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Melanie F. Shapiro
Mothers' Feelings About Physical
and Emotional Intimacy Twelve to
Fifteen Months After the Birth of a
First Child: An Exploratory Study

Abstract

This qualitative study explored first time mothers' feelings about physical and emotional intimacy twelve to fifteen (12-15) months the birth of a first child. It also looked to understand what factors mothers thought would improve intimacy with their partners during this time period. The transition to parenthood prompted a change in many mothers' feelings about intimacy and changes in their relationship with their husbands and themselves. Twelve mothers' who had their first child twelve to fifteen (12-15) months ago, who were married for at least two years participated in the study. All participants answered open-ended interview questions focusing on the following topics: 1) who met mothers' physical and emotional intimacy needs 2) how their physical and intimacy needs were met 3) how their physical and emotional intimacy needs changed since the birth of their child and 4) what ways they would improve either physical or emotional intimacy with their partners. Six participants were asked two additional questions: 5) in what ways does your child contribute to your feelings of intimacy and 6) in your partnership, whose responsibility is it to make the changes to improve intimacy?

The findings showed mothers' physical intimacy needs were met by their husband, child and family unit (husband and child). And, mothers' emotional intimacy needs were met by their husband, child, friends, family and herself. The findings also showed that feelings of physical intimacy needs changed after the birth of her child while mothers' feelings of emotional intimacy needs did not change. Many mothers also stated that sharing more adult activities together as a

couple would improve physical intimacy and increased communication would improve emotional intimacy. These findings help inform partners, families, social workers, and other service providers about the feelings of physical and emotional intimacy that mothers experience twelve to fifteen months after the birth of a first child.

**MOTHERS' FEELINGS ABOUT PHYSICAL AND EMOTIONAL INTIMACY
TWELVE TO FIFTEEN MONTHS AFTER THE BIRTH OF A FIRST CHILD:
AN EXPLORATORY STUDY**

A project based upon an independent investigation
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Melanie F. Shapiro
2011
Smith College School for Social Work
Northampton, Massachusetts

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The exploration of relationships and life cycle changes reinforces my appreciation for my own mother and father. I am immeasurably grateful to my own parents, Sharon Freedberg and David Shapiro who always offer their unconditional love and support. I hope one day to be as successful as they are in parenting and marriage. I also want to thank my sister Mandy Shapiro who provides tremendous support, understanding and laughter; it is a privilege to share the joys of sisterhood with you. And finally, to my husband Mo Bawa, words could not describe my love, admiration and devotion to you. Your unwavering love and support continues to inspire me to become the person I am and who I want to be.

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Chapter I

Introduction

The purpose of this qualitative study was to explore how mothers feel about physical and emotional intimacy twelve to fifteen (12-15) months after the birth of a first child. In addition, the study aimed to understand what mothers think would improve physical and emotional intimacy with their partners during this time period.

One reason for conducting this study is due to the gap in literature on physical and emotional intimacy solely from a mothers' perspective during this time period following the birth of the first child. For clinicians working with first time mothers, increased sensitivity and insight may help effectively serve mothers who gave birth twelve to fifteen (12-15) months ago. It may also help couples find ways to improve intimacy during the transition to parenthood.

Researchers found intimacy was experienced on a physical level and an emotional level. One definition of physical intimacy involved bodily connections, such as holding hands, sharing activities together and a sexual relationship. And, the definition of emotional intimacy involved a closeness to another that allows sharing of personal feelings, accompanied by expectations of understanding, affirmation, and demonstrations of caring (Sinclair & Dowdy, 2005). Both forms of intimacy, physical and emotional were essential to experiencing intimate fulfillment with a romantic partner (Feldman, Gowen, & Fisher, 1998).

Different than romantic intimacy, a mother also experienced a unique intimate bond with her child. Researchers found mothers get a great deal of happiness, warmth and intimacy from closeness with her baby, and she might be less inclined to seek it from her partner (Parker-Pope,

2010). Therefore, the introduction of a child may lead to changes in mothers' feelings about intimacy with her partner.

The first months of motherhood required major shifts in relationship patterns (Nicolson, 2011). And, the transition to parenthood proved to be a challenging time for mothers' and couples alike, specifically in regard to feelings of intimacy. Researchers found that the facilitation of intimacy in marriage has a positive effect on marital satisfaction in the long run (Dandeneau & Johnson, 1994) and it was essential to investigate ways of promoting intimacy (Greef & Malherbe, 2001). Thus, there is a great need to understand mothers' feelings of intimacy after childbirth and ways to improve intimacy with her partner. It is important to gauge mothers' feelings of intimacy from her perspective and thus promote a stronger parental union, which is positive for the child.

The researcher conducted a qualitative, exploratory study with twelve first time mothers' who were married for at least two years and had given birth twelve to fifteen (12-15) months ago. Narrative research methods were appropriate for the data collection because of the highly individual experience of each mother post-childbirth. The questions contained in the interview guide are open-ended to elicit narrative responses that describe in depth the way mothers' physical and emotional intimacy needs are met, they way their needs have changed and what would improve their feelings of emotional and physical intimacy.

The study explored mothers' feelings about intimacy beginning with a comprehensive review of the literature, followed by a statement of the findings and a discussion of the narratives. These mothers intimately shared their feelings about how intimacy had changed following the birth of the first child and ways they would improve intimacy with their partners during this time period.

Chapter II

Literature Review

The following literature review focuses on previous research related to the question: what are mothers' feelings about intimacy, twelve to fifteen (12-15) months after childbirth and their perspectives on what would improve intimacy with their partners during this time. The first section of this chapter presents the historical background of intimacy. The second section describes intimacy from a theoretical perspective. The third section addresses the different perceptions and feelings about intimacy from a gendered and cultural standpoint. The fourth section looks at the role of intimacy in marital satisfaction and the fifth section explores the relation of intimacy between a mother and her child. The final section addresses the relevance of this research to social work practice and the need for further study of feelings of intimacy twelve to fifteen (12-15) months after childbirth solely from a mothers' perspective.

General Conceptions of Intimacy

Intimacy can be conceptualized in many different ways; however psychological research has shaped the perception of intimacy in two distinct ways. Many early theorists examined the role of intimacy with a primary focus on the individual while other theorists looked to understand intimacy primarily in the context of interpersonal relationships. The modern study of intimacy can benefit from both perspectives.

Exploring intimacy with a focus on the individual relied on an individual first developing a coherent sense of identity that will enable them to achieve closeness and sharing with others without fear of losing their unique identity (Erikson, 1968). Mature and "genuine" intimacy was

seen as involving a balance between emotional closeness (connectedness) and separateness (Guisinger and Blatt, 1994, Shulman and Knafo, 1997; Connolly and Goldberg, 1999; Scharf & Maysseless, 2001).

From a relational standpoint exploring the concept of intimacy included studying the interaction between people. The most important concept of intimacy was a feeling of closeness and connectedness between partners (Perlman & Fehr, 1987; Laurenceau, Barrett, & Rovine, 2005). The close and connected feelings of intimacy are developed by sharing ideas and values, shared activities, sexuality, knowledge about each other, and acts of affection such as holding hands (Heller & Wood, 1998; Moss & Schwebel, 1993; Waring, 1984).

