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The perception of the self as a sexual being is challenged by the experience of pregnancy. Included in the experience of pregnancy are issues with perceptions of the self, body image, transition into motherhood, and reconciliation of the self as a sexual being during pregnancy. Through a review of the research and other literature, this article focuses on the perceptions of the self as a sexual being during the latter stages of pregnancy. Findings are used to make recommendations for further research and the implications for women during pregnancy.

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Women: Pregnancy and Sexual Activity

by

Michelle Kilkenny

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Women: Pregnancy and Sexual Activity Introduction

The Topic

Pregnancy transcends culture, class, and race; a common thread between women, pregnancy is something that many women experience regardless of social location in life. Women who endure, enjoy, and experience pregnancy have stories about each pregnancy and about the process of becoming a mother. All cultures in the world have sacred pregnancy rituals, taboos, and ceremonies. Pregnancy represents many different things to many different cultures, and yet each pregnancy is unique, as is each meaning of pregnancy.

One common theme among women, during pregnancy, is that their own perception of themselves begins to change (Bailey, 1999; von Sydow, 1998). Many find the path into motherhood difficult to traverse. Pregnancy may begin one life, but drastically alters another. This alteration of the way women perceive themselves may cause women to examine all facets of their lives. Some women find it necessary to make changes within their lives and some do not. One of the areas under the most scrutiny is women's sexuality.

Women may find that they feel incredibly sexy or not sexy at all. According to Anne Semans and Cathy Winks (2001), "In any case, your body is undergoing enormous changes that are fundamentally sexual in nature, and you are engaged in a process that cannot fail to have an impact on your sexual self" (p.93). Women may find a new place in their lives for this new perception of self. Beliefs regarding sex during pregnancy differ throughout the world. Some cultures believe that intercourse can ease labor, while in some cultures intercourse is forbidden. In the United States,

there is not one set belief system about pregnancy and sex. There are, however, widely held assumptions that sex will cease during pregnancy (Semans & Winks, 2001; Kitzinger, 2000; Kenny, 1973; Morris, 1975).

Questions arise out of the assumptions that sex will cease during pregnancy. Why, when women become pregnant, would their participation in sexual activities disappear? If these women are publicly no longer virginal, as is assumed, why the stigma attached to pregnancy and sexual activity? Do women really feel that their sex lives have diminished or disappeared? Does pregnancy eradicate women's perceptions of themselves as sexual beings? What do women think about this topic? These are some of the questions that begin this research.

The Questions

As I began this research, I sought answers to questions I had about my own pregnancy experience. I asked about the methods women used to become pregnant... whether or not their pregnancy had been planned? I asked if pregnancy had altered the ways in which women felt about their bodies... if pregnancy had altered the ways women felt about themselves?

I also asked women to define sex. I asked what activities were included in their definitions of sex. My focus initially centered on how women felt about pregnancy and sexual activity. I quickly expanded this to include whether or not women felt that motherhood and sexual activity could be compatible. I realized that I could not ask about sex and pregnancy without asking about motherhood and sex. Women, who are in the second and third trimesters of pregnancy, feel the fetus moving, talk to the

fetus, and may even begin the naming process. Often, the fetus has become a baby to these women. At this phase of pregnancy many women consider themselves mothers. All of the women included in this study believed themselves to be mothers at this point in their pregnancies. I needed to know whom these women thought they were and why. These women focused on more than whether or not they perceived themselves as sexual beings; they focused on whether or not they could balance pregnancy, then motherhood, being a partner or wife, and working outside the home as well as maintain their own identity outside of all of that. This research began to change course. I realized that my questions may have originated with pregnancy and sexual activity, but turned into an exploration that included motherhood and sexual activity. Many of the women interviewed began to shift the conversation, not away from my original question, but in a new direction. I listened and heard these women express concern at how they would balance all aspects of their lives, including sex, work, relationships, friendships, and their own identity, after the baby arrived. My research began to change focus to capture and include this topic. I realized the women I interviewed returned again and again to motherhood and identity, which included discussions about motherhood and sex.

My original question, how do women in the second and third trimesters of pregnancy perceive themselves as sexual beings was becoming how do women become mothers and keep their sense of themselves as sexual beings?

The Researcher

I cannot write my thesis without telling my story. This is the basis of my thesis: women finding their voices and using them. According to Lugones & Spellman (2000), "Feminism is, among other things, a response to the fact that women have been left out of, or included in demeaning and disfiguring ways in what has been an almost exclusively male account of the world" (p.18). Women need to tell their stories and their stories need not be the sanitized version of events that usually make up pregnancy stories.

All women have a story of their pregnancy. I begin mine here. I decided to attend graduate school in one swift decision. I visited Oregon State University in a cold November in 1999. I didn't realize the experience of attending graduate school would be so profound. I didn't realize on that one visit that more than my academic life would change. I knew what an accomplishment my undergraduate degree had been, as I was the first woman in my family to graduate from college. I wanted more. I wanted to have a Women Studies degree. I thought I wanted to study constructs of masculinity in American culture. I thought this would be a topic I would love. Three weeks into my first course as a graduate student, the test came back positive. I was pregnant. I would become a student, a teacher, pregnant, and a wife in all of three months, but I didn't recognize the need to feel fear. I didn't ever think it would be impossible. I never doubted my choice.

Pregnancy rapidly became more than a physiological experience; it became my state of mind. I wanted to learn everything I could about being pregnant. I bought every book I could on the experience of pregnancy. I wanted to learn the clinical experience and information. I also wanted to learn the things women said about

pregnancy, the folklore and old wives-tales, information usually discredited by the clinical information. I wanted to know how women expressed, in their own voices, the experience of pregnancy.

I began this study without really thinking about it. I began this research out of the desire to find my own voice. I wanted to know if other women felt as I did during pregnancy. I wanted to know if women felt liberated. Liberated by pregnancy? It felt weird to acknowledge that feeling, especially knowing the history of women's liberation. It usually did not include pregnancy. Yet, I felt liberated, powerful, and beautiful. In my second trimester, not only did I feel liberated and powerful, I felt sexy. I felt as though my sex life had just begun. Did other women feel this way? Thus my thesis topic began to emerge. I did not read anything about this in my very condescending pregnancy guides. As I began to look more closely, I began to notice gaps in the writing. I noticed women's voices, once loud about pregnancy had softened. I didn't even hear myself at first. Then my thesis topic began to really emerge. Out of this pregnancy, I birthed not only a son, but also myself. I realized that if there were things about pregnancy and sexual activity that I did not find in mainstream media, other women might not be finding what they needed either. It is for those women, women who are seeking answers to questions they aren't sure they have, whom I write this thesis.

Literature Review

Within the world of Women Studies, women's sexual activity is a well-discussed topic. However, recent research surrounding pregnancy and sexual activity is slim. Even the literature, where one would expect to find explorations of sexual activity and pregnancy, overlooked this important topic. For example, the groundbreaking feminist Our Bodies, OurSelves does not limit women's sexuality to one definition. Rather, an entire chapter focuses on the importance of women's explorations of their sexuality and the need for women to define their sexuality for themselves. "We are all sexual—young, old, married, single, with or without disability, sexually active or not, transgendered, heterosexual, bisexual, or lesbian. As we change, our sexuality changes, too. Learning about sex is a lifelong process" (Rosenbaum, 1998, p. 229). I read and reread this quote, and yet it was not until I became pregnant that I noticed that pregnant women and mothers were not included in that quotation.

I found this omission a common one within research regarding women's sexuality. It is as if once a woman is pregnant, sexual activity is implied and therefore becomes irrelevant. A woman may have had sex in order to become pregnant, a fact announced by the ever-swelling belly. Yet motherhood seems to imply a renouncement of sexual activity or at the very least a renouncement of heated sexual activity. It is though she must trade in her sex life for that of motherhood. I found again and again throughout the literature pregnancy referred to as an asexual time in a woman's life. As I conducted my research an overwhelming theme began to emerge: mother sexual activity lacked recent relevant discourse.

Daniluk (1998) writes, "There are only token references to the sexuality of mothers in the literature, and these tend to focus on the physical exhaustion and the fear of becoming pregnant, two factors that make it difficult to maintain a "quality" sex life"(p.156). Neither exhaustion nor fear makes great aphrodisiacs. The larger issue needing attention is the lack of discourse on the topic of maternal sexuality. In Unbearable Weight: Feminism, Western Culture, and the Body, Susan Bordo (1993) writes,

Feminists may be queasy, too, by the idea of emphasizing the experiential significance of pregnancy and birth, out of a fear of the conceptual proximity of such notions to constructions of mothering as the one true destiny for women. I believe, however, that we stand a better chance of successfully contesting such ideology if we engage in the construction of a public, feminist discourse on pregnancy and birth, rather than leaving it in the hands of 'pro-lifers. (p.95)

Without feminist women creating meaningful dialogue about their experiences with pregnancy and birth, who will? What will the discussion sound like if sexuality is left out? A better question would be, what would the discussion sound like if maternal sexuality were to be included? "Fear of essentializing on our own part has led to pregnancy being under theorized by feminists" (Bailey, 2001, p. 211). It is possibly to create a meaningful discourse around motherhood and sexuality without essentializing pregnancy and motherhood.

This discourse is essential for women, mothers, and sexuality. A part of the experience of pregnancy and birth is being left out of feminist discourse. It is important to discuss and name all aspects of being a woman; motherhood and sexuality is a profound part of that experience for some women. It is important to recognize that some women do choose to become pregnant then mother the children they have chosen to bear. By recognizing motherhood as a valid choice, feminists

may negate the idealized versions of motherhood that plague American women. In Ourselves as Mothers, Sheila Kitzinger (1995) writes, "In some strange way, even when the woman depicted is pregnant, she is incorporeal. You cannot imagine her ever having intercourse or giving birth. Her only emotion is of gentle pleasure" (p.200). This proposed discussion will give voice to the women who choose pregnancy, childbirth, and motherhood. A discourse that is inclusive of how women perceive and feel about themselves as pregnant women, allows them to retain control over how pregnancy and motherhood are depicted in the research and in popular culture. "Exploring the case of pregnancy and early motherhood has thus shown the limitations of a simple binarism for conceptualizing sex and gender" (Bailey, 2001, p. 128). Feminist research needs to be inclusive of all women's choices and locations in life, regardless of whether or not they can be agreed upon. As feminism is powerful and liberating force in women's lives, a discourse that examines pregnancy, sexual activity, and motherhood in ways that do not diminish its importance is essential to give those women who choose pregnancy and motherhood voice.

In order to understand the relationships between motherhood and sexual activity, one must examine the constructions of motherhood, the transformation to motherhood, and sexual activity during pregnancy. Multitudes of studies have been conducted about pregnant women. Many of these studies have touched on sexual activity, yet almost none discuss women's perceptions of themselves as sexual beings during their pregnancy. The majority of studies discuss the frequency of sexual intercourse during pregnancy; most noting that the frequency of sexual intercourse remains relatively unchanged during the first two trimesters and falls

below pre-pregnancy levels during the third trimester. Little attention is paid to whether or not women *want* to have *any* sex during pregnancy. Little attention is paid to whether or not women are engaging in oral sex, masturbatory practices, heavy petting, and activities not focused on male pleasure. According to Sheila Kitzinger (1983), in Woman's Experience of Sex, "Such stereotypes of what it is to be a man and a woman are not only stifling but have a profound influence on our attitudes to sex...It is seen as intercourse. And orgasm is seen as the goal of intercourse; a kind-of 'hitting the jackpot' and all other sexual pleasure is merely a preliminary of that. There is even a word for it: foreplay" (p.14). Some studies examine how women's lives might be altered postpartum. Many studies focus on lactation and sexual activity. All of these studies explore some aspect of sexual activity during the process of becoming a mother, but none actually examines how women perceive themselves as sexual beings during pregnancy. "Almost no attention has been paid in the literature to the sexual needs, desires, or experiences of women once they make the transition to motherhood (Kitzinger, 1985; Rich, 1977; Unger & Crawford, 1992). This is consistent with the contention that motherhood and sexual agency cannot coexist" (Daniluk, 1998, p.156).

Throughout my research, the overwhelming theme that emerged was that pregnant women's voices were being left out of the literature. Within the information women access during pregnancy, lays a void that eliminates women's voices about their sex lives. "The effect of this [lack of information] is to disempower women just at the point in their lives when they need to be most strong and to have the self-confidence to take on the challenge of motherhood" (Kitzinger, 1995, p. 87). Many

women feel that intercourse may harm their unborn children or feel conflicting emotions about their transition into motherhood. Women may find that few of their concerns are addressed or met with any validation. Women may find themselves within a medical system that expects little or no questioning of authority and that may trivialize their concerns (Kitzinger, 1995, p. 81), resulting in women who feel that their pregnancies do not belong to them, who feel helpless, and who do not feel that they have the ability to understand what is happening to their bodies.

The need for more research about women's perceptions of themselves as sexual beings during pregnancy is obvious. Women need the ability to make informed decisions regarding their sexuality as well as have their voices recognized as a part of sexual activity. Pregnancy and motherhood do not negate the need for a sex life. Women need to know that pregnancy is not only a physical change but frequently can be a psychological one as well; one that, while intense, does not last forever. Motherhood may alter the ways women feel about the world, and ultimately themselves, but it in no way negates the need for physical affection or intimacy.

The literature I review pertains to all aspects of women, pregnancy, and sexuality. Information from the late part of the 20th century as well as information published in the current year is included. I also include a body of literature that relates to the construction of motherhood as it relates to why women have traditionally been left out of the dialogue surrounding pregnancy, lactation, and the postpartum period. I focus on how women see themselves during this often-volatile period of time: shortly after conception through shortly before birth. Much of this research focuses

on Western women, not out of oversight, but rather a lack of resources to include a more diverse sample.

