article

A Developmental Conceptual Framework For the Maturational Crisis of Pregnancy

Virginia Peterson Tilden

As the decade closes, nurse scholars continue to expand the research effort upon which the profession of the future will rest. There is now widespread agreement that nursing must attend to the careful delineation of conceptual frameworks used in theory construction and in research. Weakness of conceptualization has been identified as the major methodological frailty of existing nursing research (Batey 1977). This paper presents a conceptual framework for the examination of pregnancy as a life crisis using the constructs of developmental ego psychology and crisis theory. Developmental psychology has proven to be a valuable and enduring model for nursing practice, as the concern of nursing is clients' holistic needs and behavior across the life span and across the spectrum from illness to wellness. While crisis theory is frequently used as a conceptual framework for nursing intervention, due to its broad scope and pragmatic adequacy, other developmental theories from clinical psychology are less frequently tapped as conceptual models in nursing. The intent of this paper is to outline a conceptual framework in which specific and eclectic theories of ego development will be used as structure through which to view the maturational crisis of pregnancy, and ultimately with which to understand psychological problems of childbearing.

The author gratefully acknowledges the valuable critiquing process provided by colleagues at the University of California San Francisco: Dr. Afaf Meleis, Dr. Marjorie Dunlap, and peers in the doctoral program.

DEVELOPMENT AND CRISIS: THEORETICAL FRAMEWORK

Developmental models of human behavior and personality, including crisis theory and ego development, arise from a set of underlying assumptions. Fundamentally, developmental models are bodies of thought that center around growth and directional change stimulated by the interaction of an organism with its environment. Specific assumptions hold that constant change is inherent in life, and that change is directional toward a goal, rather than being random or multi-directional (Chin 1974). Additionally, the progression of change occurs in a predictable, orderly and identifiable manner which creates stages or phases. Movement through stages is constant. Any existing stability is an illusion; it is an apparent stability only. Restrictions exist in the direction development can proceed. While the environment may determine the nature of the specific changes within development, the structure of the organism determines the range of possibilities within which they must occur (Blasi 1976). In studying cognitive development, Piaget summarized these principles in a set of rules characterizing any true developmental sequences. A sequence of stages is hierarchical, proceeds by gradual step-wise integrations, and is irreversible (Maier 1969).

Developmental theories focus more on process than on end-point (Waechter 1974). The developmental process is a moving, dynamic force and warrants examination. Fixed stages are only theoretical constructs and are artificial in their seeming stability. Thus, developmental models are concerned with transition over time from stage to stage. The antecedent and consequent variables that surround transition are of particular importance to the developmentalist.

A critical assumption of developmental models is that each successive stage of life builds on the foundation achieved in previous stages. Therefore, the mastery of major tasks in one stage contributes to the successful mastery in succeeding stages. Conversely, failure to traverse successfully the major tasks of one stage may have a long-reaching negative effect on following stages. Therefore, disturbance or deviance at later stages may be traced backwards to deprivations, distortions and inadequacies resulting in incomplete resolution of tasks in earlier stages (Waechter 1974). This is the framework by which the developmentalist understands personality deviance and disordered behavior.

Developmentalists have traditionally focused their study on child development. The child, with dramatic demonstration of growth and development over the relatively few years of childhood and adolescence, has been the focus of numerous theories revealing psychosexual development (Freud 1923), psychosocial development (Erikson 1968), interpersonal development (Sullivan 1953), cognitive development (Piaget 1969), moral development (Kohlberg 1964), and ego develop-

ment (Hartmann 1964; Spitz 1959). Few of these theorists, Erikson being a notable exception, pursued their theory of development beyond the achievement of adulthood. While Erikson attended to the notion that development continues beyond adolescence, he placed the entirety of the adult span, encompassing some 50 years, into three phases.

In both the professional and popular literature, there has recently been a burgeoning of interest in adult development. In the last 10 years, significant contributions to adult development theory have been made by Neugarten (1968) at Chicago, Levinson (1978) at Yale, and Vaillant (1971) at Harvard, among others. Evidence mounts that development is truly a life-long process, that issues of identity and self-concept are focal throughout life, that personality change is possible at any point and time during the life course (rather than existing as a relatively fixed entity as traditionally held), and that far from being stable, the adult course is a series of fairly predictable periods of crisis and transition followed by brief plateaus. Pivotal issues are also predictable: one's life work, intimate relationships, the bearing and rearing of children, and caring for and finally burying elderly parents.

