the interests, perspectives and biases of the various stakeholders involved. Hopson further highlighted the critical importance of recognising and

appealing to a range of personality and learning styles, so as to cater for the considerable variability in how individuals approach the task of coping with a transition. Considering the findings of the present study in the context of Hopson's assertions about how to present a transition workshop, trainees' evaluation data indicated that the range of learning and personality styles represented in the group of five trainees could have been accommodated more appropriately.

Finally, the overall evaluation of the Workshop suggests that presentation of the Transition Model only once was insufficient to meet the trainees' needs to discuss in some depth the underlying principles and assumptions of the model, and specifically, how to apply it in their work as Breastfeeding Counsellors. This important finding suggests that Pearson's (personal communications, October 11, 1999, February 9, 2000) speculation that the Transition Model is not particularly useful when presentation of it is limited to just one Workshop, as outlined in Section 4.3.1.1 of Chapter Four, is likely to be correct, and worthy of testing. Indeed, given that the present study showed a positive effect with only one exposure, it is possible that with greater exposure there could be a powerful effect, as suggested by Pearson.

8.3.2   Overall evaluation of the Transition Model

The evaluation findings revealed that the Transition Model was useful generally to the trainees in being able to empathise with their clients about important aspects of their transition experiences. Consistent with the body of research outlined in Section 2.2 of Chapter Two concerning women's perceptions of their transition to motherhood, trainees' evaluation findings here indicated that their learnings about the Transition Model emphasised that the transition to motherhood involved a vast range of often conflicting emotional and

behavioural responses, and that such an experience should be considered a normal human reaction to any change involving significant losses. In this way, then, it may be that the Transition Model could be usefully applied as a tool to help normalise women's transition to motherhood experiences, and go some way to countering the myth that motherhood is an ideal and universal experience, also outlined in Section 2.2 of Chapter Two.

As detailed in Section 8.3.1 above, an important finding of the present study was the variability in perception amongst the trainees regarding the usefulness of the Transition Model to them personally. This finding might lend weight to the Workshop Presenter's central assertion, outlined in Section 4.3.1.1 of Chapter Four, that people need to be exposed to the Transition Model a number of times in order to learn the process of transition.

However, the findings revealed that a number of other factors might have contributed to the trainees' variability in readiness to apply the Transition Model to them personally. Firstly, the variable response might have been attributable to Pearson's (1999) relatively targeted or narrow application of the Transition Model, as described in Section 3.2.2 of Chapter Three. While open to interpretation, Pearson seemed to suggest that the Transition Model applied only to external events that trigger change. However, Hopson and Adams' (1977; Hopson, 1981) and Schlossberg's (1981) definitions of transition, and Wheaton and Gotlib's (1997) notion of a turning point trigger, as well as the present turning point findings, suggest a broader range of possible triggers for major life transitions. This body of literature, and the present research, suggests that a transition may be triggered by any internal or intrapsychic, as well as external factors. When considering the trainees' varied perceptions about the applicability of the Transition Model, it might be that some trainees did not relate personally to the relatively narrow description of its application and thereby felt excluded. However, if

it were pitched more broadly, as possibly applicable to the full range of transition experiences reported in the literature, the Transition Model may have had broader appeal to the trainees.

Secondly, the findings of the present study suggest that knowledge of the Transition Model had very limited use to the women in coping with their most disturbing transition experiences. This is central to interpreting the findings in relation to the second research question, and is elucidated in detail in Section 8.3.3 below.

8.3.3   Links between trainees' experiences of life transitions, perceptions of coping, and how they evaluated the Workshop and the Transition Model

The links revealed between trainees' experiences of life transition, perceptions of coping, and how they evaluated the Workshop and the Transition Model are important when interpreting the findings relating to the second research question. The most important finding was that the conceptualisation of transition depicted in the Transition Model was less likely to be experienced as relevant where trainees had experienced deeply disturbing transitions that they felt they had not coped with well. As already described, another important finding was that the common coping mechanism used by the women was to take an active role in selectively specifying and seeking out relationships and activities they perceived would ease the day-to-day stress associated with the change. Taken together, it would seem therefore that in coping with deeply disturbing and disruptive transitions in life, the women's focus was on meeting their most basic and immediate needs rather than on higher order intellectual considerations of a transition model for example. Further, it seemed that for these women, their experiences of a significant period of psychological distress and inability to cope may have yielded

knowledge about the limitations of an intervention they were unlikely to call on when dealing with an extreme degree of radical change.

Conversely, the findings also suggest that in the event that a woman coping with a change is not pre-occupied with attending to her immediate day-to-day needs and, with adequate intellectual resources, actively and purposefully decides to reflect on the Transition Model, she might consider it useful in coping with the change. Further, in this instance, the present findings suggest that women who have not experienced a significant period of psychological distress and inability to cope would be more likely to find the Transition Model helpful.

Consistent with the body of research outlined in Section 2.2 of Chapter Two, highlighting how women's experiences of the transition to motherhood are idiosyncratic and complex (Bailey, 2000, 2001; Boulton, 1983; Lewis & Nicolson, 1998; Miller, 1998; Nicolson, 1998; Oakley, 1979; Sethi, 1995; Smith, 1990, 1994, 1995, 1997, 1999b), it is not surprising that different women would adopt different coping strategies when dealing with changes in their lives. Further, again in the light of Lowenthal et al.'s (1975) research, when considering the present finding that the women's past experiences of change acted as a yardstick for their perceptions of subsequent changes in life, it is not surprising that the women also had different perceptions of what might appear to be similar changes, and therefore sought out different ways of coping with the change.

Overall, the findings therefore suggest that reflection upon Pearson's (1999) Transition Model may be useful as one of a suite of coping strategies available to women when responding to major transitions in their lives, and in this context the Transition to

Motherhood Workshop would be a useful component of the training program designed to prepare mothers to work as Breastfeeding Counsellors with NMAA.

These findings challenge Pearson's (personal communications, October 1999, February 9, 2000) implicit assumption, outlined in Section 4.3.1.1 of Chapter Four, that individuals' knowledge of the expected emotional and behavioural responses to major life changes, according to the Transition Model, is the essential determinant in helping them cope with the associated transition. The implication is that understanding of developmental processes may be used to substantially cope with the demands of changes in life. However, while knowledge of life transition processes may be helpful to some extent, the present study found that the essential coping mechanism employed by the participating trainees, in coping with significant transitions in life, involved their taking an active decision to engage relationships and activities they perceived would ease the stress associated with ensuring that their most immediate and basic needs were met. Each woman indicated that she trusted implicitly her judgement in what she needed to do to ease the demands of coping with the major transition. In terms of strategies adopted, most significant was seeking out supportive relationships. Nevertheless, it must be said that knowledge of life transition processes may well play a part in such active decision-making.

In this context, the findings of the present study suggest that the Transition Model may need to be presented more than once, together with such modifications otherwise outlined above, thus supporting Pearson's (personal communications, October 11, 1999, February 9, 2000) central proposal that several exposures to the model is necessary in order that its complexity may be fully appreciated and understood.

CHAPTER NINE

IMPLICATIONS AND CONCLUSIONS OF THE PRESENT STUDY

The key findings of the present study had implications for practice, relevant theory and future research in a number of areas. The implications and conclusions of the study are outlined in this chapter.

9.1 Implications for practice

The findings detailed in Chapters Six, Seven and Eight have implications for practice in terms of the application of the Transition Model with NMAA, but also more broadly concerning public education and interventions designed to assist women experiencing transition.

9.1.1 Implications for practice concerning application of the Transition Model with NMAA

A number of implications for the future delivery of the Workshop material have been generated, and these are considered below in light of the limitations of the study as set out in Section 8.1 of Chapter Eight. The small trainee and Trainee Adviser sample size accessed in this study mean that the findings cannot be generalised in any sense, which indicates that it would be advisable that further development of the Transition to Motherhood Workshop, with respect to people associated with the NMAA, be evaluated on a broader, representative sample base.

The implications outlined below address two broad areas, namely, the Workshop delivery to trainee Breastfeeding Counsellors, and the usefulness of the Transition Model.

9.1.1.1 Workshop delivery to trainee Breastfeeding Counsellors

Implications of the findings concerning the delivery of the Workshop to trainee Breastfeeding Counsellors are discussed as they relate to the context surrounding the Workshop presentation, presentation of the Workshop itself, and trainee participation.