Constructions of Motherhood

With pregnancy comes the formation of a new identity: mother. I will examine this shift from woman to mother by looking at the ways this identity is constructed within the United States. The construction of motherhood, in its current form, stems from the 19th century ideology regarding women and mothers. During this period of time, ideas regarding motherhood changed radically. Children ceased being “agents of sin” and became “innocents.” Women began to see themselves as the providers of emotional security to children and husbands, altering the ways in which women actually mother. In a short time, this movement culminated in what has variously been referred to as the “cult of domesticity” and the “cult of true womanhood”. “Safely protected within the domestic enclave, women would provide moral and emotional sustenance for their husbands and children, thereby participating in the creation of a more virtuous world (Cott, 1977; Sacks, 1984; Welter, 1966)”(Hayes, 1996, p30).

This era noted the beginning of women placing their children’s needs above their own. Thus the expectation of mothers became that they must recognize and respond to all of their child’s needs without a great deal of assistance, necessitating that only the mother could care for her child. Out of this era the idealized mother emerged; one that all women would be held to, but those only upper and middle class white women could achieve. With the social expectation of motherhood including the idea that women did not leave their children for any reason, women were thus unable to

work, travel, play, write, or think without feeling some form of guilt that their true duties had been neglected. This idealized version of motherhood automatically excluded women of color, who always worked outside the home as a matter of necessity. According to Hayes (1996), “the good mother must not only lavish attention on the child, she must also be constantly vigilant in maintaining her own virtue and using the proper methods to instill like virtue in her child”(p.32).

The focus on only the image of motherhood silences the women who participate in motherhood. In the 20th and 21st century, the image of motherhood has changed to include working outside the home. However, even if a mother works outside the home this job must not come before her children’s needs. Kitzinger (1995) writes, “A mother who enjoys being with her children and caring for them and is content to center on them for a certain phase of her life, can come to feel ashamed that she is not doing this outside the home, and is ‘just a mother’”(p.32). This creation of an idealized mother does not allow any mother a true expression of her motherhood. As some women enjoy the experience of motherhood, other women may not. It is these “other” women, who do not enjoy the experience of motherhood, that become vilified in current and past culture. According to both popular culture and current social norms, once motherhood has been rejected a woman can no longer achieve the idealized version of womanhood. “The pregnant woman is supposed to efface her own subjectivity, if need be. When she refuses to do so, that subjectivity comes to be constructed as excessive, wicked” (Bordo, 1993, p.79). Mothers must give up part of their lives and often, whether out of exhaustion, lack of partner or time, it becomes their sex lives. Again and again in the literature regarding motherhood,

pregnancy, sexual activity, and lactation (Kitzinger, 1995; Reamy & White, 1987; Griffin, 2001) a theme appears: sacrifice.

The beginnings of this sacrifice lie in early pregnancy when women enter into a medical system that sees only the fetus, thereby reducing the mother to a container. Her needs are then sacrificed for the sake of the child. Susan Griffin (2001) writes,

Because even the life of the mother who is not poor is not easy. Children in any circumstance demand a great deal of time and care, a large part of the life of the mother. The definition of motherhood in our culture is one in which the mother sacrifices herself to the child. She sacrifices herself. Her self is lost" (p.37).

More specifically, women's ability to desire, engage in, and enjoy sexual pleasure may be lost, sacrificed to the standards set by society in order to qualify for the status of "good mother." According to Sheila Kitzinger (1995), "Happy as a woman may be to have a baby, and although she may really enjoy being a mother, she must now pay the price of motherhood: the virtual annihilation of the self" (p.5).

The historical construction of motherhood shaped the ways in which women mother their children in the 21st century. The idea that mothers, and it is mothers alone, remain responsible for their offspring has not changed in two centuries. In current culture, the discussion regarding the ever-present ideal of the "good mother" is a reminder of what role women are to maintain. Evidence of this plays nightly in commercials on television, sits daily on magazine racks, and festers in the minds of women who constantly feel they cannot measure up. Witness the example of Demi Moore: "A very pregnant Demi Moore on the cover of *Vanity Fair* in 1991; half-nude, belly protruding from a silken wrap, high-heeled shoes decorating her feet. She was one hot mama—and the general public was appalled" (de Persiis Vona, 2001, p.

1). That Demi Moore would violate the taboo of pregnancy and sexual activity in such a public context shocked the general American public. It also highlights the impossible contradictions women must maintain; be pregnant and sexy, but not too sexy, and be asexual, yet sexual without ever contradicting the contradiction.

However, as evidenced by numerous issues of Playboy, pornographic magazines incorporate pregnant women into their photos shoots for male titillation, as well as to enforce the social norms of what maternal sex and/or sexual activity should consist of. "From the outset, Rinna's choice to pose nude is positioned within the confines of a traditional, heterosexual relationship. Despite assertions of sexiness, Rinna's pictures are not constructed as masturbation material, rather maternal material" (Huntley, 2000, p. 350). These women do not display raw sexuality, but portray a version of what sex or sexual activity should be after becoming a mother.

However, in 20th and 21st century America, women practice and achieve the goal of balancing the role of the "good mother" while maintaining the beauty ideal. An ideal that is extolled by the image of a pregnant Rinna in Playboy, "despite round breasts and a potbelly, this is a contained body; we learn she keeps toned through grueling martial-arts and aerobic workouts. Her skin...is perfect with no evidence of stretch marks or fluid retention" (Huntley, 2000, 350). Motherhood is now reduced to an ideal, a stereotype, and the image of one woman: a white, heterosexual, thin, and happy woman (Kirk & Okazawa-Rey, 2001; Shaw&Lee, 2001). The image of motherhood has become a commodity; one that is used to sell itself as well as toilet cleaner, groceries, and all things related to the maintenance of the home. She must work outside the home successfully, own a home, clean that home, raise children,

remain thin and attractive, as well as participate in a healthy marriage, all the while maintaining this façade of the “good mother” and fitting within the beauty ideal.

Within the confines of this image there is little room for a discussion of the daily realities of motherhood. The commodification of the image of motherhood reduces motherhood itself to almost nothing. According to Michelle Stanworth (1990), feminist are loathe to discuss this for fear of the divisive nature of such discussion possibly pitting the “good” of motherhood against the “bad” (p.461). An honest feminist discussion of the repercussions of motherhood could lead to the dismantling of the motherhood ideal. In Misconceptions, Naomi Wolfe (2001) writes,

I believe the myth about the ease and naturalness of mothering-the ideal of the effortlessly ever-giving mother-is propped up, polished, and promoted as a way to keep women from thinking clearly and negotiating forcefully about what they need from their partners and from society at large in order to mother will, without having to sacrifice themselves in the process (p.7).

This discussion could produce the kind of dialogue needed for mothers to feel good about mothering. An honest reflection on whether or not mothers must sacrifice themselves in order to mother could lead to radical changes in the way women mother.

Transformation to Motherhood

The transformation from being child-free women to mothers is a shift that can be described as a cultural one; new thought processes are formed, new focuses identified, and a new sense of self may emerge. The identity shift may begin the minute women learn of their pregnancy. Sheila Kitzinger (1995) writes, “Becoming a mother is a biological process; but it is also a social transformation, and one of the

most dramatic and far-reaching that a woman may ever experience” (p.1). Once pregnant, motherhood takes over the self-identity present prior to pregnancy, thus affecting women’s lives in multiple ways. Many women find themselves completely comfortable with the transition to motherhood, yet other women feel as though their sense of self has been eradicated. Susan Griffin (2001) writes about the transition to motherhood in these terms, “I have been asked if I had the choice again, would I have a child? This is an absurd question. I am not the same person I was before I had a child. That young woman would not understand me” (p.34).

Lucy Bailey, in “Refracted Selves? A Study of Changes in Self-Identity in the Transition to Motherhood” (1999), asserts that pregnancy represents a time when women are free to conceptualize their identity, yet may be limited by their position within competing discourses. Bailey supports her assertion with an analysis of what she calls the six dimensions of an altered state of self: the working person, practices of the self, the relational sense of self, experiences of space and time, self-identity and mothering, and the body and the self. Noting that within the six dimensions of an altered state of self, Bailey finds that women may not be fundamentally changed by pregnancy. However, women may be refracted by the “prism of pregnancy” which provides women with the opportunity to change. According to Bailey, women are given an opportunity to create a new biography of the self through pregnancy. A pregnancy may possibly alter the ways in which women view themselves; this can include the ways in which women view their sexuality.

Pregnancy, according to clinicians, alters the ways in which women feel about sex as well as their sexual behaviors (Tolor&DiGrazia, 1976; Reamy&White, 1987; von

Sydow, 1998). For some women, pregnancy is a radically transforming experience that changes the definition of themselves as sexual beings. The transition to motherhood has frequently been described as “a developmental crisis”, a crisis that may change the landscape of women’s perceptions about sex and their own sexual behaviors. Not only are women dealing with the implications motherhood may have on their perceptions of themselves as individuals and as sexual beings, they deal with their rapidly changing bodies. In a culture that places a high value on being thin, women must adjust their views of their bodies, which grow heavy and full of a new life then give birth, to accommodate these changes. As women’s bellies grow heavier and their breasts become larger, women leave behind much of the American beauty ideal. Therefore, some women find themselves outside of the beauty ideal, possibly for the first time in their lives. They may not find themselves attractive or desirable and project this perception of themselves onto how others perceive them.

Paula Fox and Chryseus Yamaguchi in, “Body Image Change in Pregnancy: A Comparison of Normal Weight and Overweight Primigravidas” (1997), posits that body image in pregnancy is linked to pre-pregnancy weight. Fox and Yamaguchi highlight the relationship between the social pressure to remain thin and the physiological need to gain weight during pregnancy for both maternal and neonatal health. Through open-ended questions, they conclude that a woman’s weight prior to pregnancy is linked with whether or not her body image during pregnancy is positive or negative. Fox and Yamaguchi find that women who were not overweight prior to pregnancy experienced a more negative body image during pregnancy than did women who were overweight prior to pregnancy. This study highlights the ways in

which being outside the beauty ideal can evoke the stigma and negative associations of being overweight regardless of whether or not that weight is due to pregnancy. This is regardless of the valued placed on women participating in the culture of motherhood. Again this highlights the contradiction between the value placed on motherhood and the systemic lack of support for who choose to mother from American society. Evidenced by a normal pregnancy with healthy weight gain placing women outside the beauty ideal. Women's ability to feel attractive or sexy may be compromised by their inability to fit into the beauty ideal; this may possibly be the beginning feelings of inadequacy that plague many women throughout the transition into motherhood.

According to contemporary American baby books, such as What to Expect When You're Expecting (1984), the transition to motherhood is something most women can handle without assistance from others. Women may need help for the first week or so, but after that most women are thought of as being able to handle the baby and themselves with little or no outside help. In contrast, many societies who nurture and assist women on the path into motherhood maintain a high level of connectedness to the new mother as well as the new baby. "The advantage of seeing motherhood from a cross-cultural vantage point is that an observer quickly realizes that instead of one ideal mothering, there are many possible permutations of the mothering role"(Kitzinger, 1995, p.72).

In American culture, this is where many women face their first major transition from daughter, wife, or sister to mother. In Ourselves as Mothers, Kitzinger (1995) asserts that women find when the celebrations are over they are

expected to take on this major, life changing responsibility with as little disruption to the daily workings of society as possible (p.3). This trivialization of the transition to motherhood in American culture contributes to the idealized view of motherhood, which indicates that it is easy or simple and not part of a larger context. The flip side of the “perfect mother” is this denigrated image of motherhood: women who do not shower, do not dress up to go out, cannot handle the daily grind of motherhood. Unfortunately, there is no middle ground for mothers in American culture. Mothers find themselves trapped in the role of the “perfect mother” or the mother lacking the ability to maintain the “perfect mother” status to receive the social benefits of motherhood.

Women must maintain “perfect mother” status in order to receive the societal respect for mothering. It is this aspect of mothering that many women struggle within the transition to motherhood, finding that the maintenance of this perfection is often the most difficult.

The systematic devaluation of motherhood coupled with the pro-natalism atmosphere serves to reinforce the existing system of male authority in the United States. Specifically, women’s lack of access to areas of social, political, and economic power, in terms of motherhood, reiterates the contradiction between pro-natalism and the lack of value placed on motherhood, placing women directly in the middle of this seeming contradiction. Framed as a social institution by liberal feminists, motherhood is thus socially constructed. Therefore, in order to affect change, feminist must dismantle the social norms that construct motherhood in such fashion.

Motherhood, in its current form, prevents women from experiencing social, political, and economic freedom and at the same time offers little in the way of emotional satisfaction. Although, pro-natalism and the devaluation of motherhood seem opposite, the systems of patriarchy use one to reinforce the other; thereby, disallowing for any real choice in terms of motherhood.

Motherhood is at the same time exalted and diminished. Not merely in social passing, but in the laws and legislation of the United States in regards to subsidized daycares, family leave policies, and in the “mommy track”. Feminists must respond by creating a meaningful dialogue that is inclusive of mother rights into their arguments. I believe that this could set up a dynamic that may place women who choose to mother against women who choose not to mother. This is not an area where feminist have been ready to take up cause. Rather than choosing to assert the rights of mothers, feminist have fought this battle with the argument regarding sex discrimination. The value placed on motherhood must not be mistaken for a pro-natalist argument; rather, the value must be placed on choice and the freedom to choose whether or not to mother.

Women must maintain “perfect mother” status in order to receive the societal respect for mothering. It is this aspect of mothering that many women struggle within the transition to motherhood, finding that the maintenance of this perfection is often the most difficult.

Sexual Activity during Pregnancy

Many of the studies used in this literature review to discuss sexual activity during pregnancy were older than I would have liked. However, at the time I completed the research on this thesis, the number of more recent studies was slim and often not accessible to me. I chose to incorporate the older articles as a way of highlighting the need for more up-to-date research on women, pregnancy, sexual activity, and motherhood.

