

## PERSONALITY AND MOTHERHOOD: AN EMPIRICAL STUDY

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### INTRODUCTION

The pregnancy-motherhood cycle bears brings about many important changes for women. Unfortunately the numerous literature is characterized by confusion (Matud, 1988; Wolkind, 1981). As a paradigmatic example, the so called "post-partum depression" has meager empirical bases (Pelechano and Matud, 1990). In the case of personality variables, the great part of the literature has studied the relationships between isolated personality dimensions and psychopatological tendencies -i.e. **neuroticism** during pregnancy (Meares et al., 1976; Pelechano, 1981; Roldan y Baguena, 1987), **anxiety** (Ballinger, 1982; Bridge et al., 1985; Little et al. 1982; Meares et al. 1976), **hostility** (Ballinger,

1982; Bridge et al. 1985; Davids and Holden, 1970; Hayworth et al. 1980; Little et al. 1981, 1982); and locus of control (Hayworth et al. 1980; Little et al. 1982). However, the experimental dynamics of personality dimensions throughout the pregnancy-motherhood cycle has been ignored; moreover, it is difficult to find studies which have used a control group.

The goal of the present report was to explore the experimental dynamics of anxiety, performance motivation and locus of control in the period from pregnancy to early motherhood.

## METHOD

### The sample

Was formed by two groups:

(i) **experimental**, with 127 women who individually filled in several questionnaires (see below) during **pregnancy** (ranging from 4,5 to 8 months of pregnancy), in the **hospital** after the childbirth (between 24 and 36 hours after partum) and **three months** after they came back to their homes.

(ii) **control**, with 100 non-pregnant women

(iia) who have not been mothers during the year before the first questionnaire fulfillment and

(iib) who were not pregnant during the time of the study.

In both samples women were in gestational age (the chronological age range for both groups was between 16 and 42 years old; 40% of them had elementary educational level and 28% had university degrees). All questionnaires were individually filled in as a structured interview. Experimental and control groups were homogenous according to sociocultural and obstetrical variables. All participants were interviewed three times within similar time intervals.

### Instrumentation.

The following **questionnaires** have been selected:

(i) **MAE**, motivation and performance anxiety questionnaire (Pelechano, 1974), formed by 72 items grouped in six empirical factors (4 motivational and 2 anxiety factors) and

(ii) **LUCAM**, locus of control questionnaire for adults (Pelechano and Baguena, 1983), formed by 55 selected items and 8 empirical factors.

## **Procedure**

All participants were voluntary. The pregnant women were recruited from the state antenatal clinic at Santa Cruz de Tenerife (Canary Islands, Spain). The first interview was done at the mentioned clinic, the second one at the state hospital, approximately 24 hours after the child birth, and the third one at women's homes.

## **RESULTS**

In table I statistically significant differences (t-tests) between groups are shown. During pregnancy, there are not differences between experimental and control groups. After the childbirth (experimental women at the hospital), the experimental group reports more inhibitory reactions in stress situations (inhibitory anxiety factor,  $p < .05$ ), more external locus of control in social relationships with depressive components ( $p < .01$ ), more external control of situational luck, and more internal locus of control in decision-making ( $p < .01$ ). These results can possibly be explained as a consequence of hospital context. In the follow-up phase (three months after the childbirth) the main differences can be found in feelings of overwork ( $p < .05$ ), inhibitory reactions in stressful situations (inhibitory performance anxiety  $p < .01$ ), external control in social relationships ( $p < .001$ ), internal control in decision-making ( $p < .001$ ) and feelings of lack of self-control ( $p < .05$ ). The experimental group always showed greater scores than the control group.

In relation to the changes from gestation until the child is three months old, **intra-group** differences are shown in table II. The most remarkable results are the following ones: Mothers of three months old children show a greater tendency to be overwhelmed by work. It appears that external control in social relationships with depressive and fatalistic components and the internal control in decision making progressively increase. These changes only took place in the control group.