9.1.1.1.1 Implications regarding the context of Workshop presentation

Overall, the findings highlight the importance of further Workshop presentations accommodating considerable variability in mothers of young children's perceptions and experiences of major transitions in their lives. Considerable variability was found in most aspects of the trainees' experiences and perceptions of major changes, and this influenced their evaluations of the usefulness of the Transition Model. This critical finding regarding the experiential context from which trainees evaluated the Workshop, suggested that future presentations would be enhanced by taking account of the likelihood that individuals will assess the usefulness of the Transition Model from different perspectives, including being influenced by perceptions of previous experiences of change, and so are likely to respond in different ways to the Workshop.

The findings of the research also revealed three implications about the organisational context in which the Workshop material is presented.

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Firstly, future presentations of the Workshop material to people associated with NMAA are likely to benefit from detailed discussion and consensus between the NMAA and the Workshop Presenter regarding the objectives for presenting the Workshop, and from a common understanding of all stakeholders' investments in the collaboration.

A second implication is that future presentations of the Workshop material to people associated with NMAA may benefit from the NMAA briefing the Workshop Presenter in some depth about NMAA as an organisation, the services it provides, and the nature and purpose of the group participating in the presentation. Of course, NMAA's extensive documentation would assist in this process.

Thirdly, future presentations of the Workshop material to people associated with NMAA would be enhanced by the Workshop Presenter understanding in greater detail the range of learning outcomes that trainees are expected to achieve through their participation in the training program. Specifically, information concerning the competencies that the NMAA expect to be addressed (fully or partially) by such a component of the training program would be of great value to the Workshop Presenter.

9.1.1.1.2 Implications regarding presentation of the Workshop

The findings of the present study revealed five implications regarding the presentation of the Workshop.

Firstly, it was apparent that the trainees would benefit from an understanding of the aim and context of the Workshop. It is therefore recommended that at the beginning of any future

Workshop presentation, the Workshop Presenter clearly state to the group the objectives of the presentation itself, how these objectives are seen to relate to the purpose of the group (for example, for trainee Breastfeeding Counsellors, how the objectives of the Workshop relate to the overall aim of the training to prepare trainees to work as Breastfeeding Counsellors), and if and how any follow-up work will or can occur. This might assist participants in orienting their learning more efficiently.

Secondly, the findings suggested that tailoring the Workshop to take account of a range of learning and personality styles might be beneficial in appealing to different participants. Hopson (1981) commented on such a requirement in the design of workshops relating to his transition model. It is therefore recommended that the Workshop Presenter cater to a range of learning and personality styles in order to maximise the likelihood of trainees gaining an understanding of the Transition Model. For example, the Workshop Presenter could distribute appropriate written material during and at the conclusion of the Workshop, and use visual aids throughout the Workshop.

A third implication is also concerned with enhancing clarity of the Workshop. The evaluation findings, supported by the present researcher's analysis of the Transition Model (Pearson, 1999), the latter as detailed in Sections 3.2 and 3.3 of Chapter 3, suggested that Workshop participants might benefit from sharper definitions of terms, particularly components of the Transition Model as they might relate to different change experiences. This could also provide a basis on which the assumptions and limitations of the model could be discussed and critiqued by Workshop participants.

Fourthly, a specific implication of the findings concerned the need to convey an accurate impression about the incidence of harmful outcomes associated with not coping with changes. Findings of the present study highlighted that three of the five trainees reported not coping for a significant period of time during their greatest turning point experience. However, their data suggested no evidence of the drastic "exit" responses depicted in Pearson's (1999) Transition Model. Indeed, it is possible that such exits are relatively rare. In future presentations of the Workshop therefore, it is recommended that the Workshop Presenter emphasise that most people emerge from transition well adjusted, and discuss how one may achieve this with respect of the Transition Model.

A final implication here concerned the logistics of the Workshop presentation. It is recommended that any future presentation of the Workshop be planned within an appropriate time allocation prior to the engagement. It is also recommended that the parties negotiate a venue, group size, start time and equipment requirements that are adequate to meet the objectives of the presentation, and to optimise the comfort of the Workshop Presenter.

9.1.1.1.3   Implication regarding trainee participation

A further implication of the evaluation findings relating to the delivery of the Workshop to trainee Breastfeeding Counsellors concerned trainee participation in discussion during the Workshop. It was apparent that some participants were uncomfortable, at least to some degree, in sharing their own experiences or thoughts with the Workshop group. It is therefore recommended that in future Workshop presentations, the Workshop Presenter implement strategies to ensure that quieter people among such a group of trainees are given reoccurring opportunities to contribute to all aspects of the discussion.

9.1.1.2   Usefulness of the Transition Model

Implications of the findings also concerned the usefulness of the Transition Model to trainees and to the work of NMAA, as well as the ongoing evaluation of future presentations of the model.

9.1.1.2.1   Implications regarding the usefulness of the Transition Model to trainees

The findings of the present study suggested that the usefulness of the Transition Model to trainees might be enhanced by more comprehensive exposure to the Transition Model, possibly in one or more follow-up Workshop sessions, and possibly accompanied by written take-home material. This accords with Pearson's (personal communications, October 11, 1999, February 9, 2000) central proposal that people's understanding of the Transition Model requires exposure to it a number of times, as detailed in Section 4.3.1.1 of Chapter Four. In this way, trainees could have greater opportunity to reflect on the considerable complexity of experience that Pearson (1999) sought to represent in the Transition Model.

A second implication related to the finding that the women in the present study found the Transition Model useful to different degrees. It is recommended that future presentations of the Transition Model include reference to the present finding that trainees varied in whether or not they would apply the Transition Model in understanding their own life. It should be stressed that the Transition Model is a way of conceptualising change, the usefulness of which varies on a personal basis depending upon the individual. Accordingly, the relevance of the Transition Model would be further enhanced by presenting it within the context of a

range of interventions that different people might find useful in understanding and coping with transitions in their lives.

9.1.1.2.2 Implications regarding the usefulness of the Transition Model to the work of NMAA

As discussed in relation to Workshop delivery in Section 9.1.1.1 above, the findings of the present study imply that, should the NMAA wish to promote the Transition Model material in the future to its groups, including Breastfeeding Counsellors and trainees, further negotiation between the NMAA and the Workshop Presenter would be necessary. With respect to the program for trainee Breastfeeding Counsellors, the Workshop material would be best tailored to fit within the set training program administered consistently throughout Australia under the responsibility of the NMAA Trainee Unit, in turn responsible to the Board of Directors, the national policy-making body of the NMAA (Nursing Mothers' Association of Australia, 1995a).

Further, if the Transition Model were to be incorporated by NMAA trainees as a framework to be used to assist clients and their babies, it is recommended that NMAA consider its place among various ways of conceptualising life changes relevant to the NMAA's clientele. Such consideration could also include identifying how the Transition Model might integrate with NMAA's own philosophy.

9.1.1.2.3   Implications regarding ongoing evaluation

Given the small trainee and Trainee Adviser sample size in the present study, it is recommended that future presentations of the Transition Model within the NMAA setting continue to be evaluated, using evaluation forms adapted from those developed for the present research so as to reflect the objectives of each presentation.

Further, in the event that the NMAA were to incorporate the Transition Model material into the training program of Breastfeeding Counsellors, it is recommended that future evaluations of the Transition Model within the NMAA setting be conducted with a broader and representative sample of participants than was possible in this study.

9.1.2   Implications for practice concerning public education and interventions designed to assist women experiencing transition

As well as having direct implications for the application of the Transition Model in the NMAA context, the findings of the present study suggest implications for practice more broadly. In implementing interventions designed to help women with major transitions in their lives, the findings have emphasised the importance of taking account of the unique and varied nature of individual women's experiences, including women's full range of experiences associated with the transition to motherhood. These findings were consistent with the evaluation findings of other interventions outlined in Section 2.3 of Chapter Two, that have drawn on qualitative research into individual women's experiences of the transition to motherhood, to build attention to psychological factors into healthcare approaches to preparation for the transition to motherhood and parenthood.

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Findings also highlighted that the individual trainees used past experiences of transition as a yardstick for their perceptions of subsequent changes. It appeared that this contributed to each trainee's perceptions of the impacts of subsequent changes in their lives. Importantly, when considering an intervention, the trainees' past experiences of change seemed to also contribute to their varied perceptions about the usefulness of the Transition Model to them in coping with future changes. Thus, the findings suggest that an intervention underpinned by an assumption that a specified change or transition has particular significance to an individual or to people generally, is likely to alienate at least some recipients. Acknowledging individual women's actual and varied experiences, including their different resources in coping with change, is more likely to promote engagement in the first instance.

This study emphasised the importance of taking account of what individual women perceive as helpful to them in coping with transitions that have dramatic impacts on their lives. It was suggested that greater understanding amongst health professionals and the community is needed, in order that women's experiences of such changes are validated, and that the decisions and actions taken by women to ameliorate the associated day-to-day stresses are supported and respected.