The majority of major studies published referred to sex during pregnancy as intercourse (Reamy & White, 1987, 1982; Kenny, 1973; Grudzinskas & Atkinson, 1984; Morris, 1975), although some did make differentiation between desire and activity (Kenny, 1973). If only sexual intercourse is noted, and often it is, then lesbian women and single women find themselves left out of the research. Very few researchers ranked coital and non-coital activities as being equally important (Solberg et al., 1973) when, in fact, they are. Pregnancy may affect sexual activity, but it in no way negates the need for physical affection.

Many articles report a linear decline in sexual intercourse from the first trimester to the third (Fisher & Gray, 1988; Tolor & DiGrazia, 1976; von Sydow, 1998; Morris, 1975), whereas other articles indicate a decline in activity in only the third trimester (Kenny, 1973). Almost all articles indicate a decline in sexual intercourse during the entire pregnancy; however, no consensus could be reached among all articles for a reason for the decline in sexual interest or activity.

James A. Kenny, in "The Sexuality of Pregnant and Breast Feeding Women" (1973), asserts that desire, functioning, enjoyment, and orgasm are treated as separate variables in sexual functioning rather than on the act of intercourse alone.

Kenny discussed physical state, length of time married, and continuation of intercourse in pregnancy, finding the majority of women in the study felt intercourse should continue throughout the first and second trimesters. Many women in this study felt that intercourse should cease in the latter half of the third trimester, but that heavy petting should continue. Generally, the sexual functioning of pregnant women remained at levels similar to non-pregnant women. This is problematic in that it focuses on heterosexual norms of sexual functioning in that all women are assumed married as well as keeping intercourse as one of the main measures.

Like Kenny, Naomi Morris, in "The Frequency of Sexual Intercourse During Pregnancy" (1975), focuses on heterosexual women and intercourse as a strict measure of sexual functioning. Morris focuses on married Thai women of childbearing age. She conducted open-ended interviews with over 900 women finding that non-pregnant women have little difference in frequency of intercourse than pregnant women. However, in the third trimester there is a steep, non-linear decline in the frequency of intercourse with nothing but pregnancy given as a reason. Morris's study is problematic in the use heterosexual women and intercourse as a strict measure of sexual functioning. The significance of this study is to illuminate the need for research that does not focus on intercourse as the sole measure of sexual functioning.

Unlike Kenny or Morris's study, a study completed by Alexander Tolor and Paul V. DiGrazia (1976) illuminates the notion that regardless of sexual intercourse, women find themselves needing far more physical contact during the course of pregnancy. Tolor & DiGrazia focus less on the frequency of sexual intercourse as a

measure of women's sexual functioning and more on attitudes toward sexual activity during pregnancy as well as sexual satisfaction achieved by the pregnant woman. A total of 161 women were interviewed over a period of 12 months with questions to be rated on a scale of 1 to 4. Included in the questions are women's typical patterns of sexual activity, sexual satisfaction achieved, and sexual behavior related to other things. This study demonstrates the importance of focusing on women's feelings or perceptions regarding their own sexuality during pregnancy. Interestingly, intercourse is not omitted from this study, but is simply not the mean measure of sexuality. Tolor & DiGrazia also find no definitive answers for a decline in sexual activity while pregnant; although, they do indicate that this decline could be due to physical discomfiture or from the change from wife to mother.

Kenneth Reamy and Susan E. White, in "Sexuality and Pregnancy: A Review", (1982), assert that pregnancy represents a life crisis for both partners; pregnancy is a state that can produce insecurities, anxieties, and a host of physical complaints for each partner. In findings similar to Tolor & DiGrazia (1976), Reamy & White find that women, during pregnancy, have an increased need for physical contact, such as cuddling or being held. These same women do show a marked decline in interest in sexual activity, although no specific activities are mentioned. Without offering definitive answers, Reamy & White speculate that changing physical appearance and hormone milieu contribute to this decline. However, this article does stress the importance of sexual activity and satisfaction, for both partners, for the health of a relationship.

Kumar, Brant, and Robson in "Childbearing and Maternal Sexuality: A Prospective Survey of 119 Primiparae" (1981), find that most women included in their study showed marked reduction in sexual intercourse, libido, and sexual enjoyment during pregnancy. Echoing the research of Morris (1975) and Kenny (1983), they posit that marked reduction in sexual intercourse, libido, and enjoyment are especially true for women in their third trimester of pregnancy. Kumar, Brant, and Robson support their findings by offering variables such as maternal personality, childhood relationships, marital conflict, and maternal depression as possible explanations for the decline in sexual activity during pregnancy. Their purpose is to highlight that pregnancy may not be the sole reason for a steep decline in sexual activity and enjoyment during pregnancy, but that underlying maternal issues may contribute to this decline in sexual activity. Kumar, Brant, and Robson find that women who report the least sexual satisfaction often engage in the least amount of sexual contact prior to pregnancy. This supports their assertion that pregnancy sexual levels often mimic pre-pregnancy sexual levels, but possibly at a diminished rate due to undetermined causes. This study is especially important in that it highlights the need for further research regarding pregnancy and sexuality. Studies that will include such variables as body image, sexual abuse, and marital satisfaction as being indicators of whether or not women experience healthy, positive sexuality during pregnancy should be noted as especially important given the significance of this change in a woman's life cycle.

Richard P. Perkins in, "Sexuality During Pregnancy" (1984), asserts that due to the importance of sexuality within most relationships, the need for rational and

scientific insight into this area is extremely important. Perkins supports his assertion with an analysis of the current research regarding sexuality during pregnancy. He finds that, like Kumar, Brant, and Robson (1981), the acceptance of sexual activity during pregnancy is often most likely in individuals who accept sexual activity during other phases of the life cycle. Perkins article offered insight regarding the sex lives of women who do not have partners during their pregnancy. He indicates that without a sexual partner, pregnant women will not forgo sexual release, but will choose masturbation as an acceptable and alternative form of release. This was most often noted in older women, who were experiencing their second or third pregnancy. Perkins also noted that pregnancy does disrupt or influence the pre-pregnancy sexual activities of women. He does indicate that regardless of whether or not a pregnant woman is sexually active during her pregnancy, her need for physical contact and nurturing remain high. This assertion correlates with Tolar & DiGrazia (1976), Reamy & White (1981), and Kenny (1983). Perkins recommends that physicians and counselors working with pregnant women offer them the most accurate and reliable data to date regarding sex during pregnancy. This indicates that a great level of attention should be placed on the sexual health of women, regardless of pregnancy.

Fishman, Rankin, Soeken, and Lenz in, "Changes in Sexual Relationships in Post-Partum Couples" (1984), highlights the need for the possible use of the Intimate Relationship Scale in studies regarding pregnancy and sexuality. This scale measures changes in the physical, personal, and cognitive areas of intimacy and sexuality. The use of such a scale would provide a detailed, balanced look at sexuality in pregnant women by not solely focussing on sexual intercourse, which has been a limitation of

many studies reviewed. Creating such a balanced measure would provide much needed information regarding women's sexuality during pregnancy.

William Fischer and Janice Gray in, "Erotophobia-Erotophilia and Sexual Behavior During Pregnancy and Postpartum" (1988), assert that pregnancy and the postpartum period can be times of intense challenge to a couple's sexual relationship. Fisher and Gray will analyze this in the context of how erotophobia and erotophilia contribute to sexual behavior during this period. Their findings echo those of Tolor and DiGrazia (1976), Reamy and White (1981), Kenny (1983), Morris (1975), and others who suggest that pregnancy diminishes sexual activity in a linear decline across the three trimesters. Fisher and Gray find that erotophilic women experience higher levels of sexual satisfaction than their erotophobic counterparts. Therefore, women who enjoy sexuality prior to pregnancy will find the transition into pregnancy and motherhood less stressful on her sexual relationship with herself and with a partner. Fisher and Gray note that women who were described as erotophilic tended to be more interested in sex and were more willing to experiment in the later stages of pregnancy to ensure sexual satisfaction for herself and her partner. The importance of this study is that it indicates that pregnancy itself may not be the only variable in the linear decline in sexual activity and satisfaction during pregnancy. This also highlights the need for further research in the field of maternal sexuality.

J.G. Grudzunskas and L. Atkinson in, "Sexual Function during the Puerperium" (1984), explore the effects of childbirth on the timeline of the resumption of sexual activity as well as on the sexual functions. They find that only marital status and significant laceration to a woman's perineum were determinants of whether or not

coitus had been resumed. The importance of this study is that only a small percentage of the women interviewed who recall any discussion regarding sex during or after pregnancy indicates that there is major communication failure between physicians and their patients (Perkins 1984). This illuminates the need for further study of what information pregnant women receive regarding sex and to review what information may be most helpful to women during this cycle of their life.

G. Justus Hofmeyr, Elizabeth Marcos, and April Butchart in, "Pregnant Women's Perceptions of Themselves: A Survey" (1990), assert that a considerable number of women do not experience pregnancy as a positive occurrence in the life cycle. They support their assertion with an analysis of 891 questionnaires regarding sexual problems during pregnancy, perceptions of the fetus, and how women feel about themselves during pregnancy. Hofmeyr, Marcos, and Butchart find that over half of all respondents indicated feeling less attractive during pregnancy, and 60% indicated a decreased interest in sexual activity. They also note that the physician and staff need to facilitate open dialogue about body image, sex, and pregnancy information with pregnant women regarding possible negative feelings about pregnancy.

Unfortunately, the majority of the articles presented were older than I anticipated using. However, I chose to incorporate them into the literature review as a way of highlighting the need for more recent research. Many of the articles presented illuminated the need for research that is inclusive of lesbian women, which is evidenced by the proliferation of intercourse used as a mean measure of activity levels. The articles presented also highlight the need for more research regarding patient-physician relationships. It should be explored further whether or not women

can articulate fears, desires, or even problems with her physician and whether or not this impacts a women's perception of her self or her sexual activity levels. Further research is also needed on whether or not women's sense of identity changes pre-conception, during pregnancy, or after the birth of a child.

My research will examine how women become mothers and maintain their sense of themselves as sexual beings. I incorporate some of the issues raised by these articles such as discussions of fears, desires, and problems women face during pregnancy, but resource constraints prevented my ability to track women from pre-conception through delivery. I hope that the limited research I did do will shed some light on the importance of this topic to women who choose to become mothers

Methods

According to Shulamit Reinharz (1992), the relationship between feminism and methodology has been a long standing feature of women's attempts to change the status quo (p.241). It is the desire of feminists to find and use research methods that incorporate women's voices in research that can affect the academy; an alteration of the status quo depends on women to participate in methods and research that can affect change within society. There is a need to incorporate women's voices from outside of the academy to within in order to destabilize the power dynamic that is at work both inside and outside of the academy. Reinharz (1992) asserts that the denial of women's voice is to classify them as "non-data," leaving women without power in accordance with patriarchal tradition. Social change is a key component of feminist methodology (p.242). Without the impetus for social change, many studies and much research would not be conducted. Without feminism, the same holds true. There is no one true feminist method of research; just as there are multiple meanings of feminism there are multiple methods of feminist research.

From this, I decided to base my research primarily on interviews with women in the last two trimesters of pregnancy living within the United States. I tried to incorporate several other methods of research including a demographic questionnaire and keeping a journal. Unfortunately, the journal keeping proved impossible for the participants in this study. Many of the women who choose to participate held full time jobs or were full time students. Neither group of women felt they could keep weekly journals and maintain their jobs and studies. Initially, I chose to interview only women from the Willamette Valley in Oregon. However, during my research I

moved to San Francisco, which permitted me greater access to more diverse populations of women. The majority of my interviews were conducted in person, although some were conducted via email. I chose face-to-face interviewing as my main method of research because of the intimacy it allows. Interacting with the women participating in this research allowed me to incorporate details that otherwise might have been lost, such as tone, inflection, word choice, whether or not the women laughed or cried, and facial expression. Susan Yeadle (1992) asserts that interviewing allows researchers to recognize a “woman’s humanity” (p.24).

In doing so, I followed in the paths of Reinharz’s (1992) and Oakely’s (1985) feminist research methods. One of the first feminists to criticize traditional research methods, Oakley (1985) posited that feminist interviewing would create a new interviewing model that allowed for intimacy, openness, and included self-disclosure on the part of the interviewer. This, in turn, makes it possible for a researcher and a participant to become friends. This method enabled many of the women I interviewed a comfort level that led them to participate. This closeness, while encouraging some women, hinders other women’s ability to participate. Mary K. Zimmerman (1992) offers that it is the lack of relationship that allows some women to feel comfortable participating in research. She cites her own interview-based study of abortion as evidence that some women prefer “interviewer as stranger” to “interviewer as friend” (p.27). Successful interviews utilize either method, as during my own research I encountered both types of women.

To identify participants, I relied heavily on snowballing and people I knew to be pregnant. The former relies on the recommendation by people for both the

participant and the researcher. I found that once a woman had completed the interview, she then revealed at least two pregnant women that she would recommend for the study. This method worked very well for the purposes of this study.

Snowballing would be the most productive way of finding a diverse sample. I included women referred by my husband's family. Due to his ethnicity, this provided needed diversity for this study. However, as a method, this has serious limitations. I could not duplicate this method for another study, nor is it effective when in need of meeting a deadline. I would not recommend it for use in any other research.

I also chose to advertise this study in a variety of places. In Corvallis, I enlisted the help of several Ob/Gyn offices to distribute flyers and discuss this study with patients. This proved effective in that four participants heard about the study and chose to participate. I believe that, had I remained in Oregon, this would have enabled my research to be finished in a much timelier manner. Enlisting the help of Ob/Gyn offices provided women with a very solid understanding of the study as well as a feeling of security as their doctor provided the information regarding the study.