Within the general theory of adult development, "crisis" indicates a period of ego instability usually precipitated by the encountering of a pivotal life event, such as marriage or divorce (Caplan 1964). The event is not necessarily negative or unpleasant, rather it is significant, and demands that the individual alter a usual pattern of personality functioning and creatively adapt to new roles with different behavior. Thus crisis is often called a period of "dangerous opportunity." It is a turning point in the life course, producing ego instability which results in disequilibrium of ego functions, and a subjective sense of flux, questioning, insecurity and anxiety.

According to crisis theory, the ego instability of crisis periods provides the opportunity for personality growth to occur; during the crisis, old psychological issues may be reworked and greater resolution achieved. When the crisis resolves and the ego reintegrates, the personality may be at a more mature and self-actualized level of functioning. Conversely, the opposite may occur. An individual in crisis without the capacity to call forth more adaptive functioning or without the ability to rework old issues may reintegrate post-crisis at a less functional and adaptive personality level. Nonetheless, there is agreement among adult developmentalists that life crises provide maturing experiences which the adult ego weathers more or less successfully, and around which personality growth may occur.

PREGNANCY AS A MATURATIONAL CRISIS

Pregnancy is a life event believed to constitute a major maturational crisis. Deutsch (1945) and Bibring (1961) are credited with originally

conceptualizing it as such. Bibring writes that the acute disequilibria accompanying normal pregnancy may mirror psychopathology with symptoms of regression and primitive anxiety. The crisis of pregnancy is a many faceted event. A summary of the key facets follows:

1. Pregnancy is a *biological* event causing profound metabolic changes which result in altered hormonal and systemic functioning (Benedek 1956), and a profoundly altered body image reflecting an intense emotional disequilibrium (McConnell and Daston 1961).

2. Pregnancy is a *psychological* event which has a significant impact on intrapsychic processes and particularly affects the ego functions of object relations, defensive functioning, stimulus barrier and reality testing (Bibring 1959, 1961; Colman 1969, 1973). The synthetic functioning of the ego, considered by some theorists to be the primary index of ego strength (Bellak 1973; Hartmann 1964) may be temporarily weakened.

3. Pregnancy is a *social* event in which interpersonal relationships and social roles are influenced and must be realigned (Ballou 1978; Rubin 1967).

4. Pregnancy is a *transitional* event. In the macro view, childbearing is seen to bridge the life stages of youth and adulthood (Erikson 1968; Guttman 1975). Pregnancy is a transitional event in the mother-daughter relationship, as the pregnancy of the daughter elevates her to a new status of equality in womanhood with the mother (Ballou 1978; Bibring 1961). Similarly, a woman's pregnancy marks the transition of generations, and the movement from family of origin to family of procreation.

Thus far, the developmental framework has been used to identify the maturational crisis of pregnancy as a significant event in the life cycle. This model serves also in conceptualizing the process of the pregnancy itself. Across the childbearing year significant developmental tasks exist, the successful resolution of which are necessary for healthy birth and parenting. Although different theorists describe the process variably in their own terms (Bibring 1959, 1961; Cohen 1979; Colman 1969; Colman and Colman 1973; Deutsch 1945; Rubin 1976), there is general agreement that the major developmental tasks of pregnancy and birth are:

1. incorporation of intruding fetus
2. increasing emotional affiliation with fetus; identification of fetus as part of self
3. separation from fetus after quickening; relating to fetus as separate object; nesting behavior; emotional preparation for delivery
4. at birth, letting go of fetus and binding in with the neonate through the processes of bonding and attachment.

Concurrent with the developmental tasks of pregnancy exist significant alterations in object relations and in cognitive, affective and behavioral processes. These changes are summarized in the Appendix.

The chart represents a schematized synthesis of the major authors' ideas on the psychology of pregnancy.