Further, another important finding was that regardless of the nature of any particular transition in life, the underlying coping mechanism involved these women taking an active role in selectively specifying and seeking out relationships and activities to ease the stress associated with the change. While requiring further empirical investigation, this finding could have relevance for the design and implementation of public education and healthcare approaches aimed at assisting people adjust to high impact changes at any stage. Concerning the transition to motherhood, greater understanding of the active mechanisms women use to

cope with major changes could inform policy makers and practitioners regarding programs

designed to assist women and families adjust to the changes associated with integrating a new

baby into their lives.

9.2   Implications for relevant theory

The present study calls for the further questioning of the predominant psychological theories

of human development of the twentieth century that assume that aspirations to individuation

and autonomy are the fundamental drivers of human development. As discussed in Chapter

One, Gilligan (1993), among others, has argued that considerable research from various

perspectives has suggested that the experience of relating is grounded in social

connectedness, and that this is fundamental to human development. The present study

highlighted the importance for each woman of engaging with supportive others in her quest to

cope actively with the transition identified as bringing the greatest impacts on her life. In this

context, three of the five women indicated that their experience of the transition prompted

personal growth and development at a deep level. Further, understanding of the underlying

mechanisms involved has been advanced. Consistent with Erikson's (1963) proposal that

developmental change involves moments of decision, the present study provided empirical

evidence that adjusting to such changes involved active and purposeful decisions by the

women to ameliorate the day-to-day stress associated with change.

The present study has also illuminated the importance of theoretical approaches that take

account of the individual context in which transitions occur, such as the broader

developmental and systemic approaches of Bronfenbrenner (1979) and Trickett and

Buchanan (1997). Such approaches are consistent with Wheaton and Gotlib's (1997) broad

definition of the term turning point, Hopson and Adams' (Hopson, 1981) and Schlossberg's (1981) emphasis on contextual influences in the application of their transition models, and with Leonard and Burns' (1999) proposition that the relative significance of change experiences is unique to individuals. The present study has particularly emphasised the importance of employing theoretical frameworks that incorporate individuals' perceptions of past experiences of transition. In this way, individuals' reactions to change may be understood in terms of both external and internal psychological factors. In relation to the latter, the experiential context from which individual trainees experienced changes had a substantial bearing on perceptions of subsequent transition experiences, as well as on perceptions of what might constitute a useful intervention in the successful management of change at the individual level.

The present study has further relevance to the growing body of literature, detailed in Chapter Two, that has emphasised the value of exploring the meaning that individual women give to their experiences, preferences and difficulties associated with the transition to motherhood. Findings here highlighted the importance of understanding individuals' perceptions of the transition to motherhood in relation to other changes they have experienced. Adopting a broader contextual view of women's lives would enhance theoretical formulations and models pertaining to the transition to motherhood.

In relation to theoretical aspects pertaining to Pearson's (1999) Transition Model, the findings of the present study bring several implications. Firstly, understanding of the Transition Model would be enhanced by clearer and more detailed explication of a number of aspects. These aspect include definition of the various components of the model, the principles and assumptions underlying the model, the psychological mechanisms by which

individuals pass from one phase of transition to the next, and relevant contextual influences. It is understood that Pearson (personal communication, October 11, 1999) was unaware of Hopson and Adams' (1977; Hopson, 1981) and Schlossberg's (1981) transition models when she was developing her Transition Model. However, in clarifying and developing her model further, it could be useful for Pearson to compare and contrast her model with these and other models, and, where useful, draw on them directly. Similarly, reference to the transition and turning point literature noted in Chapter One could be useful in formulating the broader theoretical context in which the Transition Model might be explicitly seated.

9.3   Implications for future research

Firstly, the present study has confirmed the value of the turning point approach, not only in identifying individuals' perceptions of important change experiences in their lives, but also in identifying individuals' perceptions of particular change experiences in relation to other people, and the impacts of one change on another. The findings underline the need to examine the experience of the transition to motherhood within the broader context of women's perceptions of change experiences throughout their lives. Future longitudinal research will assist in considering women's perceptions of change experiences across the life span. An exploration is warranted into mothers' individual perceptions of the transition to motherhood in relation to other changes in their lives, starting with pregnancy and at various points until old age. Continuities and discontinuities revealed across the life span could be further investigated.

The present findings also suggest specific further study of a number of areas. Firstly, understanding of identity development in women could be enhanced by exploration into

whether women's own perceptions of identity development concur with what researchers have observed. The meaning and implications of any differences could be examined. Secondly, exploration of the influence of previous experiences of change on subsequent experiences is warranted. A number of aspects are relevant here, including the impact of past experiences on subsequent experiences, the differences and similarities between these experiences, and the psychological processes involved. Thirdly, more research is required into understanding of coping mechanisms that underlie the strategies that individuals adopt in managing life changes. Research needs to focus on psychological processes as they relate to specific decisions taken to ease the stress associated with change, including the support derived from being in a relationship. Then, further research could investigate how this knowledge could be usefully applied.

Given the critical interaction between theory and research, such qualitative research into individual women's experiences could, in turn, contribute to theoretical development, particularly relating to aspects of adult development across the life span.

Future research regarding the Transition to Motherhood Workshop and the Transition Model needs to address sampling issues experienced in the present study. It would be ideal to evaluate the Workshop and the Transition Model with a representative sample of groups of trainee Breastfeeding Counsellors and Trainee Advisers with the NMAA. Taking into account the limitations detailed in Section 8.1 of Chapter Eight, the present Interview Schedule and questionnaires could be adapted and used. The inclusion of a post-workshop interview to explore with trainees any links between their experiences of major transitions in their lives, and their perceptions of the usefulness of the Workshop and the Transition Model, would give greater meaning to the trainees' evaluation material. Further, a longitudinal study

could assess the incidence that trainees applied the Transition Model to themselves and in their work as Breastfeeding Counsellors.

Critical to Pearson's (personal communications, October 11, 1999, February 9, 2000) central proposal that application of the Transition Model requires exposure to it several times during adolescence and adulthood, a longitudinal study could be devised with a group of adolescents in which they received exposure to the model, for example, every two years between the ages of 16 and 22, and the impact monitored at five yearly intervals for say 20 years. In addition, the findings of the aforementioned study of a representative sample of trainee Breastfeeding Counsellors could be compared with a matched sample of trainees exposed to the Transition Model several times. Such investigations could provide more specific indicators of for whom and when the Transition Model would be most suitably targeted.

Finally, on the matter of evaluation research more broadly, the present findings suggest that evaluations could be enhanced by gaining a detailed understanding of individual participants' perceptions of experiences relating to the subject of the evaluation. Exploration of possible links between individuals' perceptions of past experiences and those relating directly to the evaluation, could contribute insight into the meaning behind their assessments of the value of the program or intervention in question.

9.4   Conclusions

What distinguished the present study from others reported in the international literature was its focus on individual women's accounts of their experiences of the transition to motherhood in relation to other changes in their lives. The five mothers of young children in the present

study identified three different turning points as bringing the greatest change impact on their lives. Specifically, two reported the arrival of first baby, two nominated moving away from family of origin, and one identified taking a decision to change an undesirable situation as the turning point that had the greatest impact. Perceptions of the relative impacts of major transitions were influenced by previous experiences of change that acted as a yardstick for perceptions of the impacts of subsequent changes.

Further, it was revealed that aspects of the women's accounts of their experiences of their greatest turning points were linked to their evaluations of the usefulness of the Transition to Motherhood Workshop, an intervention designed by Ms Pauline Pearson to help women cope with the transition to motherhood. Specifically, perceptions of changes in sense of self and of coping performance seemed to have influenced the trainees' perceptions of the usefulness of the Transition Model. In this way, the experiential context from which the trainees perceived the Workshop was taken into account in the process of seeking to understand their evaluations of it.

Another important finding of the present study was the emergence of a specific coping mechanism adopted by all the women in response to their greatest turning points. Underlying all the strategies involved, the women drew attention to an active role in selectively specifying and seeking out relationships and activities they perceived would ease the day-to-day stress associated with the change.

Overall, the findings of the study strongly suggest that the future inclusion of the Transition Model in the training program for trainee Breastfeeding Counsellors would be worthwhile. This is particularly so as, on the basis of only one exposure to the Transition Model, most

trainees stated that they would like to incorporate it in their counselling work, and two of the five trainees stated their intention to use the model in their own personal lives. Future inclusion of the Transition Model in the training program for trainee Breastfeeding Counsellors would best involve several workshops.