After moving to San Francisco, I posted flyers at women's organizations and at local community colleges. This proved a bit less successful, but not wholly unproductive. One woman chose to participate after reading the flyer. She felt that because of her sexuality it would be important for her to contribute her time and energy to the project. I did not enlist the help and support of Ob/Gyn offices in San Francisco due to length of time it had taken in Corvallis for the physicians to approve posting the flyers and participating in the study. In Corvallis, the flyers and entire project was subject to the individual physician office's IRB process. In order to

receive approval the entire process from beginning to end took roughly six months. I did not believe that this process would be shortened in San Francisco, so I opted for a less structured method of recruiting women.

I found the most successful and slowest method to be meeting various women throughout San Francisco myself. My son attends a daycare and the majority of my interviews stem from the interaction I had with other mothers. Of the total number of interviews to come from this method, meeting mothers at the daycare produced five interviews. This also provided me with recommendations for interviews.

My respondents were, for the most part, ethnically homogeneous. The majority being white or Caucasian identified. However, two identified as Mexican-American, one identified as Asian, and one identified as African-American. I found that many women of color felt uncomfortable discussing their sexuality with me. I believed this to be partly due my being a white woman, as several of the Asian women I approached for interview declined on this basis. Several indicated that they did not feel comfortable discussing such private activities with white women. I did not force the issue, but felt dismayed by this issue. Many of the women who chose not to participate did not have English as a first language and this also provided difficulty in the level of comfort of these women.

Of the women who chose to participate, the average age is 31 years with the youngest being 22 and the oldest being 38. The pregnancies ranged from 18 weeks to 39 weeks, the average being 29 weeks. Most of the women interviewed were in their second trimester of pregnancy. In terms of relationships, 12 are married, one is in a partnership, and two are unmarried. Of the 15 participating women, 7 have other

children and 8 are pregnant with their first child. The ages of the first children ranged from 17 months to 2.5 years.

In terms of education of the 15 women, 1 woman earned a PhD, 3 women earned master's degrees, 8 earned bachelor's degrees, 2 women earned associate's degrees, and 1 earned a high school diploma. Of the women's solitary income bracket, 4 women earned above \$50,000, 4 women earned above \$30,000, 3 women earned above \$10,000, and 4 women earned less than \$10,000. All but one of the women's income rose by a minimum of \$20,000 when married or partnered. The only woman whose income level did not rise was the only single woman interviewed. With regard to religious affiliation, 6 women self-identified as Catholic, 1 woman as Methodist, and 8 women did not affiliate with any organized religions. I did not explore whether or not religious participation influenced each woman's decision to continue the pregnancy. In retrospect, I would have explored the issue of religion in more detail.

Out of all the participants, 10 planned their pregnancies, 3 women did not plan their pregnancies, and 2 were not actively using birth control. Only one woman indicated that she planned the un-planned pregnancy. When asked about sexual orientation, 9 women identified themselves as heterosexual, 2 identified as female, 2 identified as straight, and 1 as bisexual.

I originally hoped to have all 15 participants from the Willamette Valley. Out of the 15, only 5 lived in the Willamette Valley. The remaining 10 lived in the San Francisco Bay Area. Unfortunately, I did not achieve what I had hoped for in terms of diversity for this study. I worked hard to connect with lesbian women for this

research, but had two separate couples decline. One lesbian couple declined due to a conflicting work schedule. The second couple declined due to health issues with the pregnancy that made participating difficult. In the second couple's case, I offered to drive to their home and conduct the interview there, but both women declined.

I chose to use semi-structured, open-ended interviews as my primary research method; this allows the research to guide the interview to proceed in a particular direction, while allowing the participant some control over the length of answers to the interview questions. The women I interviewed elaborated on the questions I asked and expressed their opinions regarding sex and motherhood. This allowed these women to remain in control of their voice, their opinions, and the length of the interview. Reinharz (1992) asserts that feminists use semi-structured interviews as means to include the active involvement of the participant to create data about their own life. I responded to the participants with a conversational, friendly manner, as opposed to a quiet, reserved, aloof manner. Many of the women I interviewed revealed personal anecdotes about themselves and a perfunctory "uh huh" or "okay" seemed both rude and impersonal. Christine Webb (1992) explains that feminist researchers often find themselves caught between the roles of researcher and feminist. She writes, "To respond to these women with "uh huh" or "that's interesting" ...would have been somewhat awkward to say the least and would not have contributed to encouraging them to speak openly about their experience..."(p.31). Keeping the interview as open as possible to new avenues of discussion remained a priority throughout the interview process, as several women brought up aspects of sexual activity and mothering that I had not thought of prior to

the interview. Remaining open and conversational allowed me to learn information I might not have otherwise. During each interview, I asked the same series of primary questions, but incorporated secondary questions gleaned from previous interviews per the grounded theory method.

Each interview lasted between 30 minutes and 2 hours with the majority lasting about 45 minutes. Most interviews did not deviate from the interview subject, but did alter the overall topic by including longer discussions about balancing motherhood, work, sexual activity, and their own identities as women. Interviews with women who had small children tended to last longer and discussion often included a first pregnancy, as well as the pregnancy at hand. Most of the interviews took place in a restaurant, with some taking place in the participant's home. The interviews in restaurants may have been impacted by the lack of privacy, but I did not notice significant differences in answers to any questions based on location. What I did find was the participants lowered their voices, giggled a bit, or blushed. I can verify that this is solely related to the interview location, as many of the interviews conducted in women's home had similar dynamics.

Many of the women introduced me to their children, yet I met only the husbands of the women I interviewed from the daycare. I met these husbands primarily because we had already met at an earlier time and not due to the interview. Some of the women chose not to disclose their participation in this research to their husbands. This proved difficult for me when I knew both the husband and wife, as scheduling became a part of the confidentiality process. This also raised an issue of a power dynamic in that particular home.

The questions I asked focused on how the women felt about their pregnancy, their bodies and eventually about their sex live. I asked about their feelings about motherhood and sexuality, their perception of pregnancy and sexuality in relation to societal perception of pregnancy and sexuality, and their participation in sexual activities. I tried to limit my personal disclosure until after the participant answered the questions to allow each woman her own unbiased answers. However, some women did not want to elaborate unless specifically asked to or unless I prompted them. Some women needed no prompting and spoke at length while answering each question. Often, I found that the women who talked at length were in the midst of their second pregnancy. In all but one interview the interaction was familiar and comfortable. The only interview that seemed stiff and a bit unnatural was with a woman who wanted her set of beliefs about pre-martial sex included, which she made clear to me after the interview. This participant felt strongly that sex outside of marriage was immoral and wanted included that she waited until marriage to engage in any form of sexual activity.

The majority of the interviews were done fact to face and tape-recorded. Only one woman felt uncomfortable with the interview being recorded, so I took notes rather than create a level of discomfort for her. Two interviews were done via email. Each interview conducted via email was due to the significant travel distance involved. One woman lived in Wisconsin at the time of the interview and the other lived in Fresno, CA. I mailed the informed consent document and demographic questionnaire prior to emailing the interview questions. This worked well for both interviews, but details such as facial expression, tone, and inflection were lost. This impacted my

ability to record where in the interview or when the participant felt embarrassed or pleased. It also limited my ability to prolong a particular question with very specific follow up questions, which I was able to do with the participants I interviewed face to face.

Demographic questionnaires were given to each participant to fill out at the beginning of the interview. This allowed me to look at some of their answers prior to the interview as well as answer necessary questions without taking up valuable interview time. All of the women filled out the demographic questionnaire. Some women asked if their answers to certain questions were appropriate. I informed these women that their interpretation of the question was what I sought.

Due to the ways in which I found participants and how participants found me, I found it necessary to respond to many participants in ways that offered them the greatest level of comfort. Many of the women interviewed had children that went to school with my son. The inevitable mother-chatter that ensues about our personal lives, what we do without our children, and what we do in our own woman-lives forced disclosure regarding this study. In turn, many of these women would reveal a pregnancy, miscarriage, or a variety of personal anecdotes relating to pregnancy. Reinharz (1992) argues that self-disclosure can lead to "true dialogue" as opposed to an "interrogation" (p.33). I found that once I disclosed my reasons for creating this study, women decided to reveal personal information that, had I not self-disclosed, may never have been revealed.

All of this helped to establish credibility in an environment that would allow me access to possible interviews with many pregnant women. Due to working full-time,

raising a small child, and putting my husband through culinary school, I believe that without the social network in place I would not have been as successful in gaining access to these women. Denise Segura (1992) writes, "Finally, the quality of the interview data and their reliability is enhanced when the researcher is knowledgeable and integrated into the community under study" (p.26). However, this raised personal questions regarding my status within the community. Which would come first? In my role as my son's mother, could I just pretend to be another mother picking her son up from daycare without disclosing my information? Or would my role as a researcher displace that role? Inevitably, neither and both would occur. I worked to keep a balance between my dual roles; I became the mother/friend who interview people. Michelle Fine (1992) asks the question, "What do we do with material we just happen to collect?"(p.27). I found myself facing this situation based on the fact that women who have children in the same school talk and get to know each other. I just happened to do research about pregnant women and they just happened to be pregnant. Like Michelle Fine, I had to go ahead with my research while ensuring confidentiality for each participant. This meant knowing that many of the women I interviewed knew each other as well as me.

I chose to use grounded theory as the organization framework for this research (Glaser and Strauss, 1967). This framework allows a researcher to begin the process of collecting data without a preconceived notion of what she will find, allowing the researcher to develop a theory from the collected data as she moves through it. Thus, the researcher is able to move forward in her approach with each interview exploring and expanding her ideas about what she is finding. As she will code the data from the

interview as she moves through the process, this data will then inform her next interview. In this manner, the theory the researcher generates will be “grounded” in the data that has been informed by all the previously collected and analyzed information.

All interviews were transcribed and printed out for easier coding. Initially, I read through all of my data and identified several themes that were found in multiple interviews. I began to separate and sort through each theme to identify when and how each theme emerged. I utilized a very simple process for separating and sorting through each response. I wrote the name of the participant on the back of each corresponding response, and then proceeded to cut up the response. I was then able to stack them into piles for coding. Once several of these themes were identified, I began to organize these themes for analysis by taping together all the responses that fit that particular theme.

Results and Discussion

I began this research out of personal need, which is how many women begin their research. I wanted to know how women perceived themselves as sexual beings while pregnant. Did women feel empowered by pregnancy? Did they feel beautiful? Did women feel sexy during pregnancy? Did they want to have sex? If the answer was yes, then I wanted to know with whom? How much? How often? How did they feel if their partner didn't want to have sex? How did they feel if they didn't have a partner? During the course of this research I began to gather the information that could provide some answers to all of those questions. I also uncovered that many of the books for pregnant women didn't include very much information on this topic and that women wanted the information. I learned that women didn't talk about their pregnant sex lives unless specifically asked. I also learned that specific questions didn't always get specific answers. Women, especially during pregnancy, have been socialized to hide and shy away from sex and sexual activity. This research also provided me with the knowledge that all parts of motherhood are connected. I asked about women's sex lives and learned their perceptions of motherhood. I discussed orgasm and listened to stories of transformation from childfree to having multiple children and the difficulty in that transformation. Women's sexual activity during pregnancy includes the mother part. It includes the transition to motherhood, the idealization of motherhood, as well as the sexual behaviors of mothers. I could not ask only one part of the question. I had to ask the full question. I had to ask about motherhood in order to learn about pregnancy, sex, and sexual activity.

All of this will be discussed in this chapter. I would like to discuss the reasons for these women choosing pregnancy and how this impacts their relationship to their pregnancy. Then, I will discuss the impact of pregnancy on a woman's relationship to her body, and finally, move into a discussion of sexuality and pregnancy.

Pregnancy as Choice

Women choose pregnancy for a variety of reasons. Many decide that a marriage and children complete their life. Some negate the choice by engaging in un-protected sexual intercourse. Some refuse to have another abortion or give another child up for adoption. The reasons are limitless for choosing to keep a pregnancy.

I asked each woman the question, "When did you decide to become pregnant?" at the beginning of the interview. I wanted to explore how each woman interpreted the question, as choosing not to terminate a pregnancy can mean choosing pregnancy. Deciding, deliberately or not, to remain pregnant and to give birth without giving a child up to adoption, is choosing motherhood regardless of the reasons for doing so. Most of the women gave specific timeframes from their lives to discuss when they should become pregnant; many went onto discuss whether or not that timeframe would accommodate a pregnancy. Out of the fifteen women, only one participant mentioned the choice of keeping a pregnancy: "umm, not since the very beginning and at first we had to decide, since it was poor timing, if we were going to go through with it, but now we're both very excited about it."

Almost a third of the participants chose to keep unplanned pregnancies, but did not discuss termination or if an abortion had not been an option, nor did I ask as

this was not the focus of this study. The remaining participants planned their pregnancy or were trying after unsuccessful attempts. Out of the fifteen women, six women had experienced miscarriage prior to the successful pregnancy they were being interviewed about. Four women experienced long-term infertility that required fertility treatments. Five women had no trouble at all conceiving.

The majority of women in this study viewed their pregnancy as a positive choice. When asked all of the women interviewed discussed experiencing fear in the first trimester, yet indicated satisfaction with the choice made replaced fear in the last two trimesters. The women who did not plan their current pregnancies indicated a positive feeling in the latter stages of pregnancy. However, the women who discussed feeling apprehensive regarding the impending birth and post partum period did not plan their pregnancies. Cecilia¹ indicates that the adjustment is not only about being pregnant, but motherhood: “ (Pausing) Umm, it took time to adjust to the fact that I was actually pregnant. And then, I’m still adjusting to the fact that I’m really going to be a mom (laughing)...” Jill explained her view of her own pregnancy as: “I feel great about it now. I’m excited. I’ve always wanted to have kids, so, and I guess part of me was scared that I never would be able to because I didn’t really foresee myself getting married or any of that so....(she trailed off quietly)” Both women experienced unplanned pregnancies and each took a bit of time to adjust to the idea of what this pregnancy meant in the cycle of their lives.