A review of the psychological changes of pregnancy supplies convincing data supporting the proposition that the crisis of pregnancy is a potentially profound event in a woman's ego development. Leifer (1977), in a comprehensive study of the psychological changes accompanying pregnancy and motherhood, addresses the concept of ego development as a result of pregnancy. She concludes that while most women experience pregnancy as stressful, only some women later experience a growing sense of adulthood and personality integration suggestive of a new developmental stage. Thus for some, the regressive behavior inherent in pregnancy appeared to be reflective of psychological change and later new growth, but others did not show signs of increasing maturation or resolution of conflicts. One immediately wonders why. In pondering this question, a schema for conceptualizing ego development will be useful.

Erikson's (1968) conceptualization of ego development over eight life stages has been criticized for its inattention to ego functioning in the adult years. Loevinger's (1977) newer model of ego development may avoid this frailty. Loevinger, a clinical psychologist and developmentalist, has proposed a sequence of stages of ego development which may prove applicable to the question raised by Leifer's study. Briefly, Loevinger conceptualizes the ego as the central process of the personality as it strives to master, integrate and adapt. As it develops and matures, the ego moves through certain predictable and sequential stages which Loevinger has labeled but to which she gives no age period, believing this to be a limitation of previous ego development theories. A central proposition, therefore, is that the stages are not age specific, although she admits the earliest stages are rare after childhood and that it would be impossible to find the later stages in childhood. Certain behaviors and modes of being relate to each stage, and thus the stage of development is a major dimension of individual differences within any age cohort. In delineating the stages through which the ego has the potential for growth, Loevinger focuses on several critical facets of the ego: impulse control, character development, interpersonal style, conscious preoccupations and cognitive style. She claims it an oversimplification to assume that these facets add up to "ego," yet she does propose that these facets are core features and that each stage may be differentially described according to these features.

Though recognizing that problems abound with any nomenclature, Loevinger has chosen to label the stages of ego development as follows: Presocial, Symbiotic, Impulsive, Self-Protective, Conformist, Conscientious-Conformist (Self-Aware), Conscientious, Individualistic, Autonomous, and Integrated. Maturing toward higher levels of ego development, an individual grows from interpersonal dependence

toward interpersonal interdependence, from conceptual simplicity toward conceptual complexity, and from externalization toward internalization of authority, control and morality.

Interpersonal relationships, cognitive style, impulse control and cognitive preoccupations are also central pivots of ego changes during pregnancy. Thus it becomes possible to examine Loevinger's scheme for its overlap with the developmental sequence of pregnancy and to seek a conceptual fit between a social-psychological theory and an area of concern in nursing practice.

Loevinger claims that the modal stage of ego development for adults in our society is the transitional stage of "Conscientious-Conformist," which she also describes as the "Self-Aware Level." At this stage, the predominant qualities of the personality are increased self-awareness and the appreciation of multiple possibilities in situations. A factor in moving out of the Conformist stage which precedes is awareness of oneself as not always living up to the idealized portrait set by social norms. Awareness of self is not deep and prevailing, however, and is usually couched in banalities, often in terms of vague feelings. The individual at this stage is relatively "other" oriented and sees self very much in reference to the significant group. The person is still concerned more with stereotypes than with uniqueness or individual differences. The perception of alternatives, exceptions and the complexity of situations is greater at this stage than before.

If we assume, for purposes of theory construction, that the modal woman in this country begins her pregnancy at Loevinger's "Conscientious-Conformist" level of ego development, what can be said to occur in keeping with developmental principles already outlined? As has been stated, the crisis of pregnancy precipitates ego instability and ego function disequilibrium. Personality regression occurs. Many of the features of the Conformist stage, as well as the earlier Self-Protective and Impulsive stages, are remarkably similar to the regressed affective, cognitive and behavioral processes of pregnancy, though the degree of regression is variable with the individual woman. Some women may demonstrate no regressed behavior, but will report a rich fantasy life in which regression is apparent. As the literature documents, pregnant women frequently experience increased openness, suggestibility, impulsiveness, lability, and preoccupations bordering on compulsions and obsessive ruminations. Dependency needs are intensely magnified during pregnancy, and significant others are often manipulated and exploited. The increased somatization of pregnancy may be seen as a return to the cognitive preoccupation of Loevinger's Impulsive stage. Bodily feelings are of central importance. In this regressed period of ego instability, stereotypes and superficial impressions and appearances may be heightened.