Several significant, broad implications for practice in the NMAA context were identified. Firstly, further detailing of several aspects of the Transition Model is needed to clarify its assumptions, components and processes, as well as detailing of its limitations and of possible alternatives. Secondly, the contextual issues in which the Transition Model would be presented need to be taken into account, particularly experiential, organisational and training factors. Thirdly, NMAA's expectations and objectives for presenting the Transition Model, including the specific training outcomes to be addressed, would need to be incorporated into the presentation of the model. Fourthly, the broad theoretical and practice frameworks in which the Transition Model would be presented in the NMAA context need to be made explicit by NMAA. Fifthly, the most appropriate means of presenting the Transition Model, given the agreed objectives, would need to be decided. Also, the logistical issues associated with presenting the Transition Model identified during the present study would need to be resolved. Finally, ongoing evaluation of whether the objectives for presenting the Transition Model were being met should be planned from the outset.

This research has highlighted considerable diversity of experience amongst a small group of mothers of young children, and has revealed that any intervention presented to assist them in approaching difficult transitions in their lives needs to take account of their individual differences in perception, if it is to have broad appeal.

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INVITATION TO PARTICIPATE IN RESEARCH (trainee)

Plain language statement verbally presented by the researcher to the meeting of potential participants.

I'd first like to thank you all for welcoming us here tonight. As Karen said I'm a postgraduate student in Clinical Psychology at Victoria University, and Pauline is the Manager of Counselling at Doncare. As you no doubt know, Doncare is one of Melbourne's leading counselling agencies. It is a community based organisation (like Nursing Mothers'), based in Doncaster, which recruits and trains volunteers to provide a counselling service to people in this local community. Your next training meeting will be a Workshop presented by Pauline.

The reason we're here is to invite you all to be part of an exciting evaluation project that I'm doing in partnership with Nursing Mothers' Association of Australia and Doncare. Pauline has developed a Model aimed at helping people understand and cope with change in their lives. Pauline will be presenting the model to four different groups of people - Year 11 peer mentors for new Year 7 students; trainee Breastfeeding Counsellors of the Nursing Mothers' Association of Australia (such as yourselves); women who attend a community seminar on coping with menopause; and retirees who participate in selected University of the Third Age classes. Pauline has asked Victoria University to evaluate the usefulness of the intervention with trainee Breastfeeding Counsellors. This is what I'm doing as part of my study.

Now, the reason we're here tonight is to invite you to participate in the evaluation of the Workshop next month. I'd like to make very clear from the outset that all of you are welcome, and indeed encouraged, to attend the Workshop whether or not you choose to participate in the research or not. We understand that you are all very busy people with plenty of commitments and that you may or may not be able to participate in the evaluation. I'd also like to make it clear that participating in the evaluation is not a requirement of your training to become Breastfeeding Counsellors. Involvement in the research is voluntary. If you choose not to participate in the research your involvement with the Nursing Mothers' will not be affected in any way.

So what does the evaluation involve? As I mentioned, the Workshop will be held on the night of *(insert date)*. I'm looking for volunteers who would be happy to:

- complete two short questionnaires, and participate in a 1½ hour interview before the Workshop (in a place that is suitable to you);
- attend the Workshop; and
- complete a Workshop evaluation.

All up, I anticipate a time commitment of no more than 2½ hours outside the Workshop.

We're expecting that you would enjoy being involved in the research. In the interview, I would be inviting you to reflect on your experiences and views about making positive adjustments to big changes in life. This is not expected to be distressing in any way. But should a participant wish to take such reflection further, I could assist in suggesting ways of doing this.

As I said earlier, participation is entirely voluntary, and your written consent is needed. Your permission can be withdrawn at any time. You would not have to explain why and there would be no consequences as far as your involvement in the Workshop or with Nursing Mothers' is concerned.

I would like to audiotape interviews so that I don't miss anything that participants say. However, interviews will only be audiotaped with the participant's consent. If you do not want to have the interview taped, you may still participate in the evaluation. I would also like to observe and audiotape the presentation of the Workshop. Observation and recording of the Workshop will proceed only with the written consent of all participants. If any person attending the Workshop does not feel comfortable with me observing it, I will not attend and the Workshop will not be recorded.

The study is confidential and information that I collect during the research will be kept anonymous. The information will be identifiable only to the researchers, that's me and my supervisor, Dr Suzie Dean. I will use a master list linking names to research numbers, and then only use the numbers on the information collected during the research. Participants' names will not be used in any reports of the research. All of the research information will be

kept securely in a locked filing cabinet, and audiotapes will be erased after the University regulation time of five years.

I have an information sheet about the research for everyone. *(Researcher gives out Appendix B to all trainees.)*

Do you have any questions about the evaluation?

Where to from here?

For reasons of confidentiality, I'm not going to ask you to commit to participate in the research tonight - we don't want anyone to feel obliged. Rather, what I'd like to do is speak with each of you individually about the Workshop and the evaluation, so that you have every opportunity to discuss any issues of concern before deciding whether or not to participate.

There may be some people who are unable to participate in the whole evaluation, but who would like to attend the Workshop. I need to speak with you too to discuss whether or not you are happy for me to observe and tape the Workshop. No-one will be asked to consent to anything that doesn't feel fully comfortable.

What I'd really appreciate is your writing your name and telephone number on the piece of paper on your chair and putting it in this envelope that I'll pass around. Then, I will call each of you in the next week to discuss this invitation.

(Researcher collects the envelope with the names and telephone numbers from the group.)

Thank you for considering this invitation.

INFORMATION FOR RESEARCH PARTICIPANTS (trainee)

Please keep this for your information.

The aim of the research is to increase understanding of the thoughts and feelings people have about changes they have experienced in their lives, and to evaluate the usefulness of an intervention designed to help people cope better with change.

The intervention to be evaluated is a Model developed by Pauline Pearson of Doncare. The Model will be evaluated with four groups of people - Year 11 peer mentors for new Year 7 students; trainee Breastfeeding Counsellors of the Nursing Mothers' Association of Australia (NMAA); women who attend a community seminar on coping with menopause; and retirees who participate in selected University of the Third Age classes. Victoria University will evaluate the usefulness of the intervention with trainee Breastfeeding Counsellors.

I am conducting the evaluation on behalf of Doncare, as part of my work towards a Master of Clinical Psychology at Victoria University.

You would be asked to:

- complete two short questionnaires, and participate in a 1½ hour interview before the Workshop;
- attend the Workshop; and
- complete a Workshop evaluation.

All up, a time commitment of no more than 2½ hours outside the Workshop is anticipated.

Participation is designed to be enjoyable, with the interview involving reflection on positive adjustment to big changes in life. The interview is not likely to be stressful. However, should a participant wish to take reflection further, the researcher could refer her to an appropriate service.

Participation is entirely voluntary, and your written consent is needed. Your permission can be withdrawn at any time without you having to explain why, and without this affecting your involvement in the Workshop or with NMAA in any way.

I would like to audiotape interviews, and observe and audiotape the Workshop. Interviews will only be audiotaped with each participant's consent. Observation and recording of the Workshop will go ahead only with the written consent of all participants. The study is confidential and information collected by me will be kept anonymous. The information will be identifiable only to the researchers using a master list linking names to research numbers.

Participants' names will not be used in any reports of the research. All of the research information will be kept securely in a locked filing cabinet, and audiotapes will be erased after the University regulation time of five years.

Jacinta Bleeser
Researcher

Any queries about your participation in this project may be directed to the researcher Jacinta Bleeser or to the research supervisor Associate Professor Suzanne Dean, both at Victoria University Psychology Department on 9365 2336.

If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University, PO Box 14428 MCMC, Melbourne, 8001 (Telephone: 03 9688 4710).

CONSENT FORM (trainee)

Please complete this consent form to be collected by the researcher.

I, ...*[name]*

of ....*[address]*

certify that I am at least 17 years of age and that I am voluntarily giving my consent to participate in the research titled *Turning Points in the Lives of Mothers: A Pilot Evaluation of the Transition to Motherhood Workshop.* The research is being conducted by Jacinta Bleeser of Victoria University.

I certify that the aim and the nature of the research have been fully explained to me by the researcher, and that I have had the opportunity to have any questions answered.

I have been informed that the study is confidential and that my name will not appear in any report. I also know that I can withdraw from this research at any time without having to explain why, and that this would not affect my involvement in the Workshop or with the Nursing Mothers' Association of Australia.