Incorporating both the individual and relational aspect of intimacy included the notion that intimacy first necessitates self-awareness and begins with a self-disclosure of an individual's inner experience. Relational intimacy involved two people in which an individual's disclosure may be followed by a response from another (Levine, 1991). This concept highlighted the importance for an individual to have great knowledge of one's own likes, dislikes, wants and needs (emotional and physical) before embarking on a relationship. One theory suggested that someone who developed a high level of intimacy was able to present him or herself more authentically in a relationship, use methods of self-disclosure and communicate his or her needs more effectively to the partner. Therefore if an individual had a sophisticated understanding of self there was a greater capacity for the individual to have intimacy and fulfillment in relationships.

A Theoretical Perspective of Intimacy

From a psychosocial ego developmental theoretical lens, Erik Erikson (1993) offered an early clinical perspective of intimacy associating features of intimacy with adolescent

development. He was one of the first theorists to write about the principal of intimacy. Erikson created the eight stages of man, a theory consisting of eight psychosocial stages of development, with each stage characterized by a different type of psychosocial conflict to be resolved. Erikson named his sixth stage of psychosocial development and the conflict to be resolved as “Intimacy vs. Isolation.” In this stage, the young adult struggled to expose and share the innermost self so as to fuse his or her identity with others in a variety of ways, including peer friendships, sexual relations, and relationships with teachers, and others. If this fusion was not successfully achieved, the young adult faces social isolation resulting in “self-absorption.” This fusion of the identities of two individuals who have a deep concern for one another is what Erikson called intimacy (Erikson, 1993). According to Erikson in a truly intimate relationship two identities fuse, neither person’s identity is lost.

Another early theorist in the psychosocial ego developmental school of thought, Henry Stack Sullivan, a psychologist, placed intimacy as part of psychosocial development in early adolescence. Sullivan saw intimacy as a need that must be fulfilled for individuals to feel validated and worthy (Gaia A. C., 2002). Sullivan differed with Erikson in the sense that his perspective that the development of intimacy leads to the development of a coherent sense of self.

Abraham Maslow classified intimacy as a motivational need essential to healthy emotional growth. Maslow created the hierarchy of needs, the five levels of needs in consequential order are: physiological, safety, love/belonging, esteem and self-actualization (Maslow, 1954). Maslow saw intimacy as part of the third level of needs (love/belonging). He posited meeting the level of love and belonging as necessary before an individual can meet higher needs, such as those associated with self-actualization, the pinnacle for Maslow.

John Bowlby, Mary Ainsworth and Harry Harlow examined intimacy as a feature of attachment theory (Gaia, A. C., 2002; Bowlby, 1969). Attachment theory emphasized the earliest parent child interaction and becomes a model for the child's representation of relationships, which extended to love objects as well. Bowlby determined an affectional bond is an attachment when an individual relies on another person as a source of comfort when distressed (a safe haven) and a source of encouragement when facing a challenge (secure base). Mary Ainsworth studied the value of intimacy in the laboratory experiment, the strange situation (Ainsworth, Blehar, Waters, & Wall, 1978). This study was developed to assess the degree to which children have established an intimate attachment with their caregiver. Ainsworth continued to the discussion on attachment and intimacy by identifying four primary attachment styles, and assessing how caregiver response can affect an infant's attachment bond. Harry Harlow studied the effects of maternal deprivation in Rhesus monkeys. Through his research, Harlow and his colleagues demonstrated the critical need for "contact comfort" and intimacy in the early stages of life (Suomi, Harlow, & Domek, 1971; Suomi, Harlow, & Domek, 1971).

Like Harlow, Winnicott (Berzoff, Melano, Flanagan, & Hertz, 2008) used a mother-child relationship from an object relations lens to explore the issue of intimacy. The "bliss of oneness" was a term Winnicott used to describe a mother and infant relationship; it starts in pregnancy and lasts until a child develops a sense of separateness. In many ways the "bliss of oneness" resembled aspects of an intimate relationship. Winnicott postulated that at the beginning of life the infant thrived with the mother who could allow herself to merge into the baby and the mother must allow herself to completely lose herself in the baby. Winnicott said this state (Bliss of Oneness) was akin to being totally, consumedly in love (Berzoff, Melano, Flanagan, & Hertz, 2008). The child began to move toward a state of separateness but it was also essential that the

mother remained completely in tune with the baby's needs during this stage.

Gender and Cultural Differences in Intimacy

While researchers agree intimacy played a great role in individual development and relationships, researchers have found intimacy met different needs for men and women. The two aspects of intimacy, which differ between the sexes, are emotional and physical intimacy. Men and women have different perceptions of intimacy needs being met, and this perception affected levels of marital satisfaction (Merves-Okin et al., 1991).

For women, an intimate emotional relationship led to greater satisfaction and happiness within the relationship. Perceived partner responsiveness was an important prediction of intimacy for women (Laurenceau, Barrett, & Rovine, 2005). Women seemed to be more able than men to discuss intimate issues openly and with warmth (Merves- Okin et al., 1991) and women showed a greater discrepancy in degree of desiring sexual intimacy than men do (Greef & Malherbe, 2001). Interestingly, researchers found that intimate relationships in women were correlated with tolerance for separateness (Feldman, Gowen, & Fisher, 1998).

The ability for women to have a greater capacity for intimacy when feeling more secure was proven to act the opposite for men who associated intimacy with connectedness. Self-disclosure also proved to be a predictor of intimacy and marital satisfaction for men. Researchers found men were significantly less satisfied in their marriage when they are not satisfied with the physical, recreational aspects of their relationships, specifically low levels of sexual intimacy. (Greef & Malherbe, 2001).

Couples' expression of and perception of intimacy played a large role in relationships and they way intimacy was understood. Researchers showed those men who engage in intimate expression are frequently perceived as homosexual (Gaia A. C., 1998). This was a significant

finding because it impacted the way intimacy expression was displayed and in perceived in families. It also brought up the question of the gender roles related to intimacy in families who do not fit in traditional gender representations. Same sex couples, transgendered couples and other nontraditional couples faced additional challenges regarding expressing and receiving intimacy, this challenge is difficult in the relationship and especially when transitioning to parenthood.

It was also important to keep in mind the conception of individuation and separation as rooted in a Western lens, which may not be applicable when examining different non-Western cultures. The theorist and clinician Insoo Kim Berg (1999) noted that in Korea the term intimacy didn't exist. In Korea the concept in a marriage, which most closely resembles the American notion of intimacy, was called respect (Berg, Sperry, & Carlson, 1999). The meaning of intimacy was even more of a challenge when the clinicians are worked with individuals from other cultures, particularly those who were not Western, middle class or with non-traditional gender representations.

Intimacy Related to Marital Satisfaction

There has been great research conducted on marital satisfaction and the factors that predicted marital satisfaction. One of the most indicative factors that predicted marital success was the perception of intimacy in the marriage. In fact, there was a direct relationship between marital intimacy and marital satisfaction (Schaefer & Olson, 1981; Moss & Schwebel, 1993); an increase in marital intimacy had a positive effect on marital satisfaction (Dandeneau & Johnson, 1994; Greef & Malherbe, 2001). Satisfaction may be higher in couples with higher levels of intimacy due to the couples' capacity to deal with struggles and changes posed to the relationship (Patrick, Sells, Giordano, & Tollerud, 2007).

One life cycle change that has been researched to effect marital intimacy for both genders was childbirth. Researchers found on average, both wives and husbands showed linear declines in perceived marital intimacy three years after the birth of a child (O'Brien & Peyton, 2002). It is interesting to note the rate of change in perceived marital quality of one member of a couple is highly related to the rate of change in the other.