Women who experienced difficulty conceiving found that the feelings they expressed differed greatly from the women who conceived easily. Elizabeth

¹ The names of all of the participants have been changed in order to protect their anonymity. Most participants chose their own pseudonyms; some deferred the talk to me.

addresses this issue as one of a level of comfort: "Umm, I'm much more nervous about every little thing going wrong or right, and especially in the beginning. Any kind of mild spotting or anything... a lot of people were more or less, "blah, blah, it's okay". I was extremely nervous; both of us were extremely on edge about everything. Yeah." Jolene, who responded via email, echoed this sentiment and added the cautionary way she felt about the pregnancy, which directly linked to how conception proved very difficult:

When we first found out we were pregnant the third time we were very happy, yet reserved. We knew the result could be miscarriage again but knew that the docs would take some additional steps to investigate the problem if that happened... He was very cautious and so were we. We felt blessed and hopeful but scared at the same time.

Neither seemed concerned about whether their sex lives or sexual activity levels had been impacted during portions of their pregnancy. Nor did either woman include fertility in later discussions of whether or not sex or sexual activity levels were impacted during the second and third trimesters of pregnancy. However, as discussed previously, Reamy and White (1982) found that women during the last two trimesters of pregnancy experience a diminished need for sexual activity, but an increased need in physical contact such as cuddling or being held. Only one of the women struggling with fertility issues discussed this as affecting sexuality and/or sexual activity levels. Joanna, while trying to entertain a 2 year old daughter, articulated the frustration with linking sexual activity with conception. She elaborated on this aspect of struggling with fertility:

Because we were trying for so long, it was more like an effort before, it was like we've got a certain amount of time to do it, do it as much as we possibly can in this time and there was no pleasure involved in whatsoever. Apart from the first or second month when it was fine, because we were kind of excited about trying

but then it went on for months and months in was not pleasurable at all. He though it was absolute torture towards the end.

Interestingly, Joanna would be the only participant to discuss whether or not fertility affects a sexual relationship, either with a partner or with herself. I did not elaborate on this question as it was not the primary focus of my research. Out of the fifteen participants, four women struggled with fertility issues ranging from taking a bit longer than the average woman to needing fertility treatments to achieve conception.

A participant who did not become pregnant quickly (within a few months) questioned the definition of difficulty in conceiving. Carolanne, who actively tried for a year and a half to become pregnant again after a miscarriage, commented:

Umm, no, I guess it depends on one's interpretation of what difficult is. We, umm, just left it, I mean we didn't try; we didn't use fertility drugs or anything like that. We just let nature take its course. It took us a year and a half. I don't think that was difficult. Some months disappointing when you're not, but not difficult.

Conception being central to the ways women perceive their pregnancies is evident in the appreciation of the pregnancy for women who struggled to become pregnant, as well as how the success of a pregnancy affects a woman's perceptions of herself. Not becoming pregnant in a cycle or two seemed, for some women, to indicate that fertility might become something of an issue. This creates stress and pressure within a relationship, affecting both perceptions of herself as a woman and of her sexuality. Sheila Kitzinger (1995), in *Ourselves as Mothers*, writes, "It is tempting to believe that women in the West are free to make their own decisions, and with modern contraception, that we choose to have a child when we want one, to delay motherhood, or to avoid it entirely" (p.196). Unfortunately, the notion of choice is a false one. Yes, women can choose to remain child-free, but a stigma remains; one

that directly affects women who struggle with conception. Jolene indicates that not being able to achieve pregnancy changed the way she felt about herself and her body:

I never had great body image. I've never really liked my hair, my complexion, my body size/shape, etc... Going through the miscarriages and having trouble conceiving, however, made me hate my body even more. I felt like it was separate from me and failing.

Women, who struggle with fertility, more so than women who conceive easily, felt that their sense of identity, purpose, and often, womanhood were challenged by infertility. Jolene, Elizabeth, Joanna, and Carolanne indicated that they cherished even the most awful aspects of pregnancy, due specifically to the difficulty in achieving pregnancy. Elizabeth says, "All the aches and pains and stuff, I overlook them a lot more than most people because I just feel so thankful that we actually got pregnant".

Women, who planned their pregnancies and conceived easily, differed from each other in their responses. Gracie, who did not participate in any sexual activities prior to marriage, planned her pregnancy, yet she deliberately delayed getting pregnant in order to complete other areas of her life:

Ummm, because a child is something we've always wanted. We've been married for eight years and have very intentionally put off having children to get through school. To get to a more financially secure position in our lives before becoming parents. So, when we found out I was pregnant we were absolutely thrilled.

Gracie agreed to participate in the study, as long as I incorporated her belief that delaying pregnancy to establish oneself financially and within the bonds of marriage were the most responsible choices, not only for her, but for all women.

However, her response to her pregnancy differed little from those who had not chosen to wait as long to become pregnant, but had also planned a pregnancy. Jenny, her current pregnancy planned for many years, even before the birth of her first child illustrates this, “No, in fact, the first...we said when Finn is one year old we’ll get careless and that first cycle we got pregnant. We didn’t even know when I ovulated or anything”.

Jessica, who did not wait a significant period of time after marriage to become pregnant, expressed surprise that her new husband wanted to begin a family so quickly after getting married. Like Jenny, Jessica did not track ovulation or intentionally try to achieve pregnancy:

Well, after we got married we just started talking about it and thought that it would take us a lot longer than it did. We waited about two months after we got married to stop taking anything. And then a month and a half later, I was pregnant. We were one of the fortunate ones. We were very lucky.

The choice to continue a pregnancy to term or to terminate a pregnancy represents a major life shift for many women. More questions are raised than are answered when we begin the discussion regarding whether or not women truly have the choice.

Michelle Stanworth (1992), in “Birth Pangs: Conceptive Technologies and the Threat to Motherhood,” writes:

The pressures which propel women into motherhood – imperatives to have a child, the expectations of male partners, and the limited sources for women of fulfillment, security, and self-esteem—enter into the decision of any woman to be a mother, regardless of her fertility (p.).

As evidenced from those who struggle with fertility and who report the significant pressure to have children from both themselves and the larger culture, I found that ultimately many women do not feel that they have a choice about whether or not to

become pregnant. Lucy Bailey (1999) writes, "Nevertheless, the dominant view in society remains that it is women's primary responsibility to mother, and, whether mothers themselves or not, women are defined in relation to that role (Letherby 1994)" (p.336). Regardless of choice - and the idea of choice is debatable - motherhood, and women's relationship to that role is used to define women and their social location in life.

Feeling About Pregnancy

I included how each participant felt about their pregnancy as way of exploring whether or not that may impact how these women perceived themselves during pregnancy. Participants differed in their response to the question, how do you feel about being pregnant? Alberta discussed her feelings about being pregnant: "I loved being pregnant the first time. I mean for me, I'm really at peace with myself. I'm a bit more forgiving, so...". She trailed off and did not elaborate further. However, women's feelings about pregnancy can be directly linked to the way women feel about their body and their sexuality. Paula Fox and Chryseus Yamaguchi posit that body image in pregnancy is linked to pre-pregnancy weight. This highlights the correlation between how women experience their pregnancy as either positive or negative in terms of body image, which directly affects perception of sexuality.

Although some women feel excited, thrilled, or great about being pregnant, there are others who do not share those feelings. As evidenced by Elizabeth, a healthy baby is the goal and pregnancy is something to work through to achieve that goal; other women experience pregnancy as a state of being to endure. One participant

reported that “I think it’s interesting all the things that happen to your body. I know some people totally love being pregnant, I don’t hate it, but I don’t LOVE it.”

For Jolene, achieving pregnancy proved difficult and this, in turn, altered the way she felt about being pregnant:

Lucky, I feel so very blessed. As each week and month passed, I felt more confident that this baby would make it. I get really frustrated when I hear pregnant women complain about their pregnancies—how miserable they are.

Jolene’s perception of herself and her pregnancy is directly related to her fertility. She does not see how her ability to achieve pregnancy affects her perceptions of her body, her identity, and her sexuality. Fertility issues also affected the way Elizabeth felt about being pregnant. She expressed that she “love[d] being pregnant”. Like Jolene, Elizabeth did not focus on the negative aspects of being pregnant; she chose to focus on the outcome of birthing a healthy child, as opposed to focusing on how she felt about herself during pregnancy. Elizabeth worked to distinguish between her identity and struggling with fertility.

Some ambivalence towards a pregnancy may be linked to previous pregnancies or bad outcomes previous to the current pregnancy. This echoes the findings of Kumar, Brant, and Robson (1981) who posit that a diminished feeling of sexuality in pregnant women may correlate to issues outside of and unrelated to the pregnancy. It would seem logical to deduce that other issues may surface during pregnancies that have little to do with the actual pregnancy at hand. This is evidenced by two of the women who participated in the study.

Chrissy, a student raising a 2 year old autistic boy, remarked, calmly and without much emotion, that she felt positive about this pregnancy, “I mean I’m excited. I’m

definitely looking forward to having a baby. But I'm a little, well a lot anxious because with my son I had a lot of complications. During the pregnancy and the delivery, so there's a lot of anxiety there". Chrissy, admittedly, expected this pregnancy to be similar to her first pregnancy. Therefore, her anxiety had little to do with her current pregnancy and everything to do with previous experiences.

Cecilia, interviewed at just over 6 months along, indicated that she felt "tired (big sigh) of being pregnant. I'm at the point that I'm tired of -I just want the baby to here". Working full-time for little over minimum wage, Cecilia's experiences of pregnancy includes the financial stress. Hovering just near the poverty line, Cecilia's ambivalence towards her pregnancy may have more to do with her economic situation than her pregnancy.

Jenny, a stay-at-home mom, raising a 17 month old, articulated the way she feels about pregnancy "really depends on the day".

Pregnancy, unplanned or not, proved very exciting for a few of the women interviewed. Jill indicated that, while her pregnancy was unplanned and she had some hesitation in the first trimester, at this stage in her pregnancy she felt, "great about it now. Yeah, I'm excited."

Jessica says, "I love it, I was so thrilled. Absolutely thrilled. I just can't wait. It seems like an eternity 'till the due date". Kandace, who responded via email, reports that she feels "very positive" about her pregnancy.

Pregnancy and the Body

Feelings about an altered body/ the physical changes of pregnancy

Pregnancy can change more than a woman's life; it can alter her body and the way she perceives herself and her sexuality. Changing the shape, weight, and size of a woman's body and the sense of self may be impacted in either a positive or negative way. However, some women experience the alteration of the body as a positive change, while others find that the changes to the body threaten self-esteem, self-identity, and the way women perceive their sexuality. For many women, pregnancy provided relief from the beauty ideal. No longer did they worry about being thin, as pregnancy excused them from needing to participate. Yet, in society today, pregnancy has been co-opted and transformed into another facet of the beauty ideal. This is evidence by Joanna, who believed that fitting into the beauty ideal prior to pregnancy would eliminate the risk of gaining weight and changing shape when she actually became pregnant.

Joanna, 34 years old and self-described as thin and fit prior to pregnancy, found that the weight gain associated with pregnancy did not conform to her idealized version of what pregnancy is supposed to be:

I've always imagined myself, becoming so slim and toned before, to be one of those skinny people who have a tiny, little bump. And it was such a shock (eyes wide, mouth open) to both of us that I'd put on weight all over and become a curvy person, with big boobs, and I was never like that before. We were kind of shocked at how much my body did actually change.

Several of the women found that the physical changes of pregnancy included significant weight gain, and like Joanne, it often surfaced in places other than where they expected. Conception without difficulty can challenge the positive body image

of some women, especially for women experiencing their first pregnancy. Many times, for women in the last two trimesters of pregnancy, weight gain is an enormous issue; one that can threaten self-esteem and thrusts women into a position outside of the beauty ideal, often for the first time in their lives:

In some ways it was, especially in the middle part of pregnancy, I just felt fat, all the time...that was the part during my pregnancy where I kind-of felt I had a negative impact on my body image. (Gracie)

I tell myself, logically, it shouldn't matter. But in this society it does. Just seeing all the changes of stretch marks and weight gain, and my body taking on a totally different form than I've ever seen before. It's been a little challenging. (Jill)

And I know that just by getting on the scale that I haven't gained the weight. But it just makes me, when I look in the mirror and I don't have a waist anymore, I feel like I have more flab on me. And that is where I just feel out of touch with what I used to be. (Jessica)

For other women, pregnancy brings to the surface weight issues that had been previously under control. This reinforces the ideas of Kumar, Brant, and Robson (1981), who posit that maternal issues unrelated to pregnancy surface during a woman's pregnancy, creating insecurities and anxieties. Carolanne, who did not disclose a previous eating disorder, expressed her feelings about the weight gain:

In a way, just some body issues I already had worked out which I sort of had under control. Suddenly being pregnant, you sort of, any time someone makes a little "oh your face is full" gasp, what do you mean? I worry about swelling and I haven't been swollen until right now. I've been fine. I think it's just in my head, in my own mind.

Jessica, like Carolanne, omitted any mention of eating disorders, indicated a level of discomfort at even the appearance of gaining weight:

I immediately lost my waist. Just my waistline in general and I seem to be carrying the baby all the way around and not just in front. So, immediately my clothes didn't fit. I hadn't gained a lot of weight by any means, but everything

looked different, fit different. I don't know. It makes me feel not as comfortable, not as graceful as I used to be.

Finding themselves outside the beauty ideal for the first time in their lives, women experience this as a shock to their identity. Hofmeyr, Marcos, and Buchart (1990) indicate that this positioning outside the beauty ideal, while temporary, needs addressing in an open dialogue with women's physicians. It's possible that without proper discussion and assistance, such a shock to self-identity may contribute to depression.