I consent to: *(please indicate your consent by crossing out the words that do not apply)*

• completing 3 questionnaires	consent	no consent
• participating in an interview	consent	no consent
• having my interview audiotaped	consent	no consent
• having the Workshop observed and audiotaped	consent	no consent

Signed: ....

Date: ....

BACKGROUND INFORMATION FORM

1. What is the postcode of the place you live? ....

2. What is your date of birth? ....

3. What is your age? ....

4. What is your country of birth? ....

5. What is the main language spoken at home? ....

6. Please indicate your highest completed qualification by circling the appropriate box:

Secondary school Yrs completed:	Certificate (TAFE or other)	Tertiary degree	Tertiary postgraduate degree

7. With regard to your training to become a Breastfeeding Counsellor with Nursing Mothers' Association of Australia, please indicate the level of training you have completed to date by circling the appropriate box:

Beginner	Green Level	Yellow Level	Pink Level

8. When do you anticipate finishing your Breastfeeding Counsellor training? ....

9. Please complete the following statement by circling the appropriate box:

I am ...

Single	Married	Partnered	Separated	Divorced	Widowed

10. How many children do you have? ....

11. Please complete the following table regarding your child/ren:

	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6
Date of Birth:						
Age:						
Sex:						
Adopted / biological / step / foster:						

12. **Are you the person in your family with primary responsibility for caring for the children?**
Yes / No *[Please circle]*

13. **Are you the person in your family with primary responsibility for the domestic duties?**
Yes / No *[Please circle]*

14. **Are you in paid employment?**
Yes / No *[Please circle]*

If *Yes*, how may hours per week? .... What is your occupation? ....

If *No*, have you ever been in paid employment?
Yes / No *[Please circle]*

If Yes, what was your occupation? ....

15. **If you are married / partnered:**
Is your partner in paid employment?
Yes / No *[Please circle]*

If *Yes*, how may hours per week? .... What is his / her occupation? ....

If *No*, has he / she ever been in paid employment?
Yes / No *[Please circle]*

If Yes, what was his / her occupation? ....

16. **Please indicate your current <u>individual</u> gross income (including pensions and allowances) by circling the appropriate box. Weekly amounts appear first and annual amounts appear in brackets.**

Negative income	Nil income	$1 - $39 *($1 - $2,079)*	$40 - $79 *($2,080 - $4,159)*
$80 - $119 *($4,160 - $6,239)*	$120 - $159 *($6,240 - $8,319)*	$160 - $199 *($8,320 - $10,399)*	$200 - $299 *($10,400 - $15,599)*
$300 - $399 *($15,600 - $20,799)*	$400 - $499 *($20,800 - $25,999)*	$500 - $599 *($26,000 - $31,199)*	$600 - $699 *($31,200 - $36,399)*
$700 - $799 *($36,400 - $41,599)*	$800 - $999 *($41,600 - $51,999)*	$1000 - $1,499 *($52,000 - $77,999)*	$1,500 or more *($78,000 or more)*

17. Please indicate your current <u>household</u> gross income (including pensions and allowances) by circling the appropriate box. Weekly amounts appear first and annual amounts appear in brackets.

Negative income	Nil income	$1 - $39 *($1 - $2,079)*	$40 - $79 *($2,080 - $4,159)*
$80 - $119 *($4,160 - $6,239)*	$120 - $159 *($6,240 - $8,319)*	$160 - $199 *($8,320 - $10,399)*	$200 - $299 *($10,400 - $15,599)*
$300 - $399 *($15,600 - $20,799)*	$400 - $499 *($20,800 - $25,999)*	$500 - $599 *($26,000 - $31,199)*	$600 - $699 *($31,200 - $36,399)*
$700 - $799 *($36,400 - $41,599)*	$800 - $999 *($41,600 - $51,999)*	$1000 - $1,199 *($52,000 - $62,399)*	$1,200 - $1,499 *($62,400 - $77,999)*
$1,500 - $1,999 *($78,000 - $103,999)*	$2,000 or more *($104,000 or more)*		

Thank you very much for taking the time to complete this form.

I will collect it when we meet for the interview.   Jacinta Bleeser

INTERVIEW SCHEDULE

(Incorporating aspects of interviews developed by Leonard and Burns (1999), McAdams (1985), and Wethington, Cooper and Holmes (1997).)

The researcher is to ask all participants the following questions in the manner described.

Introduction

Thank you for agreeing to participate in this study. I am interested in how people of different ages and stages of life cope with change. I would appreciate you answering the questions I have prepared about how changes in your life affected you and how you coped. The information that I gather will help understand more about how people cope with change in their lives. It is hoped that the learnings of this study will help Doncare and others better meet the needs of people in the future. I value your opinions and experiences, and hope that you feel free to share them with me.

Part 1

This *(researcher shows the participant Appendix 7)* is what I call an Events Chart. Across the top here I've listed seven different areas of people's lives - occupation, family, relationships, social networks, financial, health and other. Down the side here we have time - 40 years. Your year of birth is 'x'. I'll write it in the spot here, and that means that these dates are as follows *(researcher fills in all dates on timeline)*. This is your age at each of those years *(researcher completes as appropriate)*, and this year is here - you're 'y' years of age. Is that correct?

What I'd like you to do, is to remember your life as well as you can, and tell me the key events of each of these areas of your life. I'll record them on the Events Chart. *(The researcher records all key events for each area of life as nominated by the participant.)*

Part 2

Looking at your Events Chart, I would like you to spend some time thinking about your life as a whole - its past and present. It's helpful to imagine your life as a book, and each of its major parts as a chapter of the book. Clearly your book is not finished, however there probably are some completed chapters. Please provide names for each of the chapters and describe the content of each. Highlight any turning points that may mark the end of one chapter and the beginning of another. *(The researcher records the chapters and turning points identified by the participant on the Events Chart.)*

(For each turning point identified the following questions will be asked:)

Please tell me a little about that situation.

Was there a particular event that brought this on?

When did that happen?

Was it expected or unexpected?

Part 3

You've identified *(researcher points to the Events Chart)* a number of turning points in your life. Which one of those turning points caused the greatest change impact on your life? *(The researcher marks the turning point identified with a ①.)*

How did this turning point change your view of yourself?

What changed about you because of this experience?

What sort of impact has this had on your important relationships?

(Adapt as appropriate) How has this changed your commitment to your job?

Has this changed the way you look at the world? Other people?

How did you cope with the change?

What did you do (or occurred) to help cope with the change?

What was most helpful in coping with the change?

What was unhelpful? *(Identify most unhelpful.)*

What might have been helpful?

How well do you feel that you coped with the change? On a scale of 1 to 10 (where 1 is 'poor' and 10 is 'very well') how would you rate yourself?

1	2	3	4	5	6	7	8	9	10
Poor									Very well

(If the participant does not identify becoming a mother as the turning point which caused the greatest change impact on her life (①), she will be asked which turning point had the next greatest change impact on her life (to be marked ②). If the transition to motherhood is identified, the above questions will be asked. The participant will also be asked how her experience of the transition to motherhood compared with turning point①. If the transition to motherhood is not identified, the participant will be asked to discuss the transition to motherhood relative to the two turning points identified as having caused the greatest change impacts on her life.)

Generally, thinking about changes you've experienced in your life, how well do you see you have coped with the changes? On a scale of 1 to 10 (where 1 is 'poor' and 10 is 'very well') how would you rate yourself?

1	2	3	4	5	6	7	8	9	10
Poor									Very well

Thank you very much for your time today, and I look forward to seeing you at the Workshop.

Participant research number: ....

EVENTS CHART

TIMELINE		AREAS OF LIFE						
Year	Age	Occupation	Family	Relationships	Social Networks	Financial	Health	Other
19__	Birth							
19__	5 yrs							
19__	10 yrs							
19__	15 yrs							
19__	20 yrs							
19__	25 yrs							
19__	30 yrs							
19__	35 yrs							
19__	40 yrs							

WORKSHOP EVALUATION FORM (trainee)

Please circle the most appropriate box and write answers to questions as required.

1. **How much has this Workshop contributed to improving your understanding of life changes and how people cope with them?**

    1   2   3   4   5   6   7   8   9   10
    Not at all   Very much

2. **How relevant was the Workshop to your training to become a NMAA Breastfeeding Counsellor?**

    1   2   3   4   5   6   7   8   9   10
    Not relevant   Very relevant

    Please comment...