In general, when looking at emotional and physical intimacy, wives reported slightly lower perceptions of intimacy than husbands on both factors. Husbands in general showed a steeper rate of decline in intimacy over time (O'Brien & Peyton, 2002). Researchers found in couples, both men and women show decreased intimacy and marital satisfaction after the birth of a child due to exhaustion, lack of time for themselves, and more disagreement over issues pertaining to care of the baby and the division of family labor (e.g., Belsky & Pensky, 1988; Cowan & Cowan, 2000; Twenge, Campbell, & Foster, 2003).

There was also research conducted which supports the notion that the transition to parenthood can bring the couple closer together and increase intimacy as not all couples became dissatisfied with their marriages following the birth of their child (MacDermid, Huston, & McHale, 1990; Moss, Bolland, Foxman, & Owen, 1986; Shapiro, Gottman, & Carrere, 2000; Wright, Henggler, & Craig, 1986). In fact, couples suffering from problems in their relationship benefited from having a new joint project, such as having a child. This event improved intimacy by providing a common goal, shared activities around the transition, and elements for a 'couple identity' with increased interaction which may be reflected in their feelings of wellbeing (Katariina Salmela-Aro, 2006). It is important to acknowledge having a child produced changes in the quality of intimacy, to varying degrees among different couples, as determined by the intimacy the marital relationship long before pregnancy.

Intimacy Between a Mother and Child

Researchers found after the birth of a child, a mother experienced a different kind of intimacy with her child than she previously experienced. The intimate bond developed between mother and child was due to the shared activities and warmth and affection they provided for each other. In addition, nursing was found to be an act of physical intimacy between mother and child. Characteristics of intimacy such as mutuality, reciprocity, being, joy, harmony, trust, emotional closeness, and the touch of skin are all evidenced in the breastfeeding experience (Dignam, 1995). The baby was literally on the mother's body for much of a 24-hour period during breast-feeding. Researchers found that women who breastfeed were more likely to experience a decrease in sexual functioning, especially desire (LaMarre, Paterson, & Gorzalka, 2003). The decline in sexual functioning and desire decreased physical intimacy shared between a husband and wife. The mother-child bond became a deficit in the marriage as the intimacy between the wife and child came between the intimacy between the husband and wife.

Summary

Researchers found intimacy was an essential component of individual and relational development and a major determinant of marital satisfaction. The birth of a child proved to decrease intimacy in a marriage, thus decreasing marital satisfaction. In an effort to develop preventative and reparative interventions to help couples successfully navigate the transition to parenthood, further research is needed to explore where a mother is getting her physical and emotional intimacy needs met after childbirth? Is her partner, child or someone else meeting these needs? Are these needs being met at all? And depending on if these needs are being met and who is meeting them, how does it affect the couple's relationship?

Chapter III

Methodology

This chapter presents the methods of research used in this study and it will describe the sample selection, data collection and data analysis procedures. This qualitative study was designed to explore how mothers feel about physical and emotional intimacy with their child and partner twelve to fifteen (12-15) months after the birth of a first child. In addition, the study aimed to understand what mothers thought would improve intimacy with partners during this time period.

Sample

Study participants were limited to twelve first time mothers who had given birth twelve to fifteen (12-15) months ago. The participant must had to identify as a woman, be in a married relationship, have been married to the partner for at least two (2) years and be over eighteen (18) years of age. In addition, participants had to not have a child from another marriage.

The participants for this explorative study were recruited via purposive procedures. Snowball sampling was a non-probability sample methodology used. The researcher posted advertisements on websites geared toward mothers in the Washington D.C. area. In addition, the researcher contacted and received permission to advertise the study in two local coffee shops and a yoga studio also in the Washington D.C. area. The above criteria were listed on the advertisements and posted directly by the researcher. Participants were recruited for phone and in-person interviews. All twelve interviews were conducted over the phone and zero were conducted in-person due to practicality and convenience.

Data Collection

Data collection was gathered via structured interviews conducted over the phone. All interviews were audiotaped and later transcribed. Before data collection began, procedures to protect the rights and privacy of participants were outlined in a proposal of this study and were presented to the Human Subject Review Board (HSRB) at Smith College School for Social Work. Approval of the proposal (*see Appendix C*) indicated that the study was in a concordance with the NASW *Code of Ethics* and the Federal regulations for the Protection of Human Research Subjects. Prior to each interview, participants were given an informed consent document describing their participation in the study and their rights as human subjects, as well as any potential risks or benefits of participation (*see Appendix A*). The participant and researcher each kept a signed copy of the informed consent document, and the researcher will keep these documents in a secured environment separate from the data for three (3) years after the conclusion of the study, as mandated by Federal regulations.

In order to protect participant confidentiality, demographic information, researcher notes, transcripts, and audio tapes were kept separate from informed consent documents and are identified by number codes rather than names or other identifiable information. Any names or other identifiable information from participants or clients that were recorded during the interviews were removed or disguised during transcription and for use in the final thesis project.

Participants were first asked to read and sign the informed consent before the researcher began the interview. If the interview was conducted over the phone, the researcher received the informed consent via mail before conducting the interview. Once this was done the interviewer asked four (4) questions to incite participants' thoughts on intimacy with child and partner regarding current experiences, thoughts and emotions.

The questions were as follows:

- 1) What are your emotional intimacy needs? How are these needs met? Who meets them?
- 2) What are your physical intimacy needs? How are these needs met? Who meets them?
- 3) Since the birth of your child, how have your emotional and/or physical intimacy needs changed [if at all?]
- 4) What do you think would improve emotional and physical intimacy with your partner?

The researcher asked two additional questions to participants six through twelve. These questions were as follows:

- 5) In what ways does your child contribute to your feelings of intimacy?
- 6) In your partnership, whose responsibility is it to make the changes to improve intimacy?

At the end of the interview, the following demographic information was requested: participant's, age of partner, age of child and sex of child. Each interview was audio taped and the researcher took notes. The entire process ranged in length from 15 to 60 minutes. All interviews took place between January 31 and April 4, 2011.

Data Analysis

Data collected by the audiotaped interviews was transcribed and then analyzed for content and themes. First the transcripts were separated by question and then into categories by developing codes. The codes were established through close examination of the data, looking specifically at the frequency of similar words, phrases and themes across the responses of the study participants. Preliminary conclusions were developed through analysis that highlighted general themes. With further analysis the themes identified specific content and patterns.

The data analysis was organized and contained in one excel file. Each interview was transcribed and saved in a separate word document. The interview was copied from the word

document and pasted into an excel spreadsheet where one tab was created for each interview. Each response was pasted into one cell allowing the cut and paste function to easily move around data. The spreadsheet was named for its corresponding interview number; for example, spreadsheet one included the transcribed interview of participant number one.

The excel file also included six interview question spreadsheets which were named for the question number. The question spreadsheet included each participant's response to the related question. The data was copied from the participant's transcript spreadsheet into the question spreadsheet, resulting in one spreadsheet for each question with all associated participant responses.

After reviewing the six question spreadsheets, six theme spreadsheets were created to highlight the themes present in its respective question. For example, theme spreadsheet one was related to question one. Each theme spreadsheet listed different themes related to the question and included matching participant quotes. This methodology, an examination of the individual, of the question and the overall responses resulted in an in-depth analysis and an overall thematic perspective.

The ease of moving excel spreadsheets and coping and pasting participant responses also increased the facility of analyzing the data. The final excel file included twelve spreadsheets of individual transcribed interviews, six question spreadsheets and six theme spreadsheets.

