

Experiences of meaningfulness by a group of women during their first pregnancy: A focus on relationships

Jomari de Beer
21163715

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Supervisor: Heleen Coetzee

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OPSOMMING

Die Wêreldgesondheidsorganisasie (WGO) beskou die gesondheid en welstand van swanger vroue as 'n internasionale gesondheidsprioriteit. Alhoewel swanger vroue 'n groot deel van die internasionale en Suid-Afrikaanse bevolking uitmaak, is navorsing oor die psigologiese welstand van die swanger vrou gebrekkig. Navorsing dui daarop dat 'n psigologies goed funksionerende swanger vrou die vermoë behoort te hê om 'n hegte band met haar baba te vorm en 'n effektiewe ouer te wees. Die WGO plaas klem op die gesondheid van swanger vroue, nie net omdat hulle noodsaaklik is vir die oorlewing en voortplanting van die mensdom nie, maar ook omdat hulle meer kwesbaar tydens swangerskap is en ekstra ondersteuning benodig. Swangerskap hou verband met baie fisiese en psigologiese veranderinge en het 'n groot impak op 'n vrou se lewe. Hoewel daar uitdagings is wat verband hou met swangerskap, kan dit ook 'n besondere ervaring wees wat geweldige sielkundige en persoonlike groei inhou. Meeste vorige studies het gefokus op die mediese, biologiese en patologiese aspekte van swangerskap. Alhoewel hierdie navorsing belangrik is, is dit noodsaaklik dat meer inligting ingewin word oor hoe die psigologiese welstand van vroue tydens swangerskap proaktief bevorder kan word. Navorsing toon dat vroue wie se psigologiese welstand onder druk is, meer kwesbaar is vir die ontwikkeling van psigologiese versteurings. 'n Swanger vrou wat psigologies gesond is, het die vermoë om 'n gesonde band met haar baba te vorm, haar nuutgevonde ouerskap goed te hanteer, en is minder geneig om swangerskap-verwante geestesversteurings te ontwikkel. Dit blyk dat die teenwoordigheid van betekenisvolheid in 'n persoon se lewe lei tot verhoogde psigologiese welstand. Hierdie studie is vanuit 'n psigofortologiese perspektief benader en het gefokus daarop om vroue wat vir die eerste keer swanger is se ervaring van betekenisvolheid tydens hul swangerskap te ondersoek en dieper te verstaan. 'n Kwalitatiewe, fenomenologiese benadering is gevolg om 'n diepgaande begrip van die vroue se ervaring van betekenisvolheid te kry. Refleksiewe joernale en die Mmogo-metode® is gebruik om die data in te samel. 'n Tematiese analise van die visuele (deelnemers se skeppings en hul verduidelikings daarvan) en tekstuele (refleksiewe joernale) data het tot 'n dieper begrip van die deelnemers se ervarings van

betekenisvolheid tydens swangerskap gelei. Die data dui daarop dat spiritualiteit en verhoudings die aspekte is wat die meeste tot dié swanger vroue se ervaring van betekenisvolheid bygedra het. Hierdie studie het slegs gefokus op hoe deelnemers tydens hul swangerskap betekenisvolheid in verskillende verhoudings ervaar het. Die belangrikste verhoudings wat geïdentifiseer is, was met hul man, hul ongebore baba en met hulle ouers. Ryk beskrywings van hierdie verhoudings het gehelp om ons begrip van die swanger vroue se ervaring van betekenisvolheid te verdiep. Die bevindinge van hierdie studie lewer 'n waardevolle bydra tot 'n verbeterde begrip van die konsep betekenisvolheid in die spesifieke lewensdomein van verhoudings in die swangerskapkonteks. Dit bevestig die struktuur van die *Meaning Model* van Wissing en Delle Fave (2014) en verdiep ons begrip van die 'betekenis in die lewe'-kategorie. Hierdie dieper verstaan van die begrip betekenisvolheid is waardevol, omdat dit proaktief aangewend kan word in die ontwikkeling van programme wat daarop gemik is om swanger vroue se psigologiese welstand te versterk. Geen vorige navorsing in hierdie verband, veral in die Suid-Afrikaanse konteks, kon gevind word nie. Literatuur het aangedui dat daar – veral vanuit 'n psigofortologiese perspektief – 'n leemte bestaan wat betref 'n dieper en meer omvattende begrip van betekenisvolheid in verskillende lewensdomeine en kontekste. Die bevindinge van hierdie studie is belangrik – nie net omdat dit ons begrip van die ervaring van betekenisvolheid tydens swangerskap en die rol wat verhoudings speel, verdiep nie – maar ook omdat dit 'n waardevolle bydra kan lewer tot die inlig, ontwikkeling en daarstel van intervensieprogramme om die psigologiese welstand van swanger vroue in Suid-Afrika proaktief te versterk.