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3. **How would you rate the presentation of the Workshop?**

	Unsatisfactory	Satisfactory	Good	Very good	Excellent
Clear and focused	1	2	3	4	5
Pace of Workshop	1	2	3	4	5
Engaging	1	2	3	4	5
Level of Interaction	1	2	3	4	5
Visual aids / handouts	1	2	3	4	5

4. **How comfortable did you feel sharing your thoughts with the Workshop group?**

    1   2   3   4   5   6   7   8   9   10
    Not comfortable   Very comfortable

5. **How easy / difficult was the Model to understand?**

Very difficult	Difficult	Easy	Very Easy

6. **How helpful was the Model to you in understanding yourself and the changes you have gone through?**

Not at all helpful	Slightly helpful	Quite helpful	Very helpful

7.   How applicable to your own experience of becoming a mother was the Model?

Not at all applicable	Slightly applicable	Quite applicable	Very applicable

8.   Describe 3 key aspects of the Model as you understand it.

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9.   What 3 aspects of the Model did you find most helpful? Why?

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10.   What 3 aspects of the Model did you find most unhelpful? Why?

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11.   Describe your 3 key learnings from the Workshop.

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12.   Since you have heard about the Model, would you like to be able to alter the ways you coped with change in the past?

Yes / No

If *Yes*, what would you do differently? If *No*, why?

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13. When you go through periods of change in the future, do you think you will use anything you learned from the Model?

Yes / No

If *Yes*, what? If *No*, why?

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14. When considering your future role as a Breastfeeding Counsellor, do you think you will use the Model in your work?

Yes / No

If *Yes*, in what way? If *No*, why?

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15. Please make any additional comments about the Workshop and / or the Model (benefits, criticisms, hints, recommendations, etc.).

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Thank you very much for taking the time to complete this questionnaire.

Please return it as soon as possible in the stamped addressed envelope to:

Jacinta Bleeser, 17 Maclean Street, Williamstown   VIC   3016

INVITATION TO PARTICIPATE IN THE EVALUATION OF THE TRANSITION TO MOTHERHOOD WORKSHOP
Trainee Adviser & Workshop Presenter

Please keep this for your information.

The aim of the research is to increase understanding of the thoughts and feelings people have about changes they have experienced in their lives, and to evaluate the usefulness of a Workshop designed to help people cope better with change.

As you are aware, the Workshop is being delivered to four groups of people as part of the Doncare Transition Project - Year 11 peer mentors for new Year 7 students; trainee Breastfeeding Counsellors of the Nursing Mothers' Association of Australia (NMAA); women who attend a community seminar on coping with menopause; and retirees who participate in selected University of the Third Age classes.

As you are also aware, I am conducting the evaluation of the usefulness of the Workshop to trainee Breastfeeding Counsellors on behalf of Doncare, and as part of my work towards a Master of Clinical Psychology at Victoria University.

I would like to invite you to participate in the evaluation. The invitation acknowledges the possibility that you may wish to contribute your views to the overall evaluation of the Workshop. This would require you to complete the accompanying Workshop Evaluation Form which will take approximately 40 minutes of your time.

Completing the questionnaire is not likely to be stressful. However, should you wish to take reflection further, the researcher could refer you to an appropriate forum.

As participation is entirely voluntary, your written consent is needed. Clearly, you are entirely at liberty to choose whether to complete the questionnaire or not. It is important to stress that since you are the only Workshop Presenter / Trainee Adviser, the information that you would provide in the questionnaire cannot be kept confidential. The thesis / reports pertaining to the

evaluation will clearly identity those involved in making the Workshop available to the trainee Breastfeeding Councillors. Therefore, under these circumstances, if you decide not to proceed with completing the questionnaire, your decision will be understood and respected unreservedly. Further, if you decide to complete the questionnaire, you can withdraw your permission to the researcher to use your information prior to the release of the thesis / reports pertaining to the evaluation of the Transition to Motherhood Workshop.

Jacinta Bleeser
Researcher

Any queries about your participation in this project may be directed to the researcher Jacinta Bleeser or to the research supervisor Associate Professor Suzanne Dean, both at Victoria University Psychology Department on 9365 2336.

If you have any queries or complaints about the way you have been treated, you may contact the Secretary, University Human Research Ethics Committee, Victoria University, PO Box 14428 MCMC, Melbourne, 8001 (Telephone: 03 9688 4710).

CONSENT FORM
Trainee Adviser & Workshop Presenter

Please complete this consent form and return it to the researcher in the stamped addressed envelope.

I, ...*[name]*

of ....*[address]*

certify that I am at least 17 years of age and that I am voluntarily giving my consent to participate in the research titled *Turning Points in the Lives of Mothers: A Pilot Evaluation of the Transition to Motherhood Workshop.* The research is being conducted by Jacinta Bleeser of Victoria University as part of the Doncare Transition Project.

I certify that the aim and the nature of the research have been fully explained to me by the researcher, and that I have had the opportunity to have any questions answered.

It has been explained to me that due to the nature of my role in the Doncare Transition Project, my anonymity cannot be preserved in the documentation related to the research. I know that I can withdraw from the research at any time without having to explain why, and that my decision to do so would be respected unreservedly. I understand that this also means that I can withdraw my permission for the researcher to discuss the information I provide in the thesis / reports pertaining to the evaluation. I understand that I can withdraw this permission at any time after completing the questionnaire and prior to the release of the thesis / reports pertaining to the evaluation.

I hereby freely consent to completing one questionnaire and to having the information I provide discussed in the thesis / reports pertaining to the evaluation of the Transition to Motherhood Workshop.

Signed: ....

Date: ....

WORKSHOP EVALUATION FORM
Trainee Adviser

Please circle the most appropriate box and write answers to questions as required.

1. How relevant was the Workshop to the training requirements of trainee Breastfeeding Counsellors?

1	2	3	4	5	6	7	8	9	10
Not relevant							Very relevant		

    Please comment

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2. How would you rate the presentation of the Workshop?

	Unsatisfactory	Satisfactory	Good	Very good	Excellent
Clear and focused	1	2	3	4	5
Pace of Workshop	1	2	3	4	5
Engaging	1	2	3	4	5
Level of Interaction	1	2	3	4	5
Visual aids / handouts	1	2	3	4	5

3. How comfortable do you think the trainees felt sharing their thoughts with the Workshop group?

1	2	3	4	5	6	7	8	9	10
Not comfortable						Very comfortable			

4. How easy / difficult do you think the Transition Model, presented at the Workshop, was for trainees to understand?

Very difficult	Difficult	Easy	Very Easy

5. As the Trainee Adviser, what were your objectives in including the *Transition to Motherhood Workshop* in the training program for trainee Breastfeeding Counsellors? *(Please list any number of your objectives below.)*

    Objective 1 ....

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Objective 2...

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Objective 3...

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Objective 4...

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Objective 5...

....

6.   Was Objective 1 met?

1	2	3	4	5	6	7	8	9	10
Not at all met								Fully met	

7.   Was Objective 2 met?

1	2	3	4	5	6	7	8	9	10
Not at all met								Fully met	

8.   Was Objective 3 met?

1	2	3	4	5	6	7	8	9	10
Not at all met								Fully met	

9.   Was Objective 4 met?

1	2	3	4	5	6	7	8	9	10
Not at all met								Fully met	

10.   Was Objective 5 met?

1	2	3	4	5	6	7	8	9	10
Not at all met								Fully met	

11.   Please add any additional comments related to Questions 5 – 10.

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12. **Which aspects of the Transition Model, presented at the Workshop, do you consider relate to NMAA's:**

   Purpose: "To empower women to breastfeed"?

   ....

   ....

   Vision: "We will be the recognised authority on breastfeeding information, management and support"?

   ....

   ....

   Aims: "To provide factual information for all women to make informed choices about feeding their babies and their parenting styles"?

   ....

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   "To be active participants in government inquiries and committees concerning breastfeeding, and provide input into government policy development"?

   ....

   ....

   "To give women confidence in themselves as women and mothers, through skill acquisition, community networks and positive role models"?

   ....

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   "To create an awareness in the community of the importance of human milk, breastfeeding and nurturing"?

   ....

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   "To work with health professionals and others in the community to provide an optimum environment for women to establish and continue breastfeeding"?

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13. **The NMAA's 'Statement of Outcomes' for trainee Breastfeeding Counsellors is attached to this questionnaire. Please indicate by circling the appropriate bullet points on the attached 'Statement of Outcomes', those outcomes that were addressed by the Workshop.**

14. What do you think the applicability of the Transition Model, presented at the Workshop, is to the five aspects about which mothers most frequently seek counselling or information from NMAA's Breastfeeding Counselling Services?