Chapter IV

Findings

Introduction

The purpose of this qualitative study was to explore first time mothers' feelings about emotional and physical intimacy twelve to fifteen (12-15) months after childbirth and to understand what actions they thought would improve intimacy with their partners during this time period. Although much has been written on the changes in intimacy in a relationship after childbirth, a review of the literature reveals a scarcity of research solely from a mother's perspective twelve to fifteen (12-15) months post childbirth. There was also little information voicing mothers' feelings about what would increase feelings of intimacy during this specific time period.

This chapter presents data collected from twelve women who gave birth to their first child twelve to fifteen (12-15) months ago. Demographic information was collected from each participant addressing her age, husband's age, child's age and child's sex. First, the findings will address mothers' feelings about physical intimacy with her husband, family unit (husband and child) and child. Secondly, the findings will speak to mothers' feelings about emotional intimacy with her husband, friends, family and herself. Finally, the findings will identify ways mothers would improve intimacy with her husband and explore the role of gender in improving physical and emotional intimacy.

Demographic Characteristics of the Sample

Twelve mothers participated in the study; all participants were married for at least two years and had given birth to their first child twelve to fifteen (12-15) months ago. One mother was under the age of 30 years, 8 mothers were between the ages of 30-34 years, 2 mothers were between the ages of 35-40 years and one mother was over the age of 40 years. All of the mothers were in relationships for at least two years and married to a male partner. None of the husbands were under 20 years, 4 of the husbands were between the ages of 30-34 years, 3 were between the ages of 35-40 years and 5 of the husbands were over the age of 40 years.

Eight of the mothers gave birth to a male child and four of the mothers gave birth to a female child. Five of the mothers who participated in the study had children who were 12 months old, 1 mother had a child who was 13 months old, 3 mothers had children who were 14 months old and 3 mothers had children who were 15 months old.

Physical Intimacy

Participants were asked to share their feelings about physical intimacy, how their physical intimacy needs were met, who met their physical intimacy needs, how their physical intimacy needs changed since the birth of their child and ways in which they could improve physical intimacy with their partner. The general consensus was that the mothers' physical intimacy needs were met by their respective husbands, children and family unit (husband and child). Mothers also said their physical intimacy needs changed since the birth of their child. Many mothers stated their physical intimacy needs were less fulfilled from sexual activity yet most found activities and acts of affection as ways to meet their physical intimacy needs.

Physical Intimacy with Husband

Participants were asked who met their physical intimacy needs and all of the respondents named their husbands. In terms of how their physical intimacy needs were met, most stated acts of affection such as hand holding, kissing and cuddling fulfilled their needs. One mother explained:

Yeah, we kiss all the time or hug and sometimes what we need is not actually to have sex but to cuddle and watch a movie because we never get to do it. We are physical without having sex all the time because it doesn't always work in our schedule. It sounds pathetic. Before we had the baby we were definitely more sexually active, we would be very hands on, cuddly but it's harder, [now] you have to make more of an effort. There are times I'm thinking, god we haven't had sex in 2 weeks and I might still not even feel like having sex, especially when I was nursing.

Participants shared that affection from their husbands could take the place of sexual activity and was usually a preferred act of physical intimacy twelve to fifteen (12-15) months after the birth of their first child.

When participants were asked how their physical intimacy needs changed, many mothers said they experienced a decline in sexual activity with their husbands following the birth of their children. The reasons cited for the decline in sexual activity were: mothers' physical body changes, less desire for sex and the lack of time available for sex.

The most prominent physical change reported that affected sexual activity was breastfeeding. Participants explained that their breasts were once part of sexual intimacy with their husbands, yet now were used for a different function, feeding their child. Therefore, the study revealed mothers' breasts played a different and decreased role in sexual activity with their husband when breast-feeding their child. One mother demonstrated this point in her statement "I'm still breastfeeding so I think that takes a lot of physical intimacy [with my husband] out of the equation. I still feel like my body belongs to my son."

Another participant also noted the challenges of breastfeeding which made her feel less attractive which resulted in less sexual desire due to the changes she experienced in her body.

One participant stated:

My son couldn't latch so I was pumping and my breasts were massive and I'm a pretty small woman with big breasts and they were enormous during pregnancy. It has always been a sore spot for me and I've never loved my breasts. And that has been hard for me in not feeling good about myself. And I stopped pumping in January and slowing they are going back and I'm beginning to feel some confidence again and that definitely helps. Because I felt overweight, your boobs are not your own and you are exhausted and your body is strange it's just really hard to want to share that with someone. They think you are beautiful, they love it and love you the way you are but it is not necessarily what you feel.

The change in desire for sexual activity was also noted by a participant who said:

So many days when you look down at yourself and you have spit up and food all over you and it is very easy to stop feeling like a beautiful woman or a sexual person, so like bogged down in the work of being a mom.

Another concept that played a major role in the decrease of physical intimacy between a mother and husband was lack of time available to be sexually active. One mother explained, "we are both really tired and we are having a hard time for everyday things like sleeping, exercising, so definitely our physical intimacy has suffered but it is something we are working on."

While sexual activities declined due to mothers' physical changes and the lack of time, mothers said they still experienced feelings of physical intimacy by sharing affectionate moments with their husbands. Although they experienced a different kind of physical intimacy, mothers shared the act of holding hands, kissing and cuddling and still made them to feel physical intimate with their husbands despite the decrease in sexual activity.

Physical Intimacy with Family Unit (Husband and Child)

The findings also showed that mothers felt their physical intimacy needs were met by sharing activities with their husband and child. Participants said shared activities allowed them to

feel a new kind of joy during this phase of life. Mothers said that their experiences of shared activities evoked a new feeling of intimate fulfillment with their husbands as well as with their children. One participant explained:

In bed together or on the sofa together or making breakfast together all of those things that I think of as intimate and joined and loving. You know, the warm baths, the softer bedding; you know, all of those kinds of concerns, the lazy mornings. These are the things I had hoped for in having a relationship or having a family. Those long Sunday mornings in bed together. You know, teaching my son to blow on the hot tea to cool it down before he drinks it. All of those to me are profoundly intimate moments.

A mother who shared this sentiment said “weekends are just spent the 3 of us, we go to the park, we go for walks, we sit around in our pajamas.” Another mother described feelings of great joy when she watched husband and child interact. This mother said, “seeing her play with my husband, that is very exciting and fulfilling.” These examples demonstrated mothers’ who experienced physically intimate moments as defined by spending time together as a family.

Physical Intimacy with Child

A number of mothers reported that being affectionate with their child also enhanced feelings of physical intimacy. The majority of mothers said snuggling and cuddling with their child brought them feelings of closeness and joy. One mother commented, “you have this person that you love so much and they are so delicious. They are so yummy and all you want to do is snuggle them. And now that he is able to snuggle back, that’s really rewarding.”

In addition to snuggling and cuddling some mothers noted that other physical connections with their child elicited feelings of physical intimacy. The acts which mothers described as contributing to their feeling of physical intimacy with their child include: holding their child in their arms, bathing them, making their bed, changing clothes and breastfeeding. One mother summed up this sentiment in these terms:

It's extremely physical. It is because I constantly have to pick her up and touch her in so many ways. If you think about it, it is changing her, bathing her, she is so dependent. It's constant; she is always in my arms so I've never had this much. I guess I've been involved with my nieces and nephews. But still, this is just never ending. So that is the constant connection because of the touch with her.