Finally, the role of several **moderator variables** in the above differences has been analysed. **Professional level** and previous **experience of partum** play an important role: women that only worked at home and that had a previous partum showed the highest scores in inhibitory reactions to stressful situations and external control. In regard to the **educational level**, the higher the educational level the lesser statistically significant differences. The **age** variable also plays a role, the meager differences are found in the range between 20 and 29 years.

**TABLE 1: BIVARIATE SIGNIFICANT DIFFERENCES BETWEEN EXPERIMENTAL AND CONTROL GROUPS**

FACTORS	GROUPS				
	EXPERIMENTAL (n = 127)		CONTROL (n = 100)		t
	M	SD	M	SD	
<b>POST-PARTUM HOSPITALITATION</b>					
<b>MOTIVATION AND PERFORMANCE ANXIETY:</b>					
Inhibitory performance anxiety .....	8.36	3.32	7.32	3.10	2.42*
<b>LOCUS OF CONTROL:</b>					
External control in social relationships with depressive and fatalistics com- ponents .....	31.98	7.99	29.19	7.14	2.74**
External locus of control and situatio- nal luck .....	8.59	2.54	7.87	2.44	2.16*
Internal control in decision making .....	23.79	3.61	22.43	3.61	2.81**
<b>FOLLOW-UP</b>					
<b>MOTIVATION AND PERFORMANCE ANXIETY:</b>					
Tendency to "work-holism" .....	3.53	2.60	2.88	2.24	2.00*
Inhibitory performance anxiety .....	8.15	3.00	6.90	3.19	3.03**
<b>LOCUS OF CONTROL:</b>					
External control in social relationships with depressive and fatalistics com- ponents .....	32.75	7.95	29.06	7.68	3.52***
Internal control in decision making .....	24.20	3.23	22.41	4.11	3.58***
Feelings of lack of self-control .....	8.92	1.93	8.43	1.68	2.02*

NOTE: n = number of women; M = mean; SD = standard deviation; t = Student's t; (\*) p < .05; (\*\*) p < .01; (\*\*\*) p < .001.

TABLE II: BIVARIATE SIGNIFICANT INTRA-GROUP DIFFERENCES EXPERIMENTAL GROUP  
(n = 127)

FACTORS	PREGNANCY (1)		HOSPITALIZATION (2)		FOLLOW-UP (3)		COMPARISONS	
	M	SD	M	SD	M	SD	(1-2)	(1-3) (2-3)
<b>MOTIVATION AND PERFORMANCE ANXIETY</b>								
Tendency to "work-holism".....	3.17	2.21	3.05	2.40	3.53	2.60	--	* **
Laboral self-demand.....	11.22	2.25	11.18	2.48	10.81	2.41	--	* --
Positive motivation to action. Positive ambition.....	5.28	1.90	5.61	1.98	5.57	1.78	*	*
<b>LOCUS OF CONTROL:</b>								
-External control in social relationship with depressive and fatalistic components.....	30.91	6.97	31.98	7.99	32.75	7.95	*	**
Internal factor of self-confidence and verbal control.....	12.47	2.92	12.79	3.06	12.09	2.93	--	*
Internal control in decision making.....	23.24	3.58	23.79	3.61	24.20	3.23	--	**
Self-criticism in work and social interactions.....	14.72	2.53	14.28	2.62	14.03	2.80	--	*
Self-exoneration in failures and distrust.....	16.13	3.69	15.59	3.48	16.62	4.18	*	**

NOTE: n = number of women; M = mean; SD = standard deviation; t = Student's t; (\*) p < .05; (\*\*) p < .01.

## CONCLUSIONS AND SUGGERENCES

The above results indicate that childbirth is accompanied by a set of psychological changes that can be interpreted as sequels of overwork and increase of stress produced by the childbirth and rearing jobs. The role of male is practically inexistent and usually women ignore him and believe that male should not be involved in rearing jobs. Negative consequences showed in these results suggest that partum preparation programs should be amplified to issues of child rearing during the early months of extrauterine life. These programs should be directed to anxiety control, self-assertive behavior and self-responsability. Finally, we suggest that the risk groups are made up by women with partum experience, with scarce educational level and under 20 or over 30 years old.

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