Women who do not fit within the confines of the beauty ideal prior to pregnancy view the changes to their bodies as an asset; women may begin to enjoy this freedom from pressure to become or remain thin. Several women indicated that during pregnancy, the feelings expressed toward their body were that of forgiveness and enjoyment.

Chrissy, who indicated that she had always been outside the beauty ideal, echoed that sentiment, "I don't stress over my, well I mean I've always sort of stressed over my weight, and I don't even think about it. And I feel better, I guess I feel more acceptable because I'm allowed to big or whatever."

There is a beauty ideal for pregnancy; the image of the thin woman with a slightly bulging belly, who maintains her style, hair, and outward appearance regardless of circumstance. Jolene touched on it earlier when she discussed her surprise at gaining weight all over, as opposed to just in her stomach. As Chrissy and Jessica both observe, pregnant women are allowed to be big. Jessica, during our lunch meeting where I noted she did not eat a great deal, "So, it's kind of accepted that you would be gaining weight and you would be more voluptuous, and stuff. But, ummm, I guess

that's something. I know I look the way I'm supposed to." This allowance, for Jessica and Chrissy, is one way that each felt acceptable in their changing shape.

One participant offered:

I mean I've always been a pretty big person and now I feel like I don't have to, not that I ever had to. I don't feel ummm, I don't think ashamed is the right word, but I was never super fit and I feel like there's a reason I have a big belly, you know? So, it made me feel a little more comfortable in my skin.

Alberta, in the midst of her second pregnancy, highlights the forgiveness that can manifest itself during the second pregnancy: "I mean after you have a baby and you stop nursing, you're real excited to be back to yourself again. I still feel like, knowing what my body is capable of doing in terms of having a baby, I'm a little more forgiving."

For Jenny, "(laughing) I always feel more forgiving and loving of my body when I'm pregnant. In fact, I was really worried about weight from Finn until I got pregnant and then I'm like, oh I'm gorgeous. Because I can get as big as I want now".

Women who struggle with fertility view their bodies differently than the women who conceive easily. This is evidenced by their appreciation for even the most disliked aspects of pregnancy.

Jolene, who experienced two miscarriages prior to conception discussed her body almost exclusively in terms of her fertility: "I appreciate what my body is doing. I look at my body as if it is doing everything it can to make sure this baby makes it".

Elizabeth said, "But the uh, I just think it's so amazing what your body can do and how a woman's body can change so much to do this amazing thing. And so,

for me, it's more of a miracle kind of way of looking at your body, rather than a negative way.”

Yet, some women, like Gracie and Elizabeth, embrace the changing shape of their bodies. Gracie, experiencing her first pregnancy, expressed some enjoyment over her changing figure, “Just because things are changing....It's good for my body image because I like being pregnant and I like the way I look”. Gracie also articulated that she began to enjoy her changing figure once she moved into looking very pregnant, as opposed to just gaining weight.

Women may experience pregnancy as more than a physiological experience. Lucy Bailey (1999) writes of the women participating in her own study, “Images of motherhood provoked them to reflect on themselves, often critically, and offered an impetus for change” (p. 339). Jill experienced pregnancy as a moment in her life to alter the ways she chose to live her life prior to pregnancy:

Well it's not all about, you know, how I look anymore. Its not like I'm going out and I want to look cute. My body is now functioning, I mean, functioning beyond just myself and I take care of myself differently. Because I used to smoke and I used to drink. I didn't really care, you know, that much about my body, whatever. Now, it's like, I have to take care of myself.

Kandace, in the midst of her first pregnancy, echoed this sentiment, “I feel like I want to become a better person, so I can be the best mom I can be.” Without the pregnancy, these women may have continued on in life sans changes; pregnancy itself only an impetus to change, motherhood being the reason for the change.

The sacrifice of the self begins prior to birth, it begins in pregnancy. Motherhood is often thought of as needing less selfish behavior. Women are expected to sacrifice their bodies, their identities, and their sense of self in order to be viewed as a good

mother. We see this in the medical profession seeing only the vessel for the fetus to enter the world, and not that the woman is providing space. Sheila Kitzinger, in *Ourselves as Mothers* (1995), explores the topic of women as vessels for the unborn. She discusses the medicalization of women's pregnancies as a way of co-opting women's power during this time. The medicalization of pregnancy seeks to disempower women just at a time when they need their self confidence most in order to take on the ever demanding role of motherhood.

Two of the women interviewed experienced the physical changes of pregnancy as a positive change. Both women felt that they enjoyed their bodies more during their current pregnancies. Kandace wrote, "Pregnancy made me like my body more than before." However, she did not elaborate on specifically why. Kandace did indicate that she views her pregnancy as a transition period in her life, which I will elaborate on later in this chapter. Only two women, Cecilia and Brianne, indicated that their pregnancies did not alter the way they felt about their body.

Pregnancy is a strange state of being where a woman's body is shared space, most notably during the second and third trimesters when the fetus begins to move. One woman felt that the physical changes of pregnancy highlighted the fact that their body did not entirely belong to them; this can lead to a sense of not truly being alone. "For a pregnant woman, the edges of the self become blurred as the body no longer seems to operate as a marker of individuality." (Bailey, 1999, p. 340) Evidenced by Chrissy, who indicated that, "It made me more aware of my body and what my body can do to me, and how you know how the control of this other being. Sometimes I feel like I have been taken over. My body is not necessarily 100% mine."

As someone not familiar with being dependent and needing to rely on another person, Carolanne found the later stages of pregnancy difficult. "I can't do what I'm used to doing. For me, lifting up jars, just always really capable of carrying out normal activities without calling anybody. Getting up on the ladder, just doing my own thing." Naomi Wolf (2001) writes:

It was one thing to experience a loss of self in a pre-feminist culture that at least assigned a positive status to motherhood itself; it is very different to lose a part of one's very sense of self to motherhood in a world that often seems to have little time, patience, or appreciation for motherhood or parenting. This is especially hard for women who have struggled to be independent and self-reliant" (p. 9).

The duration of pregnancy is long, 40 weeks to be somewhat exact. It is an extremely physical event in woman's life. Three of the women found the fatigue difficult to contend with. Alberta, a runner used to being very active, found the inability to be physically active during her pregnancy problematic. "There are days when I don't get a lot of exercise, sometimes I don't sleep well because of it and I've had to be okay with it." Cecilia agreed, "It's harder to do things that I used to do. I don't walk as much as I used to, I'm tired all the time. It's, like, the fatigue aspects of it."

Enjoyment of Physical Changes of Pregnancy

I wanted to explore whether or not physical changes in pregnancy had a positive impact on the women participating in the study. Many of the women expressed feeling powerful or womanly, as though through pregnancy they had finally become women. For others, pregnancy was the means to an end, simply a period of time to get to the baby. Four of the women interviewed indicated that they did not enjoy any

of the physical changes that come with pregnancy. Chrissy echoed the sentiment of feeling powerful, yet that did not overwhelm her experience of being pregnant, "I have a feeling of big, powerful, life creating...other than that there aren't a lot of physical benefits of being pregnant" So many of the women interviewed, at one point or another in their interview, mentioned the idea of feeling powerful during their pregnancies that it begs the question: which aspects of pregnancy are powerful?

Some of the women expressed enjoyment with sharing their bodies with the fetus, after it began to move. Carolanne, who was diagnosed with placenta previa, a potentially life threatening complication, and placed on bed rest during her seventh month of pregnancy, enjoyed some time to reflect on how close she felt towards her unborn daughter, "(with her hand on her stomach) [F]eeling this belly, this baby growing. Suddenly, I felt, ohh, I'm sharing with someone."

Alberta, pregnant with the second child, hesitated before she answered, "I think I like how big your belly was. I think that's really great, being able to feel just when they start getting active." This would be the most common enjoyment the women described, feeling the unborn baby move; most women expressed some doubt that the physical changes their pregnancies were positive. Jolene, "Although, I am enjoying the pregnancy I don't know if I can say I'm enjoying my body."

Jill, her pregnancy unplanned and unexpected, articulated enjoying feeling movement, echoed previous women with her indication that the physical changes of pregnancy may not be her favorite. "It's amazing to feel the baby move. But I can't say, necessarily, like, one thing, like, physically that's been outstanding."

Several women discussed being a woman and being able to achieve pregnancy as one of the biggest enjoyments of pregnancy. Often the experience of entering motherhood is more than expressing the gender identity formed in childhood; motherhood and pregnancy has become the experience that women use to validate and reproduce that gender identity (McMahon,1995). Thus pregnant women, described as being powerful and womanly, can view pregnancy as a validation of their femaleness, a way of declaring their womanhood. Lucy Bailey, in *Refracted Selves? A Study of Changes in Self-Identity in the Transition to Motherhood* (1999) asserts that, while some women experience ambivalence in regards to their pregnancy, all the women interviewed in her study felt their sense of self worth increase with a pregnancy; becoming a mother raised a woman's status.

Gracie indicates, "The first thing is just seeing myself get bigger because it's kind of like seeing the progress. And with the ongoing state of the pregnancy, just the fact that I'm a woman, that I could get pregnant, and I like to feel the baby moving. It's just the most exciting thing."

Elizabeth, who tried for two years to become pregnant expressed this as, "I feel more womanly. I just feel so amazing that I can grow this baby, that your body changes so much and I'm I think to a man that would be incredibly sexy because it's like what's more womanly than that?"

Jenny, a woman in midst of her second pregnancy, explained her enjoyment of pregnancy as being powerful: "The powerful feeling of, like, I'm creating a life inside of me. And, you know, that's so amazing, which is a similar feeling I get from nursing too."

Joanna, who struggled with conception, remarked, “Just the fact that the next baby is inside you and you’re looking after it and protecting it. Yeah, you just feel complete really.”

Only one woman indicated enjoying a physical change that did not involve her unborn child, Kandace. Pregnant with her first child and self-described as very thin, she simply stated, “My breasts”. She did not elaborate on the specifics of why, even when pressed. Kandace, identified herself as African-American, and it’s possible that without her pregnancy she remained out side of a cultural beauty ideal. Pregnancy allowed her body to develop curves that she previously did not have.

Without acknowledging the changes that occur to her body during pregnancy, a woman may experience discord in how she is able to process the psychological changes that can occur during pregnancy. All of the women interviewed experienced some alteration of the body that felt displeasing. Therefore, it is important that this is included in any research surrounding pregnancy and sexuality. It is also instrumental to a woman’s health and well being during her pregnancy that she is able to articulate these emotions to her physician or mid-wife (Perkins, 1984; Grundzuskas & Atkinson, 1984).

Pregnancy and the Self

Alteration of the Self

Many women experience pregnancy as a transition period; a time when changes in lifestyle and identity are made and/or planned for. One of the largest changes can be how a woman perceives herself, which can radically change during the course of a pregnancy. Although women's perceptions of her-self can remain unchanged until after a baby is born, when the reality of what has occurred begins is evident.

Of her second pregnancy, Alberta says about whether or not her perceptions of herself have been altered during her pregnancy, "Yes, but I'm not sure I know how. I mean one way you're so, people talk to you a lot when you're pregnant. You're so out there. You can't really get out of it. I mean that's one way. I'm sure there's more."

Several women indicated that pregnancy did not alter their perception of themselves. Carolanne says, "No, no not at all. I don't think so." However, for Jessica pregnancy may not have impacted her overall perception of herself, but it did impact her level of comfort with her body, "(adamantly) No, no not at all; actually, no. Other than just not being comfortable walking in a room as I used to be. I feel different in my clothes, but nothing major at all." Through out her interview, Jessica would reference her appearance and the difficulty in accepting the constant changes.

One of the areas affected by pregnancy most is a woman's identity or sense of who she is and how that pregnancy may affect who she is. Gracie viewed pregnancy as a goal to attain; pregnancy, the only item, remaining on her life to-do list. She says:

I guess it's made me feel more secure. Kind of like this was the last piece in the puzzle that Mike and I were waiting on in marriage. It's not like something was lacking in our marriage before, but now we're going to be parents and we're graduating to a new stage in our life and it's one that we wanted. And it's a welcome change, so it makes me more confident because I can attain that last goal I had.

Once that goal had been attained, Gracie indicated that she felt a level of completeness in her life.

Jenny, who appears much younger than 28 years old, indicated that she felt each of her pregnancies earned her the respect of other, older women; as though prior to motherhood, she could not participate in women's discussions or lives with real meaning. Jenny says, "Yeah, more so with my first pregnancy, but again now I feel more of a woman. More like, when I'm in a group of women, even if they're older I feel equal. Like I've done all the women stuff now."

Lucy Bailey, in "Gender Shows: First-Time Mothers and Embodied Selves" (2001), asserts that women's bodies contribute to a dual identity as a means of social embedding and independent expression. Specifically with pregnancy, women use their bodies as a way of "doing gender", which allows women to assert some control in social positioning. Pregnancy and early motherhood are times when women are acutely aware of their gender and the social position pregnancy affords them. One participant indicated the increased status that seems to accompany motherhood, "One thing I have noticed when I go out I find it reassuring that if I pass by a bunch of construction workers I know they're not going to say anything to me. So maybe a bit more respect from random jerky strangers." Pregnancy is often seen in society as the ultimate expression of being female; women who struggle with fertility can feel as

though they have failed in that capacity, as adoption does not infer the same status increase as pregnancy.