The mothers' responses indicated that they felt physical intimacy with their husbands changed, resulting in less sexual activity. However, other acts of physical affection, new experiences with the family unit (husband and child) and the child itself brought new and pleasurable feelings of physical intimacy.

Emotional Intimacy

Another area explored in this study was mothers' feelings about emotional intimacy twelve to fifteen (12-15) months after childbirth. Participants were asked their feelings about the ways their emotional intimacy needs were met, who met these needs, how these needs changed over time, if they did, and what ways they might enhance the degree of emotional intimacy with their partner. Overwhelmingly, the mothers reported that they felt a greater sense of emotional intimacy and fulfillment since the birth of their child. They also said that the people who met their emotional intimacy needs were their husband, child, friends and family. The consensus was that their emotional intimacy needs did not change, but that their feelings of emotional intimacy were enhanced. Participants generally were of the opinion that the addition of their child and the new experiences shared with the people in their lives were the factors that added to their emotional fulfillment.

Emotional Intimacy with Husband

Similar to physical intimacy, when mothers were asked who met their emotional intimacy needs, the majority of participants listed their husband. Participants stated their husbands met

their emotional intimacy needs through communicating, listening, talking and sharing in joys and concerns related to their child and their shared life cycle change.

The participants spoke primarily about the importance of communicating with their husbands. They defined communication as having their husbands listen to them about their concerns, questions and joys related to their child. These were essential components to helping them feel emotionally intimate. Part of the mothers' definition of communication was to hear what their husbands felt about the changes that had taken place in their lives. One participant explained "just listening, and talking together, sharing what's going on with us on a regular basis, instead of us just holding it in." The exchange of listening and talking was what mothers described as contributing most to feelings of emotional intimacy.

In addition to communication, the study found that the actual experience of parenting created a heightened sense of emotional intimacy. Mothers reported that sharing the experience of pregnancy, the birth of the child and the post childbirth experiences with their husbands created a greater feeling of emotional connection with them. One participant stated:

It's definitely tied me on an emotional level with my husband because we share this now. Like I said a product, a decision we made to share another part of our lives and this is the whole pregnancy alone, the whole birthing process. My husband got to know me in such a different way, in a whole new biological way. So it's definitely made us closer in that way because he has seen everything. He was there for the birth and I had a cesarean. He knows me better and seen things that I haven't even seen about myself. So I think that makes us closer, more comfortable with each other. We have nothing to hide from each other, he's seen it all.

Another participant said that her sense of emotional intimacy with her husband was strengthened because of the uniqueness in the shared experience of parenting their child. This mother stated:

Because I feel like that's the person who understands, a lot of people can understand how life can change in general but only my husband can understand how our life has changed. And when there is a particular issue with our child, a lot of people can care but only he can understand how it feels because it is our child together.

Emotional Intimacy with Child

A number of participants were asked whether their child contributed to feelings of intimacy. Many said that their child contributed to greater feelings of emotional intimacy since they gave birth. One mother explained:

He provides me with the most joy. He is so loving, and he is fun to interact with and it's neat to see all the things he is doing and that gives me not just a lot of pride but a lot of happiness.

Other mothers had a difficult time putting to words the feeling of emotional intimacy evoked by their child. The general sentiment was that the child filled a space in the mother that the mother did not know existed before the birth. One mother described this in these terms:

Being with her, she fulfills something I didn't even know needed to be fulfilled, it's an amazing connection. Yesterday, I was looking at the baby book and it's just an amazing thing, she provides me with the type of intimacy that I can't describe it but it is there. It is also important to point out that many mothers discussed the stress of having a child

due to the increase in responsibilities, effort and attention the child required. However, most mothers felt the joys far outweighed the challenges. One participant stated:

It's definitely not easy. And everyone told us it would be hard. And you have no idea until you have the baby. I've seen it all, all my friends. But not until you are in it, living it, 24 hours, 7 days a week do you understand how difficult it. But still worth it I have to say that, it's still worth it.

Emotional Intimacy with Friends and Family

Mothers shared the feeling that their friends and family also met their emotional intimacy needs. Friends and family networks functioned similarly to the husbands' provision of emotional intimacy. Friends and family offered new mothers other outlets and ways to feel listened to, to be supported, to feel comforted, to ask questions and to feel as if they are part of a community. One participant summarized this sentiment in these words:

Since my son has been born I found this network of other moms who have kids my sons' age, which has been a surprising addition to my life, but something that has become really critical. I really find that I rely very much on these new friends or old friends who I've reconnected with because we have kids who going through similar things at the same time. Those have been really rewarding relationships as well in terms of being able to talk to people about a particular thing feels or an anxiety a milestone that has been met and someone being excited with you about that. The other thing I would say is that I've really reconnected with my mom and I've always been very close with my mom. So it's not like we weren't close and now we are. It's just like I feel we have an added kinship now, that I've sort of joined her club if that makes any sense.

Intimacy with Self

Participants reported that emotional intimacy needs were met by a greater sense of self. This was developed through the process of becoming a mother and establishing a new identity in addition to her role of woman and wife. Participants felt an enhanced sense of self worth, independence and identity, all of which contributed to a greater sense of intimacy with herself and her husband. In the words of one respondent:

Make yourself feel good, feel like a woman, don't forget individual identity, this helps improve feelings of intimacy, physically and emotionally when feeling in touch with self I would say to take care of themselves, like to exercise. Like when you exercise you feel better about your body, shave your legs, do your hair, and put lotion on. Make yourself feel good.

Another participant noted that feeling good about herself made her feel more intimate in her relationships; she commented, "Take care of yourself as much as you can because I know it is pretty much impossible. Any little thing helps and it ultimately helps the way you feel and helps your relationship if you take care of yourself." Participants expressed individuality and a unique identity allowed them to experience greater intimacy with themselves and their husbands. The findings of this study revealed that this enhanced sense of self and feelings of intimacy with self is especially important for mothers twelve to fifteen (12-15) months after childbirth.

Therefore, husbands, children, friends, family and self were the people who primarily met mothers' emotional intimacy needs during this time period. Most mothers in this study say that their emotional intimacy needs have not changed since the birth of the child. However, their feelings of emotional intimacy have deepened through new experiences and sharing them with the people who meet her intimacy needs.

Improving Intimacy

The participants were asked in what ways they would improve physical and emotional intimacy with their partner. With regard to physical intimacy, mothers explained sharing more adult activities with their husband such as: sex, going out to dinner, taking walks/hikes and spending time with friends would improve their feelings of physical intimacy. They also explained that having more time to spend with their husband without their child would allow time to focus on themselves as individuals and a couple. One mother expressed this feeling in the following way:

It is very clichéd that you need to have date night; you need to have time with your spouse. Like, sometimes we are tired and don't feel like doing anything but we force ourselves to shower and get out of the house together we never regret it. But the other thing we have done a couple of times that has been really nice well have people babysit for us during the day on a weekend so we will have someone come on a Saturday afternoon and well go and take a hike and have a nice lunch. We've found that it's felt that has been very rejuvenating and we've been really able to talk and focus on each other. And that's been a different take on the date night but obviously having time together.

In regards to improving emotional intimacy with their partner, most participants said that improving communication would enhance emotional intimacy. One mother commented "learning to find a place where we're able to communicate our feelings for each other in a way that each of us is comfortable with and understands." However, many participants felt that they

were satisfied with their feelings of emotional intimacy with their husband and would do nothing to improve it.