Sleutelwoorde: Psigofortologie, Positiewe Sielkunde, Betekenisvolheid, Verhoudings, Swangerskap, Psigologiese welstand.

SUMMARY

The health and wellbeing of pregnant women are considered to be an international priority by the World Health Organization (WHO). Even though pregnant women constitute a large part of the population globally and in South Africa, there is a lack of research regarding their psychological wellbeing. It is known that a psychologically well-functioning pregnant woman has the capacity to attach to her baby and to be an effective parent. The WHO places emphasis on the health of pregnant women not only because they are crucial to the survival and reproduction of humanity, but also because they are more vulnerable during pregnancy and need extra support. Pregnancy is associated with many physical and psychological changes and has a major impact on a woman's life. Although there are challenges associated with pregnancy, it can also be a special experience of psychological and personal growth. Most previous studies have focused on the medical, biological, and pathological aspects of pregnancy. Although this research is important, it is crucial that psychological well-being during pregnancy is investigated in order to find ways to proactively strengthen it. Research showed that women whose psychological well-being is lacking are vulnerable and prone to developing mental disorders. A pregnant woman who is psychologically well is better equipped to form a healthy attachment with her baby, cope with her newfound parenthood, and is less likely to develop pregnancy-related mental illness. It is clear that the presence of meaningfulness in life leads to enhanced psychological well-being. This study is conducted from a psychofortological perspective and focuses on exploring and gaining a deeper understanding of first-time pregnant women's experiences of meaningfulness during their pregnancy. A qualitative, phenomenological approach was used to gain a deep understanding of the women's experience of meaningfulness. Reflexive journals and the Mmogo-method® were used to gather data. After a thematic analysis was done on the visual (the presentations and participant's explanations thereof) and textual (reflexive journals) data a deeper understanding was gained of the participants' experiences of meaningfulness during pregnancy. According to the data spirituality and relationships contributed most to their experience of meaningfulness during pregnancy. This study focused only on how meaningfulness was found in the

participant's various relationships during their pregnancy. The main relationships that were identified were with their husband, their unborn baby, and with their parents. A rich description of these relationships helped to deepen our understanding of the first-time pregnant women's experience of meaningfulness. The findings from this study make a valuable contribution to the improved understanding of the concept meaningfulness in the specific life domain of relationships and in the context of pregnancy. This confirmed the structure of the Meaning Model of Wissing and Delle Fave (2014) and deepened our understanding of the 'meaningfulness in life' category. This understanding is valuable as it can be used proactively to develop programmes to enhance pregnant women's psychological well-being. No previous research in this regard in the South African context specifically could be found. Literature indicated that there is a lack of research to better our understanding of meaningfulness in different life domains and contexts, especially from a psychofortological perspective. This study's contribution is significant as it not only deepens our understanding of meaningfulness experienced during pregnancy and the role relationships play, but also because it can make a valuable contribution to informing, developing, and implementing intervention programmes to proactively enhance the psychological well-being of pregnant women in South Africa.

Keywords: Psychofortology, Positive Psychology, Meaningfulness, Relationships, Pregnancy, Psychological Well-Being.

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PREFACE

Article Format

This thesis is part of the requirement for the completion of the Master's Degree in Research Psychology and was prepared in article format according to North-West University regulations.