Rubin (1967) holds that mimicry and role play are essential early operations for the later attainment of the maternal role. She writes that

the pregnant woman is acutely susceptible to impressions, and will superficially model her behavior after chosen role models. This operation, essential for the ultimate adaptation to the condition of pregnancy and later parenting, would seem to demand the conceptual simplicity of the Conformist stage. Were the ego to be actualized at a much higher level, as in the Autonomous or Integrated stages, the woman may experience difficulty in psychologically accommodating to the pregnancy and in attaining maternal role behaviors. Temporary regression to less adaptive, integrated and flexible levels of ego development may be preparatory for the transition to parenting, as both Ballou (1978) and Leifer (1977) have separately suggested. Certainly, the acute openness to the environment, the increased introversion and the increased sensitivity in interpersonal relations may all be viewed as prodromal qualities that will mushroom in the early postpartum period, as the woman temporarily constricts her field of energy and awareness to the care of a totally helpless human being.

Returning now to the question raised by Leifer's study, post-delivery reintegration and ego stability occur for some women at their previous level of ego development, and for others at a higher and more adaptive level. What makes the difference? Cohen (1979) postulates that mastery of the psychological developmental milestones of pregnancy, mentioned earlier, is essential for the woman to later view her pregnancy and delivery as a positive experience. Women who fail to achieve additional personality growth following pregnancy may be those who for one or multiple reasons fail to optimally master the psychological experience of the pregnancy. The interplay between the woman's ego stage of development, environmental factors and the unique symbolic meaning of the pregnancy to her may be influential in the mastery of these developmental milestones.

Failure to master developmental milestones has been attributed to impinging stress during the pregnancy (Helper, Cohen, Beitenman, and Eaton 1968). Stress and anxiety have been positively identified as major variables which disrupt the maturational task of childbearing and may lead to a variety of outcome complications (Cohen 1966; Gorsuch and Key 1974; Jones 1978; Nuckolls, Cassell, and Kaplan 1972; Williams, Williams, Griswold, and Holmes 1975).

Another variable crucial to the mastery of the psychological developmental tasks of pregnancy is the quality of the early relationship of the woman to her own mother. The experience of pregnancy triggers a resurgence of issues regarding nurturance and dependency that ultimately are rooted in the earliest relationship with a caregiver who more or less successfully met those needs. Deprivation in this prototype feminine relationship may lead to later inability to master the tasks of pregnancy and achieve ego reintegration at a more mature level following delivery.

At this point it might be useful to summarize some of the tentative questions suggested thus far. The testing of theoretical propositions such as Loevinger's stages of ego development by applying them to an empirical arena of nursing practice serves to both strengthen the theory and to further predictive and proscriptive nursing knowledge. Salient questions raised by the theory are: What is the optimal stage of ego development for mastering the maturational task of pregnancy and the transition to parenthood? Do women in the higher stages (individualistic, autonomous, integrated) experience more or less emotional difficulty with pregnancy? How do women at the relatively immature levels of ego development experience the psychological milestones of pregnancy? If there is an ideal stage, how might health professionals alter their practice in the direction of fostering stage achievement? Is the ego regression common to the pregnancy process an adaptive mechanism necessary for a healthy narrowing of attention to the fetus/neonate? Is the woman's ego stage of development a significant variable in whether or not impinging stress will lead to complications of the childbearing process?

IMPLICATIONS FOR NURSING PRACTICE

Implications of the developmental model for nursing practice were alluded to at the beginning of this paper. Specific implications for practice vis-a-vis the maturational crisis of pregnancy will now be addressed. Waechter (1974) provides a helpful focus when she states that in the light of the developmental perspective, personality dysfunction can be seen as an understandable, if not inevitable, sequel to earlier inabilities to master important tasks, either because of inadequacies in the environment or in the individual. Personality distortions, then, can be seen as extreme variations of "normal." Plans for therapeutic intervention can center around the notion of mobilizing the inherent potential, strengths and resources of the individual. Identification of deficits and deprivations in developmental stages provides a direction for the establishment of treatment plans.