Gender Roles and Improving Physical and Emotional Intimacy

Participants who were asked whose responsibility it is to make changes to improve physical or emotional intimacy were not uniform in their responses. Of the mothers who were asked this question half said it was their responsibility and half said it was a joint responsibility to improve intimacy in their marriage.

Mothers who felt it was their responsibility explained they spent most of their time at home and their husbands' worked. Therefore, the husband owned the financial responsibility and the wife felt it was her responsibility to improve intimacy in the marriage. One mother said:

He has so many other things on his mind, like work wise. That yeah, I feel like it is my responsibility. Especially because when we have sex he is the one who initiates it because I never feel like having sex and it's the mom thing.

The mothers who felt it was a joint responsibility saw their husband as defying certain stereotypes and expressed pride in the shared effort they made. One participant sums up her sentiment in these terms:

I would say it is a joint responsibility. I think my husband is very good with his feelings. Like all the stereotypes you hear, that men are really closed off and don't tell you what they are thinking and women talk all the time about them. I don't feel that that holds true in our relations. I feel like he is really good at saying what his needs are. I think it's joint. I think any time either one of us has an issue or needs to give positive reinforcement. We have been doing this more lately and we are both doing it.

Interestingly, no participant stated it was solely the husband's responsibility to improve intimacy in the marriage.

Chapter V

Discussion

The two specific areas of inquiry in this study are how mothers' feel about physical and emotional intimacy twelve to fifteen months (12-15) after the birth of their first child. And what mothers' think would improve physical and emotional intimacy with their partners' during this time period. This chapter discusses the findings in the following order: anticipated findings, physical intimacy, emotional intimacy, and recommendations for future research and social work implications.

Anticipated Findings

One anticipated finding in regard to physical intimacy was that new mothers would experience physical intimacy with her child and replace her partner, who had previously met these needs. It was also anticipated that the child would meet mothers' physical intimacy needs through the act of breast-feeding and which could compromise sexual intimacy between a mother and her partner. Another anticipated finding was that mothers' would have greater feeling of physical and emotional intimacy with their partners due to the increase in shared parenting activities. Finally, it was expected that mothers' feelings of emotional and physical intimacy would be enhanced with regard to both her child and husband after the birth of her child.

Changes in Physical Intimacy Post Childbirth

Consistent with the literature, the findings in this study pointed to changes in mothers' feelings about physical intimacy after childbirth. These changes, noted in the findings, are

divided into the following five topics in the discussion: the decline in sexual activity post childbirth, mothers' physical changes and the effect on physical intimacy, breastfeeding affecting mothers' feelings of physical intimacy, the impact of childbirth on marriage and mother's feelings of physical intimacy and the role shared activities plays in physical intimacy.

Decline in Sexual Activity Post Childbirth

The findings of this study substantiated previous literature showing the decline in acts of sexual activity for couples post childbirth (Parker-Pope, 2010). Consistent with previous research comparing sexual activity pre and post childbirth, the findings showed that post childbirth couples indicated a decline in sexual activity. The literature indicated that children often interfered with parents' sex lives. It was more difficult to have a sexual relationship with children in the house. The effect of children on sexual satisfaction might be largest for parents with infants, because infants demand attention throughout the evening and night (Twenge, Campbell, & Foster, 1990). The current study confirmed the fact that the decline of sexual activity after the birth of a child was prevalent among new parents but not that physical intimacy with the child changed mothers' feelings about being physical with her partner. One mother interviewed suggested that the change in sexual activity was due to the time and energy invested in the child that takes away time and energy mothers have for sexual activity. One mother expresses this sentiment saying:

Its hard, [sex] now it's not as good as it was before and we are both really tired and we are having a hard time for everyday things like sleeping, exercising, so definitely our physical intimacy has suffered but it is something we are working on.

The Effect of Physical Changes on Mothers' Feelings of Physical Intimacy

The findings pointed to physical changes experienced by mothers after childbirth as another factor that contributed to decline in mothers' feelings of physical intimacy. A number of

mothers in this study attributed the change in sexual desire to the changes in their bodies due to childbirth. One mother explains:

My interest in sex definitely been affected and especially the first four months I had a C-section. So, for that time there was just nothing [sex] going on. After that, I had gained so many pounds and I'm still struggling with those. So I'm not feeling so in the mood and not feeling so sexy.

This theme was consistent with Parker-Pope's (2010) research study on new mothers. After childbirth, mothers also typically feel less sexy than fathers, when asked how sexual they felt on a five-point scale, men were bursting with sexual energy posting an average score of 4.25. Women trailed far behind, with an average score of just 2.95. Thus, both the literature and the findings in this study indicated mothers' physical changes, related to childbirth were directly related to decreased feelings of desire for physical intimacy.

The Effect of Breastfeeding on Mothers' Feelings of Physical Intimacy

Another prevalent theme in the study was the effect of breastfeeding on physical intimacy. According to the literature for many women, feminine physical identity, specifically regarding the breasts, is linked with sexuality. It is notable to mention, most of mothers in this study stated breastfeeding affected their desire for physical intimacy post childbirth. The participants talked about how their breasts had a different purpose since childbirth; they were for their child, rather than for pleasure. Their new conception of their breasts interfered with sexual activity since many said their breasts were part of their sex life prior to childbirth. One mother stated "before we had the baby we were definitely more sexually active, now there are times I'm thinking, god we haven't had sex in 2 weeks and I might still not even feel like having sex. Especially when I was nursing. I just stopped nursing, and that changes everything. My breasts were for a purpose. They were for my daughter."

Parker-Pope's (2010) research offered biological evidence that supported a decline in new mothers' sex drive while breastfeeding. Estrogen production is suppressed during lactation, resulting in less vaginal lubrication and therefore uncomfortable sex. Prolactin levels are elevated during breast-feeding and testosterone levels are lower both of those factors dampen a woman's sex drive. Parker-pope's study exemplified the physiological support for what many women in the study expressed as a decline in their sex drive while breastfeeding.

The Child's Impact on Marriage and Mother's Feelings of Physical Intimacy

Also consistent with the literature was mothers' enhanced feelings of physical intimacy with her child after childbirth. One mother said, "I get so much love from my child, I'm at home with him, I'm with him 24 hours a day and it feels really good to hug him and kiss him and have him on my lap." Similar to the theme exemplified by this quote, Dignam's (1995) study found the interaction between the mother and infant is characteristic of intimate exchanges. For many women, breastfeeding is an intimate activity, the physical representation of the closeness of the mother infant dyad.

The literature points to mothers replacing physical intimacy with her husband through interactions with her child. Parker-Pope's (2010) study states, the reality is that a mother is gaining a lot of happiness and warmth and intimacy from closeness from her baby, and she may be less inclined to seek it from her partner. The challenge in the transition to parenthood is the decline in spousal time available since a child competes for both mothers and fathers time, energy, attention and resources. A study conducted by Dew (2009) confirmed the fact that having minor children home emerged as the strongest negative predictor of spousal time. And the most recent study conducted by Dew and Wilcox (2011) found wives who spend markedly less time with their husbands after a child arrives are the wives most likely to suffer decline in

marital satisfaction. Consistent with the literature, this study revealed the mothers place great value on spending time with her husband and named it essential to maintaining feelings of physical intimacy in the marriage.

In a study conducted by Trice-Black (2010), all participants discussed issues related to time and how it impacts physical intimacy with their husbands. Two participants included pictures of clocks and described the lack of time in their lives for caring for their homes, children, and sex. As noted in the findings, participants explained time was an important element in improving physical and emotional intimacy in their relationships. Mothers in the sample said they would improve physical intimacy by spending more time with their husbands' by having date night, going on hikes and spending time together outside of the home. In addition to sharing activities with their husbands, the participants emphasized the importance of shared activities with their husbands and child as a family unit.