Reassurance	1	2	3	4	5	6	7	8	9	10
	Not applicable							Very applicable		

Feed frequency	1	2	3	4	5	6	7	8	9	10
	Not applicable							Very applicable		

Positioning & attachment	1	2	3	4	5	6	7	8	9	10
	Not applicable							Very applicable		

Low supply	1	2	3	4	5	6	7	8	9	10
	Not applicable							Very applicable		

Hand expressing	1	2	3	4	5	6	7	8	9	10
	Not applicable							Very applicable		

15. In your view would an understanding of the Transition Model be helpful to trainee Breastfeeding Counsellors?

Yes / No

Please comment

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16. When considering the trainees' future role as Breastfeeding Counsellors, do you think there would be any benefit/s in using the Transition Model in their work?

Yes / No

If *Yes*, in what way/s? If *No*, why?

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17. When considering the trainees' future role as Breastfeeding Counsellors, do you think they will use the Transition Model in their work?

Yes / No

If *Yes*, in what way? If *No*, why?

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18. Do you think it would be useful for NMAA to introduce the Transition Model into the training of Breastfeeding Counsellors in the future?

Yes / No

Please comment

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If *Yes*, indicate at what stage?

During training	Post training

19. If you answered *Yes* to Question 18, how do you think the Transition Model would be best presented and conveyed to Breastfeeding Counsellors in the future?

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20. Do you think that an understanding of the Transition Model would be beneficial to other people associated with NMAA?

Yes / No

Why? If *Yes*, who?

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21. In hindsight, would you advise Ms Pauline Pearson to have presented the Workshop the same or differently?

Same / Differently

Please comment. Why?

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22. **Please make any additional comments about:**

a) the Workshop and the Transition Model;

b) the relevance of the Workshop and the Transition Model to the training of Breastfeeding Counsellors; and

c) the relevance of the Workshop and the Transition Model to the work of NMAA

(benefits, criticisms, hints, recommendations, etc.).

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Thank you very much for taking the time to complete this questionnaire.

Please return it as soon as possible in the stamped addressed envelope to:

Jacinta Bleeser, 6 Raleigh Street, Spotswood   VIC   3015

STATEMENT OF OUTCOMES

The following are the statements of outcomes for all the Training assignments, which have been developed by the Trainee Counsellor Working Group and approved by the Board. They will be attached to all future Training Kits sent out, each at the start of the relevant assignment. The will also be published in the next Trainee Broadsheet, so that all current Trainees can have them. We are now working on a compressed version of these to be suitable for inclusion in a CV. This will be published in the Manual.

STATEMENT OF OUTCOMES - GREEN LEVEL ASSIGNMENT

By successfully completing this assignment you will have demonstrated that you are able to:

- Identify the main sections of the NMAA Code of Ethics

- Recognise the NMAA Policy Statement on Breastfeeding

- Understand the principle of supply and demand that operates in human lactation

- Explain the let-down reflex in simple terms to a mother

- Provide examples of the important factors in successful breastfeeding

- Describe practical techniques for increasing the milk supply

- Identify the signs which indicate baby is receiving an adequate supply

- Describe the normal bowel motions of a fully breastfed baby

- Understand the correct method of removing the baby from the breast

- Apply your knowledge of the benefits of breastfeeding to produce a chart/poster for teenagers

STATEMENT OF OUTCOMES - YELLOW LEVEL ASSIGNMENT 1

By successfully completing this assignment you will have demonstrated that you are able to:

- Recognise current NMAA handout literature

- Understand NMAA's Nipple Shield Policy

- Outline the type of diet a breastfeeding mother requires including substances to avoid or limit

- Produce a simple diagram of the internal structures of the breast of relevance to lactation

- Explain how the breasts produce and release milk

- Recognise the value of preparation for breastfeeding during pregnancy

- Identify some ways in which pregnant women can prepare for breastfeeding

- Distinguish between flat and inverted nipples

- Provide suggestions to a mother whose baby has difficulty attaching to the breast, or to prevent nipple soreness in the early days

- Distinguish between the content of a statement and the feelings underlying it

- Identify possible feelings underlying mothers' statements

Training Personnel Broadsheet...contd

- Respond to mothers' feelings using empathy

- Explain how you will make mothers welcome at their first NMAA meeting

- Describe the important services provided by NMAA for a new mother

- Know the costs and benefits of Membership of the Association

- Apply your knowledge of NMAA's Code of Ethics to a financial problem

STATEMENT OF OUTCOMES - YELLOW LEVEL ASSIGNMENT 3

By successfully completing this assignment you will have demonstrated that you are able to:

- Distinguish between advice and suggestions in a counselling situation

- Identify where your own values may differ from those of the mothers you will be counselling

- Reflect a mother's possible feelings

- Apply your knowledge of NMAA's Code of Ethics to counselling a mother who wishes to wean, encouraging a mother who is no longer breastfeeding but wishes to attend meetings, and to responding to media questions on matters other than breastfeeding.

- Explain how a woman can be away from her baby for significant amounts of time and continue to breastfeed

- Outline the principles of hygienic collection, storage and use of breastmilk ·

- Describe hand expressing of breastmilk

- Provide practical suggestions for weaning a baby or toddler from the breast

- Identify suitable resources for mothers who wish to wean or are returning to the paid work force

- Summarise the signs of baby's readiness for the introduction of foods other than milk

- Explain the nature of a distractible baby and the consequences to a breastfeeding mother

- Provide suggestions to assist with successfully breastfeeding a distractible baby

- Recognise the assistance a Trainee can give to a Group Leader during Group discussions

STATEMENT OF OUTCOMES - YELLOW LEVEL ASSIGNMENT 4

By successfully completing this assignment you will have demonstrated that you are able to:

- Explain the importance of feeding a baby during the night

- Understand the range of causes for babies waking at night

- Provide suggestions for settling a baby during the night and for helping family members to manage the situation

- Apply your knowledge of NMAA's Code of Ethics to matters of confidentiality and medical advice

- Understand the importance of Members to the Association and identify ways to maintain their interest

- Prepare and lead a Group discussion meeting

STATEMENT OF OUTCOMES - YELLOW LEVEL ASSIGNMENT 5

By successfully completing this assignment you will have demonstrated that you are able to:

- Recognise the flow of a counselling session; find out - explain - suggest

- Understand the variety of patterns of weight gain in the breastfed baby

- Identify the need for and different types of complementary feeds

- Explain the consequences of complementary feeding on the process of supply and demand

- Provide suggestions for managing the situation of medically necessary complementary feeds, and increasing and maintaining supply

- Recognise and respond suitably to a situation which requires medical intervention

- Understand the difficulties associated with hospitalisation of a breastfeeding mother

- Provide suggestions for managing the hospitalisation of a breastfeeding mother

- Identify resources both within NMAA and outside the Association available to those mothers who are of Non-English Speaking Background

- Summarise the methods you will utilise to ensure your own continuing breastfeeding education

- Understand the Association's policy on the use of its letterhead

Compose a letter of introduction of the Association and yourself as Group Leader for a local health professional, which reflects the standards and ethics of the Association

STATEMENT OF OUTCOMES - YELLOW LEVEL ASSIGNMENT 6

By successfully completing this assignment you will have demonstrated that you are able to:

- Apply your knowledge of questioning techniques to obtain information about a situation

- Recognise three of the main areas for the exploration of many breastfeeding problems: milk supply and feeding pattern, baby's health and behaviour, and mother's health and family situation

- Reassure mothers and encourage them to trust their judgement

- Support a woman's decisions with regard to her own life and family situation

- Understand the uncertainties of new mothers with crying babies

- Identify the possible reasons for a crying baby

- Provide suggestions to a mother who has an over abundant milk supply and a fast flow of milk, or a baby with discomfort, possibly due to wind or colic

- Provide practical ideas and resources which will assist all family members when there is a constantly crying baby in the house

- Understand the process of relactation

- Identify and assess a woman's motivation to relactate

- Explain the factors involved in relactation and the whole family's relationships

- Appreciate the difficulties of telephone counselling when you have distractions in your home

- Identify strategies you might use when your own children are home while you are counselling

- Know how to finish a counselling call appropriately

- Compare and tactfully explain the view of an NMAA policy when the expressed ideas of a guest speaker are different

STATEMENT OF OUTCOMES - PINK LEVEL ASSIGNMENT

By successfully completing this assignment you will have demonstrated that you are able to:

- Establish empathy with the mother

- Fully explore a breastfeeding situation presented to you, using suitable questioning techniques

- Provide appropriate reassurance to the mother

- Offer information and make practical suggestions in such a way as to enable the mother to make the best decisions for herself and her baby

- Suggest relevant NMAA reading material and other resources to the caller

- Follow up with offers of further support and information

- Summarise the main points of the counselling session

- Close the call suitably

WORKSHOP EVALUATION FORM
Workshop Presenter

Please circle the most appropriate box and write answers to questions as required.