Journal of Publication

This thesis adheres to the requirements of the journal *Health SA Gesondheid*. NWU Harvard style was used as the referencing style.

Page Numbers

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AUTHOR GUIDELINES: HEALTH SA GESONDHEID

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PERMISSION TO SUBMIT THIS ARTICLE FOR EXAMINATION PURPOSES

I, the supervisor of this study, hereby declare that the article *Experiences of meaningfulness by a group of women during their first pregnancy: A focus on relationships*, written by Jomari de Beer, reflects research done by her on this topic. I hereby grant permission that she may submit this article for examination in fulfilment of the requirements for the degree Magister Artium in Research Psychology. It may also be submitted to *Health SA Gesondheid* for publication purposes.

Heleen Coetzee

DECLARATION BY RESEARCHER

I hereby declare that this research, *Experiences of meaningfulness by a group of women during their first pregnancy: A focus on relationships*, is entirely my own work and that all sources have been fully referenced and acknowledged.

J. de Beer

DECLARATION BY LANGUAGE EDITOR

I hereby declare that I have language edited the thesis *Experiences of meaningfulness by a group of women during their first pregnancy: A focus on relationships* by Jomari de Beer for the degree Magister Artium in Research Psychology.

Kareni Bannister BA (Cape Town), BA (Honours)(Cape Town), MA (Oxon)
Strategic Communications and Development Consultancy, Oxford
Senior Member, University of Oxford, Faculty of Modern Languages
and St Hugh's College, Oxford
Founding Publisher: Legenda (Research Publications), University of Oxford.
November 2014

LITERATURE REVIEW

This study aims to better understand first-time pregnant women's experiences during pregnancy and focuses specifically from a psychofortological perspective on their experience of the construct of meaningfulness. Two main themes, namely spirituality and relationships, emerged. This study sets out to deepen our understanding of how relationships contribute to pregnant women's experience of meaningfulness.

Introduction

Although large numbers of pregnant women are affected by mental health issues and concerns globally (Wisner *et al.*, 2013:490), not enough attention has been paid to pregnancy-related mental health (Almond, 2009:221). The World Health Organization reported an estimated 211 million pregnancies per year in the world (2005) and in South Africa 18.94 births per 1000 of the population were recorded in 2011 (CIA World Factbooks, 2011). Pregnancy is one of the most important and challenging transitions some women will experience in their adult life. It entails massive psychological as well as physiological changes. A recent study (Wisner *et al.*, 2013:490) found that one in seven women experiences depression after birth. This, and other pregnancy-related mental health problems, are often underestimated (Munoz *et al.*, 2006:247-248). The psychological well-being of a pregnant woman has a great impact on various aspects of herself, her baby, and those around her (Reilly *et al.*, 1987:295; Taubman-Ben-Ari *et al.*, 2012:802) .

Previous research on pregnancy focused mostly on pregnancy-related pathology, medical conditions, and marital problems associated with pregnancy (Affonso, 1992; Green & Kafetsios, 1997; Spinelli & Endicott, 2003). Although this knowledge is useful and important, there is currently a need for health care providers to proactively 'address psychological issues related to pregnancy and childbirth' (Sawyer *et al.*, 2010:27). Post-partum depression and other mental health issues related to childbearing could be reduced or even prevented if more were known about enhancing strengths and

psychological well-being during pregnancy (Delle Fave *et al.*, 2013:31). Developmental transitions, such as pregnancy, provide opportunities for psychological growth and although such a change may be stressful, it could also be a positive experience during which certain factors could contribute to maintaining or improving psychological well-being (Delle Fave *et al.*, 2013:23; Guse *et al.*, 2006:164; Taubman-Ben-Ari *et al.*, 2012:802). A woman who is psychologically well will have the capacity to cope with all these changes and the challenges of pregnancy and motherhood. Various authors (Hartley *et al.*, 2011:14; Mills *et al.*, 1995:99,105; Sawyer *et al.*, 2010:19) recommend that more research should be done to understand the psychological factors involved in pregnancy, especially in low- to middle-income countries (such as South Africa) where high rates of social risk factors such as crime, HIV, poverty and unemployment contribute to a higher risk for and prevalence of mental illnesses such as anxiety and post-partum depression (Almond, 2009:221; Hartley *et al.*, 2011:9-10,14). This study's focus and exploration of meaningfulness aim to make a contribution to proactively understanding and improving the factors contributing to a pregnant women's psychological well-being.