Mothers' Enhanced Feelings of Emotional Intimacy Post Childbirth

The findings of this study extend the knowledge base in mothers' experience of enhanced emotional intimacy, with husband, child, self and others twelve to fifteen months (12-15) after the birth of a first child. The discussion on mothers' feelings of emotional intimacy are divided into the following five topics: the significance of communication in mothers' experience of emotional intimacy, shared experience of parenthood enhances feelings of emotional intimacy, the way a child creates feelings of emotional intimacy for mothers', how traditional gender roles play out post childbirth and the importance of emotional intimacy with family, friends and self.

Significance of Communication in Mothers' Feelings of Emotional Intimacy

Researchers found that emotional intimacy was a significant factor in marital satisfaction. Individuals expect to find and marry their soul mate—someone with whom they can share their

deepest feelings and emotions (Whitehead & Popenoe, 2001). Consistent with the literature, the study found that communication was essential to mothers' experiencing feelings of emotional intimacy. Researchers' findings showed continued sharing by the speaker and listener in a two-sided manner is necessary if psychological intimacy is to be maintained and each is to continue to feel enriched by the attachment. This process of attaining and retaining psychological intimacy soothes the soul. It allows people to be seen, known, accepted, understood, and treated with uniqueness (Levine, 1991).

This study found results in accordance with the literature indicating mothers found great emotional intimacy when they share feelings and experiences with their husbands. In fact, when interviewed, mothers said communicating with their husbands was the way their emotional intimacy needs felt most fulfilled. One mother in the study exemplified this point saying, "We just share everything that we are feeling. There is just nothing he doesn't know about me or how I'm feeling. Or vice versa, we really communicate all the time. It leads to disagreements or fighting but it's always better to have everything off our chest." According the study conducted by Dew and Wilcox (2011) communication fosters emotional intimacy and is a particularly important source of marital happiness. And for women marriage is viewed as a vehicle for personal fulfillment and emotional intimacy.

Shared Experience of Parenthood Enhances Feelings of Emotional Intimacy

Mothers in this study explained the shared experience of parenthood also enhanced feelings of emotional intimacy. Most participants said they found a greater emotional connection with their husbands after the birth of their child. One participant explained, "she [child] will do things and we just sit back and look at her and think, 'we made her' and feel really emotionally connected." However, this finding was not corroborated in the literature. Van Egeren (2004)

found that linear change in mothers' and fathers' marital experiences was negatively related to linear change in their co-parenting experiences; as experiences of co-parenting improved, experiences of the marriage deteriorated and vice versa, particularly for mothers.

One participant in this study did not feel greater emotional intimacy with their husband post childbirth. This mother claimed her emotional intimacy needs had not changed post childbirth and her needs remained the same. The interviewee stated, "I feel a lot less selfish than I used to be. But, emotionally I have the same needs that I used to have. It's just now that I have another person that depends on my husband and I." Another mother noted that she had fewer emotional intimacy needs after childbirth and felt more complete. She explained her child filled a void in her, she relied less on her husband for emotional intimacy and relied more on herself and her child.

Mothers' Feelings of Emotional Intimacy with Child

In the literature, postpartum depression was widely discussed in relation to mothers' experiences post childbirth. In Nicolson's (2011) longitudinal qualitative study of postpartum depression during the transition to motherhood, the research identified "loss" as a common theme of mothers experiencing postpartum depression. Mothers diagnosed with post partum depression may also experience a heightened sense of loss. It became apparent from reading many of the transcripts that a range of feelings of negative affect following childbirth were discussed in the context of what the woman had lost. Inconsistent with the literature but in a population not necessarily experiencing postpartum depression, participants in this study had a sense of "gain" and enhanced feelings of emotional intimacy after childbirth. Participants mentioned they weren't aware of emotional intimacy needs prior to the birth of their child and, their child enabled them to tap into new and enhanced feelings of joy. A number of mothers could not find

the words to describe their feelings.

One participant was able to put words to the emotional intimacy she experienced with her child. This participant shared, “he is in childcare all day I think he wants that connection when we get back together and I’m meeting his need. I guess it is my feeling too, at the end of the day like we are bringing something to each other.” Another mother explained watching her infant grow and teaching him how to do things brought her great feelings of emotional intimacy. She said, “teaching my son to blow on the hot tea to cool it down before he drinks it, those to me are profoundly intimate moments.”

Traditional Gender Roles Post Childbirth

Participant responses supported the literature with regard to the expectations of gender roles in parenthood. The literature pointed to mothers facing many traditional representations of motherhood. According to Barnes (2006) most women have embraced society’s notions about the “good mother,” one who is limitlessly available and loving, self-sacrificing, and consistently able to manage the overwhelming demands of an infant without ever having to ask for help—the myth of the supermom.

According to the research of Trice-Black (2010) the desire to please, protect, and care for others was apparent in all five women’s narratives. The findings of Trice’s research was corroborated in this study as half of the participants declared it was the wife’s responsibility to improve intimacy with her husband.

Contrary to the literature, the other half of participants saw the role of improving intimacy as a joint responsibility. However, mothers who saw their husbands as an equal partner viewed their husbands as an anomaly. One mother expressed this sentiment saying; “I think my husband is very good with his feelings. Like all the stereotypes you hear, that men are really

closed off and don't tell you what they are thinking and women talk all the time about them. I don't feel that that holds true in our relations. I feel like he is really good at saying what his needs are.”

Another mother explained her husband felt like he was different than other husbands in terms of his participation in childcare. She said “he is a very involved husband but sometimes he says ‘other husbands don't do what I'm doing, most of my friends don't help like I do.’ It makes me feel less connected to him, it makes me feel like deep down, feels like it's my job to be doing these things.” Consistent with research, this study indicated the persistence of the sentiment that mothers are responsible for the housework and childcare twelve to fifteen (12-15) months after the birth of a first child.

Feelings of Emotional Intimacy with Family, Friends and Self

While the desire for emotional intimacy with husband and child was present in this study, participants expressed a need for emotional intimacy with family and friends. The literature suggested that family and friends offered an outlet for mothers to have social connections outside of the husband and child unit. Support from friends and family members was crucial in the prediction of psychosocial functioning and support from close family members during the transition to serve as a buffer against postpartum depression and related problems (Bost, Cox, Burchinal, & Payne, 2002). This was consistent with the findings in this study and was exemplified by participant, who stated “I think with my husband it's important to have communication but I also need outside support from my friends.” Participants found support most helpful in the form of communicating, defined by participants as being heard and being listened to.

Another participant spoke about the challenges she experienced communicating with her husband after childbirth: “In the beginning, a lot of the time we [mother and husband] had a difficult time finding the time or having a good conversation with my husband so I would turn more to my sister in law and my brother whose baby is actually the same age as my baby or I would turn to my mom a lot or to girlfriends who just had babies.” Therefore, friends and family who offered support similar to husbands can provide the same feelings of emotional intimacy for mothers.