1. **How relevant was the Workshop to the training requirements of trainee Breastfeeding Counsellors?**

1	2	3	4	5	6	7	8	9	10
Not relevant							Very relevant		

Please comment

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2. **How would you rate the presentation of the Workshop?**

	Unsatisfactory	Satisfactory	Good	Very good	Excellent
Clear and focused	1	2	3	4	5
Pace of Workshop	1	2	3	4	5
Engaging	1	2	3	4	5
Level of Interaction	1	2	3	4	5
Visual aids / handouts	1	2	3	4	5

3. **How comfortable do you think the trainees felt sharing their thoughts with the Workshop group?**

1	2	3	4	5	6	7	8	9	10
Not comfortable						Very comfortable			

4. **How easy / difficult do you think the Transition Model, presented at the Workshop, was for trainees to understand?**

Very difficult	Difficult	Easy	Very Easy

5. **As the Workshop Presenter, what were your objectives in including the *Transition to Motherhood Workshop* in the training program for trainee Breastfeeding Counsellors?** *(Please list any number of your objectives below.)*

Objective 1...

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Objective 2..

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Objective 3..

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Objective 4..

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Objective 5..

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6. **Was Objective 1 met?**

1	2	3	4	5	6	7	8	9	10

Not at all met   Fully met

7. **Was Objective 2 met?**

1	2	3	4	5	6	7	8	9	10

Not at all met   Fully met

8. **Was Objective 3 met?**

1	2	3	4	5	6	7	8	9	10

Not at all met   Fully met

9. **Was Objective 4 met?**

1	2	3	4	5	6	7	8	9	10

Not at all met   Fully met

10. **Was Objective 5 met?**

1	2	3	4	5	6	7	8	9	10

Not at all met   Fully met

11. **Please add any additional comments related to Questions 5 – 10.**

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12. **Which aspects of the Transition Model, presented at the Workshop, do you consider relate to NMAA's:**

Purpose: "To empower women to breastfeed"?

....

....

Vision: "We will be the recognised authority on breastfeeding information, management and support"?

....

....

Aims: "To provide factual information for all women to make informed choices about feeding their babies and their parenting styles"?

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"To be active participants in government inquiries and committees concerning breastfeeding, and provide input into government policy development"?

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"To give women confidence in themselves as women and mothers, through skill acquisition, community networks and positive role models"?

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"To create an awareness in the community of the importance of human milk, breastfeeding and nurturing"?

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....

"To work with health professionals and others in the community to provide an optimum environment for women to establish and continue breastfeeding"?

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13. **What do you think the applicability of the Transition Model, presented at the Workshop, is to the five aspects about which mothers most frequently seek counselling or information from NMAA's Breastfeeding Counselling Services?**

Reassurance	1 2 3 4 5 6 7 8 9 10
	Not applicable Very applicable

Feed frequency	1 2 3 4 5 6 7 8 9 10
	Not applicable Very applicable

Positioning & attachment	1 2 3 4 5 6 7 8 9 10
	Not applicable Very applicable

Low supply	1 2 3 4 5 6 7 8 9 10
	Not applicable Very applicable

Hand expressing	1 2 3 4 5 6 7 8 9 10
	Not applicable Very applicable

14. **In your view would an understanding of the Transition Model be helpful to trainee Breastfeeding Counsellors?**
Yes / No

Please comment

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15. **When considering the trainees' future role as Breastfeeding Counsellors, do you think there would be any benefit/s in using the Transition Model in their work?**
Yes / No

If *Yes*, in what way/s? If *No*, why?

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16. When considering the trainees' future role as Breastfeeding Counsellors, do you think they will use the Transition Model in their work?

Yes / No

If *Yes*, in what way? If *No*, why?

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17. Do you think it would be useful for NMAA to introduce the Transition Model into the training of Breastfeeding Counsellors in the future?

Yes / No

Please comment

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If *Yes*, indicate at what stage?

During training	Post training

18. If you answered *Yes* to Question 17, how do you think the Transition Model would be best presented and conveyed to Breastfeeding Counsellors in the future?

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19. Do you think that an understanding of the Transition Model would be beneficial to other people associated with NMAA?

Yes / No

Why? If *Yes*, who?

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20. In hindsight, would you have presented the Workshop the same or differently?
Same / Differently

Please comment. Why?

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21. **Please make any additional comments about:**
   a) the Workshop and the Transition Model;
   b) the relevance of the Workshop and the Transition Model to the training of Breastfeeding Counsellors; and
   c) the relevance of the Workshop and the Transition Model to the work of NMAA

   (benefits, criticisms, hints, recommendations, etc.).

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Thank you very much for taking the time to complete this questionnaire.

Please return it as soon as possible in the stamped addressed envelope to:

Jacinta Bleeser, 6 Raleigh Street, Spotswood   VIC   3015

SAMPLE DATA DISPLAY: ASSIGNING THEME SUMMARY DESCRIPTORS TO EMERGENT THEMES GROUPED

ACCORDING TO COMMON PSYCHOLOGICAL PHENOMENA

Trainees' changes in attitudes and perceptions of self (following the turning point identified as having had the greatest change impact) – most common to least common themes

Theme summary descriptor	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5
Drew on inner resources to become self-reliant adult independent of family of origin	Continued developing greater independence from family of origin	Drew on inner resources to learn how to move from being a dependent child to an independent adult			Became very independent and self-reliant establishing life in new city away from family and established friends
Realised inner strength, resourcefulness and ability to cope		Became stronger and more resourceful; gained realisation of own capacity *"to do anything"*		Gained confidence and strength in self; learned to trust own instincts (ie. gained confidence in perceptions and judgements)	Became self assured independent thinker less influenced by others, and gained confidence in ability to cope

Theme summary descriptor	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5
Changes in perception of self associated with new responsibility for the survival of a dependent other	Felt overwhelming responsibility for the survival of dependent other "…I'm responsible for somebody else that I can't just think about how something impacts upon my life, that I have to think about how impacts upon her life…" (p. 31 - 33)		Feelings about self changed: • Became simultaneously aware of own unique importance and subservience in meeting the needs of dependent baby "…in a way became subservient to this little creature who took over my life. But I also knew that I was really really important to him. If I didn't feed him he would die." (p. 23 - 24) • Became simultaneously less and more important "…I was both less important and more important. You know I was less important in that um I needed to put my own needs aside at times so that I could meet his needs first. On the other hand if I did that all the time and never met my own needs, um then I would go downhill, and he would also not be alright. So in order to put his needs first I sometimes had to put my needs first." (p. 24 – 26)		

Theme summary descriptor	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5
Greater understanding of other parents	Developed empathy with mothers *"I certainly look at mothers now with a whole different perspective than I ever did."* (p. 39 - 40)		Developed more respect for parents in difficult parenting role		
Consideration of the longer-term needs of the whole family in decision-making			Adopted longer term perspective on world in considering what was wanted for the whole family *"Yeh so not just looking at you know what what we want for ourselves as a couple or just as individuals, but what we want for the whole family."* (p. 27 - 28) An example sited was the importance of fostering close relationships between children and their cousins, aunts and uncles *"Friends come and go you know, but cousins you can't disown."* (p. 27 - 28)		Focus on providing the best for children meant conforming to a particular lifestyle
Became less sceptical				Became less sceptical about people and the world in general	

Theme summary descriptor	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5
Realised constant nature of parenting task	Realised constant nature of parenting task				
Became more relaxed to comply with the needs and pace of the baby	Became more relaxed to comply with the needs and pace of baby, including: • Less time conscious, surrendering adherence to time schedules • Less concerned with housework • More tolerant and flexible				
Perceived self in a new role influencing others to be aware of mothering issues that trainee had been ignorant about	Perceived self in new role influencing others to be aware of mothering issues trainee had been ignorant about				
Perceived that gained "membership" to a previously unknown world of "secret mother's business"	Perceived that gained "*membership*" to a previously unknown world of "*secret mother's business*" (p. 39 - 40)				

Theme summary descriptor	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5
Thought and felt differently, "from a mother's perspective"	Thought and felt differently, *"from a mother's perspective"* (p. 39) Two examples sited: 1. When viewed children in tragic situations on TV *"You see them from a mother's perspective thinking about, or projecting yourself into the situation sometimes about how you would cope or how traumatic that would be."* (p. 39 – 40) 2. In exercising vote, considered from *"a mother's perspective"* the impact of policies, seeking family friendly policies (p. 39 – 40)				

Italics denote a direct quote.
Page numbers indicate where the quote may be found in the interview transcript.