An understanding of the psychological developmental tasks of pregnancy by such primary providers as obstetricians, maternity nurse practitioners, maternity nurses and nurse midwives is essential as the first line of defense against psychological maladaptation. Because of the relatively extended relationship possible during the prenatal period, nurse practitioners are in a position to evaluate their patients' mastery of developmental tasks, to facilitate their mastery via teaching, counseling and referral to parent education groups, and to provide early screening of patients who are at risk for the development of psychiatric problems. Potential for psychological morbidity is high when psychosocial stress is high and/or when the women demon-

strate failure to master the psychological developmental tasks of pregnancy by denying the pregnancy, exhibiting a negative response to quickening, or failing to separate from the fetus.

Patients identified as high risk will benefit from support services by mental health professionals. It would be beyond the scope of this paper to discuss the issue of psychotherapy with the pregnant patient. Suffice it to say that a psychotherapeutic approach based on developmental concepts can be effective in mobilizing the woman's own latent strengths, and in facilitating her ability to grapple with and master psychological issues raised by the pregnancy.

In summary, this paper has explored the use of developmental ego psychology and crisis theory as a conceptual framework for the pivotal life crisis of pregnancy. A number of assumptions, concepts and propositions have been identified, and related research has been reviewed. An exploratory schema using Loevinger's stages of ego development as a framework for viewing the ego changes of pregnancy was proposed and tentative hypotheses suggested. Directions for future conceptualization include the clarification of central concepts, the refinement of those particular theoretical propositions which relate, and the delineation of testable hypotheses.

REFERENCES

Ballou, Judith
1978 The Significance of Reconciliative Themes in the Psychology of Pregnancy. Bulletin of the Menninger Clinic 42:383-412.

Batey, Marjorie V.
1977 Conceptualization: Knowledge and the Logic Guiding Empirical Research. Nursing Research 26:324-329.

Bellak, Leopald, Hurvich, Marvin, and Gediman, Helen
1973 Ego Functions in Schizophrenics, Neurotics and Normals. New York. John Wiley and Sons.

Benedek, Therese
1956 The Psychobiological Aspects of Mothering. American Journal of Orthopsychiatry 26:272-278.

Bibring, Grete
1959 Some Considerations of the Psychological Processes in Pregnancy. The Psychoanalytic Study of the Child 16:113-121.

Bibring, Grete, Dwyer, T., Huntington, D., and Valenstein, A.
1961 A Study of the Psychological Processes in Pregnancy and of the Earliest Mother-Child Relationship. The Psychoanalytic Study of the Child 16:9-71.

Blasi, Augusto
1977 Concept of Development in Personality Theory. In J. Loevinger (Ed.), Ego Development. San Francisco. Jossey-Bass.

Caplan, Gerald
1964 Principles of Preventive Psychiatry. New York. Basic Books.

Chin, Robert
1974 The Utility of Systems Models and Developmental Models for Practitioners. In J. Riehl and C. Roy (Eds.), Conceptual Models for Nursing Practice. New York. Appleton Century Crofts.

Cohen, Richard
1979 Maladaptation to Pregnancy. Seminars in Perinatology 3:1:15-24.

Cohen, Richard
1966 Pregnancy Stress and Maternal Perceptions of Infant Endowment. Journal of Mental Subnormality 12:23:18-23.

Colman, Arthur
1969 Psychological State During First Pregnancy. American Journal of Orthopsychiatry 39:4:788-797.

Colman, Arthur, and Colman, Libby
1973-1974 Pregnancy as an Altered State of Consciousness. Birth and the Family Journal 1:1:7-11.

Deutsch, Helene
1945 The Psychology of Women. Vol II: Motherhood. New York. Grune and Stratton, Inc.

Erikson, Erik
1968 Identity, Youth and Crisis. New York. W. W. Norton and Co.

Freud, Sigmund
1923 The Ego and the Id. New York. W. W. Norton and Co.

Gorsuch, Richard L., and Martha K. Key
1974 Abnormalities and Pregnancy as a Function of Anxiety and Life Stress. Psychosomatic Medicine 36:352-362.