Fertility played an enormous part in how Jolene and Elizabeth experienced any alteration of the self during their pregnancies. A solid sense of identity outside of motherhood and pregnancy did not seem to exist for Jolene, during her quest for pregnancy. She viewed each piece of early motherhood, namely conception, pregnancy, and birth, as a test, which her body chose not to allow her to pass. "The infertile partner will often experience a profound sense of failure and inadequacy that inevitably affects how sexually desirable he or she feels" (Semans & Winks, 2001, p.90). Jolene's body's inability to sustain pregnancy provided her with a sense of failure as a woman; achieving pregnancy allowed her to recover her sense of self and as indicated no longer views herself as a failure:

Yes. I have made some comments to that affect. I appreciate what my body is accomplishing. I don't feel like a "failure" as I did when I [was] having trouble conceiving or with miscarriages. There are times when I feel like I'm having an out of body experience and that what my body is going through is kind of creepy and I can't wait for it to be over, but those feelings don't last long because I quickly remember what a Blessing it is.

Concerned less about how pregnancy altered her sense of self, Elizabeth focused more on the role of mothering than pregnancy. Mothering became the focus, as opposed to the endless pursuit of pregnancy. Elizabeth did not indicate a sense of failure as a woman nor did she feel that pregnancy was a must in her life, but that possibly adoption would be the method by which she became a mother. Elizabeth says:

The only thing is that how I mean for the better I'd say that I just feel lucky and blessed. I also feel like I've been chosen for this great task and that makes me feel special. And the one thing I don't (as she grimaces) like is stretch marks.

Another major facet of pregnancy altering the self, is how a lifestyle is lived. In Lucy Bailey's (2001) study of pregnancy women, she found that women varied as to whether or not they allowed pregnancy to be a factor that altered their lives considerably; others women found pregnancy to be a "watershed" moment, where they altered themselves in anticipation of impending motherhood (p.339). Several of the women interviewed took pregnancy as an opportunity to deliberately alter themselves, their beliefs, and the way they lived their lives. Jill, formerly a woman who cared more about parties than about her health, says:

Oh yeah. I was, (waving her hand in the air) you know, kind of drifting through life. I was working, but I wasn't in school and I was drinking. I was smoking. You know I... now it's like my whole life has shifted to I'm going to have a child. I'm going to be caring for this child. I'm taking care of my body now. I feel better. I have a lot more motivation and purpose. So yeah, it's been a radical change.

Kandace, a young mom at 20, used pregnancy as a time to better her self, "I feel like I want to become a better person, so I can be the best mom I can be." Her pregnancy became the transformation event leading into motherhood, one full of changes to become a better mother.

However, unlike Jill or Kandace, Cecilia did not view the changes to her identity as positive. Continuing to smoke through out the course of her pregnancy, she indicated that the transition to motherhood meant altering part of her identity, "A little bit. I feel, like a, not going to be cool anymore. I'm not going to be hip anymore because now I'm a mom. You know?"

Only one woman indicated no change to any perception of her self, Brianne indicated, "No, this is temporary." She did not view pregnancy as anything more

than an event by which to produce children. In her interview, completed at the end of her second pregnancy, she intimated that she would not be pregnant again, as it was the least favorite of her activities in life.

Just as the physiological components of pregnancy should be discuss with a physician or mid-wife, so to the psychological changes should be. Body image, change to identity, lack of fertility, and a lack of change at all should be noted by the physician. The doctors do not simply treat a pregnancy, but a woman who is in the transition to motherhood. All of the above mentioned examples may affect a woman's sexuality, which in turn can adversely affect her sense of self and/or a relationship with a partner. (Fox & Yamaguchi, 1997; Tolor & DiGrazia, 1976; Reamy & White, 1987; von Sydow, 1998).

Sex and the Pregnancy

Definitions of Sex

I asked each woman interviewed for a definition of sex, as this would allow me to have an idea where each woman was coming from. Leaving this an open question allowed me to learn how each woman defined sex just a bit differently from each other. Four of the women defined sex as an emotional act between two people. These four women did not include any description or mention of physical activity in her definition.

Gracie, who chose to remain a virgin until marriage, defined sex as:

I define it as an important part of our marriage, but a very small part. It's the act we go through to be as close together as possible. It's kind-of part of our emotional bond, but not the whole thing. We waited until we were married to

have sex, so I feel that the biggest part of our bond is emotional; this was kind-of like the icing on the emotional cake.

The remaining women defined sex as a physical act between two people, including but not limited to, intercourse and oral sex, as well as the aforementioned emotional component.

Jenny, a stay-at-home mother pregnant with her second child defined sex as both intercourse and oral sex, "I would say, I wouldn't just say intercourse because I think oral sex is sex. So, I would say intercourse or oral sex or either one of those."

Interestingly, many studies are criticized for using intercourse as the mean measure of sexual functioning while research sex during pregnancy (Reamy & White, 1987; Robson, Brant, & Kumar, 1981; Reamy & White, 1982; Tolor & DiGrazia, 1976; Kenny, 1973; Morris, 1975). This raises questions about why these researchers use intercourse as the mean measure of sexual functioning. Is it because the majority of women included in interviews use sexual intercourse in their own lives as the mean measure of their own sexual functioning? One of the limitations of my own research is that I was not able to include any lesbian women in this study. This is not an oversight; this is due to a direct lack of access to more than two couples that included a pregnant, lesbian woman willing to participate in this research project. This highlights the need for studies of women's sexuality that include lesbian, bisexual, transgender women. It further highlights the need for more research in this topic.

Definitions of Sex in A Relationship

By asking the question of how sex is defined in each woman's relationship, I was able to compare each woman's answer to what each woman's definition of sex is.

Only one woman, Jill, articulated that the definition of sex depends on the relationship.

Jill, her identity radically changing during pregnancy, indicates that sex may be an emotional experience, but often it is not:

In my past relationships, I guess it would have to be in my past relationships, I'm not sure I know the answer to that one. I guess it really varies on the person. That I think of, I mean, you know, depending on the relationship, the way I view the person. At times it has meant an expression of love, at other times it's meant I've had too much to drink that night and should've just skipped it. I think that ideally it should be an expression of love.

Many of the women explained that sex was not the biggest part of their relationship and that, while fully satisfied with their sex lives, the emotional component was far more important; this definition differed greatly from definition of sex offered by the majority of women included in this study. From the small sample size of women interviewed, I cannot make the assumption that the majority of women feel this way, but the majority of women interviewed defined sex in the abstract as a physical act between two people, yet in their own lives sex was an act of love and caring. Based on the limitations of this study, I cannot speculate as to why the women interviewed delineated their answers in such a fashion.

Carolanne, who could not engage in any sexual activity during pregnancy, defines sex as a "loving, caring act." When answering this question, she did not make any eye contact with me even though my gaze did not turn away. Nor did she elaborate, but I would speculate that her definition of sex is directly affected by her experience during pregnancy. However, due to the limitations of this research, I do not have Carolanne's definition of sex prior to pregnancy to compare her current definition of sex to.

Jessica, who had no restrictions during pregnancy, confidently spoke for herself and her husband when she defined sex in her relationship as, “not the actual act of having sex, but touching and hugging and kissing, emotional and intimate contact.” Neither Jessica nor Carolanne had been married more than a year at the time of the interviews, which may or may not be of consideration in regard to their definitions; women included in this research who were married for much longer periods of time were less likely to characterize their sex lives in such loving or romantic terms.

Kandance and Gracie, both chose to remain a virgin until married, offered very different views from each other regarding how sex is defined in their relationships. Kandace, in her early 20’s and newly married, says, “It is an important part of my relationship both to me and partner. I don’t think I could be in a long term relationship and not have sex.” Whereas, Gracie, in her late 20’s and married for 8 years, matter-of-factly stated:

Well, I guess by, I mean it’s a minor part. It’s a significant part, obviously. With a pregnancy it was a means to have a child. But it’s something we both enjoy, but it’s not something that a whole relationship is based on from the start. So, it’s just something that is a benefit of marriage that we didn’t enjoy before. It’s a good benefit.

The definition of sex, within a relationship or not, can directly affect a woman’s perceptions of herself as a sexual being. If there is little importance placed on the maintenance of a healthy sexual relationship, and again I include a partner or just the self, the entire relationship can be affected. Thus, a healthy sexual relationship with the self is of utmost importance and just as impacted by how sex is defined. It is

important to note that during pregnancy the sexual relationship between a woman and her partner, as well with the self, can change dramatically (Kitzinger, 1978).

Alteration of the View of the Self as a Sexual Being

According to researchers (Morris, 1975; Tolor & DiGrzia, 1976; Fisher & Gray, 1988; von Sydow, 1998) there is a steep decline in sexual activity from the first to the third trimester; there is no one specific reason for why this is, but each woman experiences an alteration to her perception of her sexuality, whether temporary or permanent, during the course of her pregnancy. Some women indicated that the change is due to a partner, activity level, appearance, or sense of identity. There may also be fear of harming the fetus with any sexual activity. Just as there is no single experience of pregnancy, there is no single reason for the shift in a woman's perceptions of her sexuality.

The importance of maintaining a healthy sexual relationship during pregnancy cannot be overstated. Referenced in multiple articles (Tolor & DiGrazia, 1976; Reamy & White, 1981), sexual activity or the acknowledgement of a loss of sexual activity during pregnancy is key to the health of a relationship. Sheila Kitzinger (1978) writes, "The sexual relationship may be adversely affected by pregnancy, either as a result of an emotional withdrawal from genital sex, or of a taboo frequently medically enforced or self-imposed..." (p.20). Kitzinger (1978) reiterates that the inability to communicate about sex with a partner may impact a relationship long term, as changes in the sexual attitudes can lead to a deterioration of the marital relationship (p.20).

Alberta, married to a man 10 years older than her, implied that his perceptions of her sexually affected her own perceptions a bit:

A little bit, yeah. It's definitely sooner (groan) in this pregnancy than the first. I've become ungainly and so it's like more a psychological thing, it's more the logistics of it. I know that my husband is really nervous about squishing the baby, and that it's not got to be comfortable for me too. If we're going to do this, I want this to be enjoyable. What's coming between us is what's altered it (pointing to her belly).

Elizabeth echoed this sentiment, in a worried voice, saying:

Yes. I'd say the one thing I worry is that he's not going to like the fact that my boobs are going to sag or that he's going to, or that my stretch marks are ugly. I ask him a lot, "are you sure the stretch marks don't bug you" He's always like, "no, of course not", but I never believe him. Yeah, I think so, I think that would be the main thing.

Cecilia, unlike Alberta and Elizabeth, indicated that, because her husband really encouraged the pregnancy, they have grown closer, resulting in an increased activity level and a better perception of herself sexually:

Actually, I think a lot of it has increased. Because my husband's affection towards me and he wants the baby so much that we've actually spent more time doing sexual things together than we did before.

A few of the women interviewed interpreted the question of whether or not the view of themselves as sexual beings had been altered during pregnancy to mean an indication of whether or not sexual activity levels had changed. In terms of the level of sexual activity during pregnancy, each participant articulated a different reason for their current levels.

Due to placenta previa, Carolanne found herself placed on full pelvic rest, which includes refraining from orgasm, throughout the course of her pregnancy. She indicated that this alone affected her sexual activity level:

A little bit. I just feel big. But then I think in the circumstance we've had because of no...intercourse has been out since the beginning. It was early. Like in November, so that must have changed, so that's what I mean about being close.

For Jill who did not maintain a relationship with the father of her child, being a single, pregnant woman prevented her from exploring new sexual relationships. Jill indicated that during her pregnancy might not be the best time for her to be dating:

Yeah. Definitely. I mean especially being single. It's not necessarily something where you...I don't feel like I'm really out to meet anyone right now, or can express that necessarily nor do I necessarily want to. But that's not to say that'll change. But that's not something I'm really interested in.

One participant, the only self-disclosed bi-sexual woman, in an open marriage, to participate in this study, articulated her level of discomfort at initiating sexual encounters with people other than her spouse during her pregnancy. She cited the possible discomfort on the part of a new partner with her pregnancy, which she indicated, did not contribute to a positive sexual experience. She also indicated that an overall concern for the health and welfare of her own body, and that of her fetus, impeded her sexual desire:

I don't feel as free, just going back to that a little bit. I don't feel as free to initiate sexual encounters with other people. Just in case they're kind of weirded out about that. Also, I don't know. I'm more protective of myself and it comes out in that area. If I go to a party, I'm not as social with people if I don't already know them. Also one piece of it seems that I've realized in the last couple of months, it's harder for me to achieve orgasm. So, sometimes I don't feel like doing anything or I feel like doing it myself.

Like Joanna, who could not achieve orgasm during pregnancy, this participant found achieving orgasm difficult, if not impossible, during pregnancy; this, in turn, diminished her overall desire to engage in any form of sexual activity, with a partner or without. However, this contradicts the findings of Kumar, Brant, and Robson (1981), who assert that changes in the sexual activity levels during pregnancy match

or are often very similar to pre-pregnancy levels of sexuality. Brianne, Joanna, and this participant all had changes to their pregnancy sexual activity levels that did not match pre-pregnancy activity, regardless of reason. Unlike the findings of Kumar, Brant and Robson (1981), these women experienced changes within their pregnancy that each believed had physiological components rooted in pregnancy, as opposed to a maternal issue. Joanna, Brianne, and this participant all found that during pregnancy orgasm was not as easily achieved as prior to pregnancy; thus directly contributing to a decline in the overall desire to engage in any form of sexual activity. Therefore, pregnancy can contribute to an altered sense of sexuality during the course of pregnancy that does not have outside maternal causes.

However, it is important to a woman who experiences sexual dysfunction during pregnancy to be able to articulate that with her physician (Perkins, 1984; Grudzuskas & Atkinson, 1984; Fox & Yamaguchi, 1997), as anxiety, fear or unnecessary worry can create further sexual dysfunction in a relationship.

One woman experienced these changes as outside of her internal identity. Jessica, blonde, toned, and used to being firmly within the beauty ideal, indicated that pregnancy, while temporary, altered the view of her self as a sexual being:

A little bit. I mean, I think it goes hand in hand with the body that is not your own. You're possessed by something else. (her voice rising) Your hormones are out of whack, and everything's kind-of changed. So, yeah, certainly I don't feel, I guess it's more so, that I don't feel great about myself like I used to. Partly because my appearance is changing constantly, and it's hard to adjust that quickly.