Some mothers mentioned the desire to feel more emotionally intimate with herself as an individual. Consistent with the literature, mothers in the study experienced emotional fulfillment, confidence and a stronger sense of identity resulting from her role as a mother. According to qualitative research conducted by Nicolson (2011) women experience a sense of psychological fulfillment, which is directly connected to motherhood. Nicolson found in qualitative interviews that having a baby gave mothers an extra edge of confidence. Mothers said that they felt more herself and becoming a mother might enable a greater sense of maturity. This was consistent with the findings in this study. Participants noted that the experience of motherhood enabled them to develop an enhanced sense of self. One participant commented “I think that there is a sense that after my child was born I needed to be more solid, for her and for myself. And, I think I have really risen to the occasion.”

Recommendations for Future Research

The study’s small sample size of twelve participants limited its generalizability. A larger number of participants would be recommended to potentially offer a wider range of responses and be more representative of the new mother population in regard to race and sexual orientation. It would be interesting to include fathers twelve to fifteen months (12-15) after the

birth of a first child in the sample in order to explore their feelings of physical and emotional intimacy. Interviewing fathers would offer a different perspective about the feelings of intimacy and the changes that occur in marriage during this time period. In addition, interviewing a wider sample and same sex couples would reveal interesting results on the way gender roles and same sex partnerships affect intimacy. My own bias toward shared responsibility in marriage and parenting and valuing mothers' identity as a woman and mother may have influenced the research and, consequently, the findings. This may have affected the findings by my bias toward participant responses that cited intimacy was a joint responsibility in their marriage.

Also, the participation of mothers in this study was limited by the lack of time and preoccupation with childcare during the interviews. This resulted in all the interviews being conducted over the phone. If more women were interviewed in person, perhaps the responses might have been more open, reflective and thoughtful about their experiences. The topic of physical intimacy was presumed to be a significant obstacle in recruiting sample and conducting interviews and this proved to be somewhat true. While interviewing mothers the sensitivity and taboo nature of speaking to a stranger about physical intimacy, especially in regard to sexual activity impacted conversations.

This study did not explore mothers' socioeconomic status or working outside the home. Focusing on socioeconomic status might generate greater understanding about the degree to which mothers' feelings of intimacy are affected by financial constraints particularly relevant to working outside the home twelve to fifteen (12-15) months after the birth of a first child. Exploring the differences of working mothers compared to stay at home mothers and their feelings of intimacy might have shown the ways mothers with different working statuses have different feelings of intimacy during this time period. Questions might focus on socioeconomic

and working status to discern patterns and themes to explain why some mothers experience greater feelings of physical and emotional intimacy during this time period compared to others.

Implications for Social Work Practice

The findings of this study have several important implications for clinical social work practice. Service providers have much to learn to skillfully adapt to the needs of this population with a deeper understanding of the feelings and experience of intimacy of mothers twelve to fifteen months (12-15) after the birth of a first child. Gaining an understanding of new mothers' feelings about intimacy is fundamental to successfully working with their partners and families as well. It is essential to recognize the experience of childbirth from a mother's perspective and to understand her feelings of intimacy and the way it impacts her relationship with herself and others.

It is important to appreciate the tension that partners and families may feel when they introduce a new child into their marriage and family. Couples may struggle to adapt to roles, responsibilities and changes due to the birth of their first child. Mothers may struggle to experience feelings of intimacy with either her partner or child which may result in mental health issues or challenges in family functioning. The less mothers struggle with the transitional period, and have greater feelings of physical and emotional intimacy the more fulfilled she may feel in their role as a mother, partner and woman.

Understanding and identifying the sources of physical and emotional intimacy of mothers twelve to fifteen months (12-15) after the birth of a first child helps professionals, new mothers and families bridge support networks to enhance feelings of intimacy for new mothers. Furthermore, the more social workers and other service providers understand mothers' feelings of intimacy twelve to fifteen months (12-15) after the birth of a first child the more likely they will

build an alliance of trust and inform interventions to enhance and improve feelings of intimacy with self and others. The study could also inform practice with couples that are new parents because it offers tangible suggestions from a mothers' perspective about ways to enhance feelings of physical and emotional intimacy a great element in marital satisfaction.

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Appendix A

Informed Consent Form

Dear Participant,

I am a graduate student at Smith College pursuing my Masters in Social Work and conducting a research study for my master's thesis. The purpose of this study is to explore mothers' feelings about physical and emotional intimacy with their child and partner 12-15 months after the birth of a first child. In addition, the study seeks to understand what mothers' think will improve intimacy with partners during this time. Your involvement in the research requires a tape-recorded phone or in person interview with myself as the interviewer.

The possible risks, stress or emotional discomfort that may occur include increase in insight on a negative aspect of your relationship with child or husband. Another risk may be the visibility of the interview if it takes place in a public place, compromising your anonymity. I will provide you with a list of referral sources to address any discomfort which you may experience.

The benefits of the study entail gaining a new perspective about experiences post childbirth. This perspective may improve your relationship with self and others. The compensation for participating in this study is having your name entered into a drawing for a \$50 American Express Gift Certificate. This drawing will be held April 15, 2011.

The confidentiality provided in this research study will safeguard identifiable information and remove your name from the data. I will keep signed informed consent forms separate from the completed tape recordings. And the signed informed consent will be printed and kept in a locked storage cabinet. These files will also be password protected; my advisor and I will be the only individuals who know the password.

As mentioned above, my research advisor, Caroline Hall will also have access to the data for this research study. And, should a transcriber aside from me transcribe the tapes, they will sign a confidentiality pledge. In publications or presentations, the data will be presented as a whole and that when brief illustrative quotes or vignettes are used, they will be carefully disguised. And, all data (notes, tapes, transcripts, questionnaires, etc.) will be kept in a secure location for a period of three years as required by Federal guidelines and data stored electronically will be protected. Should I need the materials beyond the three year period, I will continue to keep it in a secure location and it will be destroyed when no longer needed.

Your participation in this study is voluntary and you may withdraw from the study or refuse to answer questions at any time. If you choose to withdraw, I will destroy all materials relating to you. The process of withdrawal entails a phone call or email to me, informing me you would like to withdraw by April 15th, 2011. All participants will be eligible to enter the raffle drawing whether you chose to withdraw or not.

If you need to contact me at any point with additional questions or to withdraw, please call or email me. You are also encouraged to call the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974 with any questions or concerns about your rights.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.

Signature

Date

Melanie Shapiro

Date

Please keep a copy of this form for your records.

Thank you for your participation.
Melanie Shapiro

Appendix B
Interview Guide

Open Ended Questions:

- 1) What are your emotional intimacy needs? How are these needs met? Who meets them?
- 2) What are your physical intimacy needs? How are these needs met? Who meets them?
- 3) Since the birth of your child, how have your emotional and/or physical intimacy needs changed [if at all?]
- 4) What do you think would improve emotional and physical intimacy with your partner?
- 5) In what ways does your child contribute to your feelings of intimacy?
- 6) In your partnership, whose responsibility is it to make the changes to improve intimacy?

Demographic Questions:

- 1) What is your age?
- 2) What is your partner's age?
- 3) What is your child's age?
- 4) What is your child's sex?

Appendix C

Human Subjects Review Committee Approval Letter

SMITH COLLEGE
School for
Social Work

Smith College
Northampton, Massachusetts 01063
T (413) 585-7950
F (413) 585-7994

January 19, 2011

Dear Melanie,

Your second set of revisions has been reviewed. They are all in order. I'm glad you decided to streamline your recruitment process. It may lead to more successful recruitment. We are happy to give final approval to your study.

Please note the following requirements:

Consent Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with your very interesting project.

Sincerely,

Ann Hartman, D.S.W.
Chair, Human Subjects Review Committee

CC: Caroline Hall, Research Advisor