Guttman, David
1975 Parenthood: A Key to the Comparative Study of the Life Cycle. In N. Datan and L. Ginsberg (Eds.), Life Span Developmental Psychology: Normative Life Crisis. New York. Academic Press.

Hartmann, Heinz
1964 Essays on Ego Psychology. New York. International Universities.

Helper, M., Cohen, R., Beitenman, E., and Eaton, L.
1968 Life Events and Acceptance of Pregnancy. Journal of Psychosomatic Research 12:183-188.

Jones, Arthur
1978 Life Change and Psychological Distress as Predictors of Pregnancy Outcome. Psychosomatic Medicine 40:5:402-411.

Kohlberg, L.
1964 Development of Moral Character and Moral Ideology. In M. Hoffman and L. Hoffman (Eds.), Review of Child Development Research. New York. Russell Sage Foundation.

Leifer, Myra
1977 Psychological Changes Accompanying Pregnancy and Motherhood. Genetic Psychology Monographs 95:55-96.

Levinson, Daniel
1978 The Seasons of a Man's Life. New York. Alfred A. Knopf.

Loevinger, Jane
1977 Ego Development. San Francisco. Jossey-Bass.

Maier, H.
1969 Three Theories of Child Development. New York. Harper and Row.

McConnell, Owen L., and Daston, Paul G.
1961 Body Image Changes in Pregnancy. Journal of Projective Techniques 25:451-455.

Neugarten, Bernice
1968 Middle Age and Aging. Chicago. University of Chicago Press.

Nuckolls, Katherine B., Cassell, John, and Kaplan, Berton H.
1972 Psychosocial Assets, Life Crisis and the Prognosis of Pregnancy. American Journal of Epidemiology 95:431-441.

Piaget, Jean
1969 The Psychology of the Child. New York. Basic Books.

Rubin, Reva
1967 Attainment of the Maternal Role (Parts I and II). Nursing Research 16:237-245, 342-366.

Rubin, Reva
1976 Maternal Tasks in Pregnancy. Journal of Advanced Nursing 1:367-376.

Spitz, Rene
1959 A Genetic Field Theory of Ego Formation. New York. International University Press.

Sullivan, Harry Stack
1953 The Interpersonal Theory of Psychiatry. New York. W. W. Norton and Co.

Vaillant, George
1971 Theoretical Hierarchy of Adaptive Ego Mechanisms. Archives of General Psychiatry 24:107-118.

Waechter, Eugenia
1974 The Developmental Model. In M. Kalkman and A. Davis (Eds.), New Dimensions in Mental Health-Psychiatric Nursing. New York. McGraw-Hill Co.

Williams, Cindy Cook, Williams, Reg Arthur, Griswold, Manzer J., and Holmes, Thomas H.
1975 Pregnancy and Life Change. Journal of Psychosomatic Research 19:123-129.

APPENDIX
PSYCHOLOGICAL STAGES OF PREGNANCY*

Trimester	Object Relations	Cognitive/Affective/Behavioral Processes	Major Development Tasks
FIRST	growing awareness of fertilized ovum; fetus seen first as other/outsider, then merged with self. major significant object: mother, as prototype nurturing, feminine relationship secondary objects: peers and mate	increase of the following: introversion, dependence (varies with the degree of somatic sx.), somatization and narcissism; gradual, subtle body changes may reawaken old adolescent fantasies with oral stage features; initial ambivalence and rejection of the pregnancy common; decreased libido and sexual appetite. major cognitive focus: self and changing body	incorporation of intruding fetus; gradual alteration of body image and ego identity; acceptance of infant/fetus by self and significant others.
SECOND	beginning separation of fetus as object rather than self major significant object: mother and mate shifting object dependency occurring from mother to mate secondary object: peers	slight decrease of introversion, dependence and anxiety (though recognition of fetus as separate object may mobilize separation anxiety); increase of sexual appetite; beginning attachment to fetus with movement. the following phenomena may occur in all stages: acute openness to environment, increased susceptibility to suggestion, increased emotional lability; increased incidence of transient compulsions and obsessive ruminations.	acceptance of growing fetus by self and significant others; willingness to "house" fetus with resulting major body/role/ego changes.