Rapidly changing appearance, especially coupled with placement outside the beauty ideal contributes to a lower level of interest in sexual activity (Fox & Yamaguchi, 1997).

In addition to the reasons listed above, another reason mentioned for a change in perception of the self as a sexual being: health. Gracie, who suffered from severe morning sickness and migraines in her first trimester, says:

A little bit, because you can't move as fluidly as you would normally. It makes things a little bit more difficult. In the first trimester, when I was feeling yucky all the time, that was the last thing on my mind, because I'm just looking to get through the day without puking.

For some, pregnancy itself eliminated some sexual frustration and dysfunction, if not altering a woman's view of herself as a sexual being. Jolene says, "Finally getting pregnant has taken some of the pressure off and made sex fun again. I don't know how it's altered my own views of myself as a sexual being though."

The interpretation of the question ranged from sexual activity levels to a sense of a woman's identity. Interestingly, Jenny articulated the dualism of both being a mother and a mother who has sex, which most women feel but may not be able to articulate. She says:

More so the first time. Actually this time too. It's kind of funny because you're now a mom having sex, which is something that you wish didn't exist up until now when you only had a mom. Now, you are a mom and realize that your mom probably had sex too. I think my perception of my mother changed more than myself, because I'm seeing myself as what I see her. I don't have nearly as much sex as I used to, but that's just a logistical thing. But I'm definitely still a sexual being.

Chrissy indicated that pregnancy, rather than changing her own perception of her sexuality, changed the public perception of her sexuality. According to The Mother's Guide to Sex: Enjoying Sexuality Through All Stages of Motherhood, "Pregnancy forces you to go public about your sexuality –after all, everyone around you assumes you must have had intercourse in order to get pregnant" (Semans & Winks, 2001, p. 97).

Chrissy says:

Well, I think I think about it. Because I'm pregnant and as I show more, it's obvious that I'm a sexual being. It's more of a mark. You know, I mean, you can't get pregnant without something. And I'm married, so people see me with a husband and think she had sex. It's a little more out there. For me personally, I think about sex more, in terms of fantasizing. I mean I'm pregnant, now how did I get that way?

Brianne indicated that during pregnancy she did not have sex or engage in sexual activity during pregnancy. As she felt uncomfortable discussing this on a tape recording, Brianne elaborated that during pregnancy she is simply unable to achieve orgasm. Joanna indicated that she engaged in sexual activity, but only for her husband's gratification, as she is also unable to achieve orgasm during pregnancy. Both women asserted that prior to pregnancy and after pregnancy that each is able to achieve orgasm. However, it is only during pregnancy that orgasm isn't possible. Neither woman indicated discussing this with her physician; as both women felt that the lack of orgasm would be temporary and not part of a longer term problem.

Are the changes that occur with pregnancy compatible with your view of yourself as a sexual being?

One of the main themes to explore with this research is whether or not any of the changes that occur with a pregnancy are compatible with an established sense of self as a sexual being. All of the women interviewed indicated that the changes they experienced as a sexual being during pregnancy were compatible with motherhood. Many of the women in the midst of their second pregnancy indicated that the changes they experience during pregnancy are temporary and eventually sex and sexual activity return to a pre-pregnancy level.

Joanna, pregnant with her second child, elaborates on the acceptance in her relationship of the diminished role of sex and sexual activity. She feels that the while the children are young, her sex life and its importance is on hold. She says:

Yeah, I think you just have a lot less time for yourself. You don't quite feel as attractive, you don't have time. I used to work out before and have lots of energy and I've got no energy and I just don't have time to work out and exercise....It's like harassed to get out of the house and you hardly feel like this is going to be a nice night together and really sensual. It's more like quick we've got five minutes, let's have some sex. But that's the way it is, we know it works, we don't resent it, we just know it's going to be a few years.

Carolanne, place on pelvic rest her entire pregnancy, says, "I think so, I think I've been okay. We've both been okay or at least comfortable with that. It's just been sort of the flow into it..."

Finally pregnant with her first child after struggling through two miscarriages and infertility, Jolene feels "more confident in myself and what my body can accomplish, so I suspect this must translate somehow into how I perceive myself." Unfortunately, her self confidence is tied to her reproductive ability.

Regarding the compatibility of the changes that occur with pregnancy and her sense of self as a sexual being, Jenny says:

(laughing)It's funny because I always thought of a mother as a non-sexual being, until I became one. I'm more comfortable sexually now than I have ever been, now that I'm a mother. So, my perception from standing outside of motherhood was so backward of what I'm experiencing as a mother.

Elizabeth, one of the only participants to focus on the post-partum process, expresses concern that the changes that happen during pregnancy may not be compatible and may become permanent. She says:

Yeah, I think so. The only thing I think that I would...that we've talked about, that I worry about, maybe more than my husband does is getting time to ourselves, after the baby comes, to be intimate with each other. I think I have a

higher libido than he does, so he probably doesn't think about it quite as much as I do. I keep talking about we need to make time for ourselves because people have talked about that being pretty common.

Kandace, newly married to her only sexual partner, feels that the changes that occurred during her pregnancy have pushed her to embrace her new sexual identity. She says, "Yes, they have made me feel more of a sexual person. I feel more open with my sexuality, I guess because it's obvious that I am sexually active."

Whether or not the changes that occur with pregnancy are compatible with a woman's view of her self as a sexual being is dependent on the woman. This study only highlights that further research is needed in this area; that there is a lack of focus on the topic of sexuality and pregnancy.

Motherhood and Sexual Activity

Are motherhood and sexual activity compatible?

One of the main questions to emerge from the research is whether or not motherhood and sexuality are compatible. All of the women interviewed indicated that yes motherhood and sexuality are compatible. This, in and of itself, did not surprise me. What does seem surprising is the overall lack of healthy representations in the media, literature, and daily lives of mothers who embrace their sexuality. With the 15 women interviewed all in agreement that motherhood and sexual activity co-existence, why then do we not see this representation of healthy sexuality?

Cecilia, incorporating sexual activity into her married life, indicates, "Oh yeah, because I'm married and the children would have time to them and I would have

time to myself with my husband, then it doesn't really play a part in my motherhood. It's just another aspect."

Another participant, candidly admitting what most parents do to achieve a sexual relationship while mothering a newborn, says:

Sure, I mean I definitely, intellectually think that. I know that I will have some issues fitting them together. For instance our baby is going to sleep with us in our bed. We're going to have sex and the baby will be right there. It might be a little weird at first. I'm not sure how that will come up or not.

Elizabeth, a doctoral student articulated the fear that some women experience regarding the possible loss of identity that comes with motherhood in American culture:

Yes, I do, because I'm still going to be a woman, even though I'm going to be a mother. I don't ever want to feel like because I'm a mother, I'm no longer a woman or a partner to my husband. And anyway so...that's very important to me, that emotionally, physically, and everything so that we...intellectually that I still have, that I'm still my own person, that I'm a woman and that I have a relationship with my husband that's close and intimate and that's outside of my motherhood. That I want to be a mother, but I don't want that to be the only thing I am.

Jessica, during the second trimester of her first pregnancy and having no other children at home, noted that the amount of sexual activity decreased, says, "Yes. Except that frequency is something that falls by the wayside." Carolanne, trying to balance pregnancy with working full time, says:

I think they can be. I think it depends on what you allow. I don't know yet, we'll see once the baby is born. I think a long day at school teaching kids, you know. I think that, I think in my frame of mind, I think it's what you allow to consume you.

Alberta, like Carolanne, expressed that women need to control this aspect of their own life. Currently pregnant with her second child, she indicated that the amount of energy required in maintaining a healthy sexual relationship increases with each

child. She describes this maintenance as something to focus on. She says, "Yeah, but you've got to work at it. You need to make time for it. You need to make it a priority, either I'm going to stay awake or make time for it."

This would be the overwhelming response to whether motherhood and sexuality complement each other: time management. Rather than saying no, all the women indicated that motherhood and sexuality were indeed compatible, but a woman must make time for sex, meaning that the image of a "perfect mother" must go. In order to create healthy, meaningful sexual relationships with the self and/or a partner, women must prioritize with their own needs at the top of the list.

Conclusion

I began this thesis to find answers to my own questions, questions generated out of fear, longing, and a commitment to the newly forming child in my womb. I wanted to examine how women in the second and third trimesters of pregnancy viewed themselves as sexual beings. In doing so, I discovered that all the women interviewed felt mixed emotions regarding sexuality and motherhood, sex during pregnancy, and how they view themselves. There would be no standard answer to any of my questions, but as I started to do the research I found a gap in the written research where the experiences of mothers should be. I began to push further into this topic and to find my own voice in this as well as other women's voices.

Initially, I focused on how women felt about pregnancy and sexuality. Quickly, the women I interviewed expanded that to include the compatibility of sexual activity and motherhood. I realized I could not discuss pregnancy and sex without discussing motherhood, the choice of whether to become a mother or not, body image, fertility, and the frustration surrounding the transition to motherhood because these were the issues my participants wanted to include. My topic, while very focused, expanded to include the facets of being pregnant. Using grounded theory as my guide, I allowed the data to create guide the development of any theory, to influence the meaning of the research.

Some of the women who chose to participate in this study were first time mothers; others were in the midst of a second or third pregnancy. As the sample size was small, I cannot make generalizations from this research; although, from this research I can deduce certain themes that with a larger sample could generate generalizations.

As I discovered a many things with this research, I would recommend that a larger, more extensive study be conducted; a study that includes the pre-conception and post-partum time periods would allow researchers greater access to a more developed body of data.

Multiple topics emerged from the data, including Pregnancy as Choice, Pregnancy and the Body, Pregnancy and the Self, Sex and the Pregnancy, and Motherhood and Sexuality. Each topic confirmed that at every stage of the process of becoming a mother, the women who participated in this study reflected on how a pregnancy would impact their lives. Pregnancy is a time in a woman's life when her identity is fluid and open to change, especially the first pregnancy. I talked with women pregnant with their second and third children and each of these women confirmed the research that pregnancy is an enormous transition point in a woman's life (Kitzinger, 1978; Daniluk, 1998). The women in the midst of their first pregnancy expressed some fear that they may not return to who they once were; the fear less in women experiencing second pregnancies, but still present.

Pregnancy is the time when women can change their sense of self. A woman's identity is always fluid, but during this time she may choose a new more maternal sense of identity, but even that is limited in that it must fit the perfect mother ideal.

Motherhood itself changes a woman; a woman without children does not have the standard set so high that in order to achieve this balance she must lose herself to perform as care giver and woman. The woman with children is no longer in life alone. For the women taught to be independent, this total sacrifice creates anxiety;

part of the hesitation, worry, and fear is the very real lack of information that validates those emotions.

It does not appear from this research that women feel that pregnancy is completely a choice. I found it interesting that, although several women in the study grappled with unplanned pregnancies, only one woman mentioned that she and her partner discussed termination. Granted this may not be as surprising, given that I had minimal time to create a high level of comfort for each woman. I cannot guess that this lone participant is the only woman in the study to think of abortion, but she alone mentioned it. For each topic, a glimmer of data that could be developed much further emerged. During this research, I had neither the time nor the funding to pursue a much larger study, which placed some limitations on the outcome.

A woman's sexuality is ever changing depending on her circumstances. I found that women must reclaim or claim for the first time their right to set space for sex and sexual activity. Pregnancy, motherhood, and the day-to-day raising of children will chase sex out of a woman's life. It is imperative that women do not allow that to happen. A strong sense of sexuality is vital to a woman's sense of being, sense of self and overall health. Women must reclaim what is already theirs.

Last Words

I also discovered that feminism must take on the challenge of pregnancy, sex and pregnancy, and most importantly, motherhood. As I walked along the Embarcadero in San Francisco a few weeks ago, with my now three year old son, I stumbled upon an Anti-Choice rally. My frustration swelled at their new slogan, "Women deserve

better!'. They, unfortunately, are correct. Women do deserve better. And why didn't I come up with that slogan?

The greatest gap in the research is that there is a lack of current feminist researchers discussing, analyzing, and conceptualizing pregnancy and motherhood in a positive way (Bordo, 1993; Bailey, 2001). Women deserve to have pregnancy and motherhood conceptualized by researchers who will validate that it is a complex and some-times troubling time for women; often women want children and that the only thing they do not want is the eradication/sacrifice of the self. I ask, is the loss of the self necessary? Is this the only way woman can do motherhood? The way American women experience motherhood is wrong and, as a feminist, I must not be afraid to say so. Myself, and other women, must be bold enough to reclaim motherhood from a society that systemically and systematically devalues it.

Without essentializing pregnancy and motherhood, the discussion must begin about how to create a space where both are a choice. Feminists must take back the right to choose—even if that means sometimes motherhood is the choice. Women should not find themselves in agony because they have chosen to never birth children. Women should not find themselves in agony because they want to birth children. Most importantly, pregnancy and motherhood should be part of options available to women, not roles and responsibilities used to demean them.

Feminists must reclaim motherhood from the patriarchy, which would destroy the most beautiful aspects of it. If nothing else, I learned an enormous amount about who I am and what I bring to the world from this research. I found that, while I enjoy mothering, I do not want any more children. This is a decision I agonized over, and

still do. I discovered that women, pregnant or not, struggle with their right to enjoy sex. I wonder how this will change. Then I talk to friends, some of who participated in this study, and realize it will change one woman at a time. After talking to these women, learning about their struggles, I realize that I am not alone. I am on this motherhood raft with many, many other women; women, who like me, share fear, longing, and commitment to their not yet born children, women who enjoy the ability to mother and the ability to decide not to.

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