There is an important link between meaningfulness, psychological well-being and pregnant women. The reason for this is that high levels of meaningfulness and psychological well-being could aid in reducing psychological risk levels (McGregor & Little 1998:505; Reker & Chamberlain, 2000:64-66; Ryan & Deci, 2001:152,155; Ryff & Singer, 1998:18-25; Steger, 2009; Wong, 2011:75; Zika & Chamberlain, 1992:134-136) among the pregnant women, and can act as a buffer (Keyes, 2002:218) against potentially negative events in these women's lives. A potential negative event for pregnant women could be post-partum depression. The potential effects of post-partum depression can be devastating and more far-reaching than commonly supposed. Post-partum depression can affect the mother's ability to look after her child physically, emotionally and socially, which could lead to a wide range of serious problems for the child (Benvenuti *et al.*, 2001:155). A South African study by Mills *et al.* (1995), which compared a group of post-partum depressed mothers with a control group of non-post-partum depressed mothers, also found that the post-partum depressed mothers were in

poorer mental health and suffered more stress during pregnancy, were socially more isolated, and had more marital problems than the women in the control group. It is clear that it is important that pregnant women's psychological well-being is enhanced to protect them from stressors and from possible mental illness, as described above. A pregnant woman's general psychological well-being can be enhanced through the presence of meaningfulness.

A psychofortological approach

This study is embedded in the field of psychofortology (also called positive psychology). Psychofortology is a theoretical framework that has flourished since 2000 and is classed as a subdivision of psychology. It focuses on optimal human functioning and the proactive building of positive strengths instead of repairing weaknesses. It emphasises constructs such as positive emotions, positive character traits, virtue, meaningfulness, resilience, self-regulation, well-being and how to apply empirically-proven interventions to improve lives (Keyes *et al.*, 2012:99; Linley, 2009:179; Seligman & Csikszentmihalyi, 2000:5; Seligman *et al.*, 2005:410-411).

Within the field of positive psychology, psychological well-being is a construct that has received a great deal of attention in research. From this it was evident that there are mainly two approaches and schools of thought within psychofortology. The first is the 'eat, drink, and be merry,' happy-go-lucky hedonic approach (Wong, 2011:70), which defines psychological well-being in terms of avoiding pain, gaining pleasure, and subjective well-being, which encompasses high positive affect, low negative affect and life satisfaction (Diener *et al.*, 1999:277).

The second approach is the one which drives this study's main focus, meaningfulness, and is called the eudaimonic approach. This approach views psychological well-being in terms of meaningfulness, self-realisation, functioning well, doing what is worth doing, being one's true self (Ryan & Deci, 2001:145-146; Waterman, 1993:678), self-acceptance, positive relations with others, autonomy, environmental mastery, purpose

in life, personal growth (Ryff, 1989:1071), flourishing or experiencing a sense of fulfilment, making a difference, flow, authenticity, concern for others, and most importantly, meaningfulness (Wong, 2011:70). The description and understanding of meaningfulness and the experience of meaningfulness by individuals are an essential part of the eudaimonic school of thought within psychofortology.

Traditionally research on well-being was concerned with the absence of disease, disorder and disability, but over the past 50 years this has changed thanks to the emergence of four scientific trends (Keyes *et al.*, 2012:99). These trends, which Keyes *et al.* (2012:99) describe, include studies of perceptions of stress and coping strategies; studies of positive development during and through successful ageing; quality of life studies, inspired by the 1960s era of humanism and social welfare; and the study of resilience, which thrived in the 1970s, and includes a focus on protective factors and strengths that enable positive development in the face of adversity. These trends and studies, and the contribution of various psychologists, theorists and scientists, all played a part in changing the character of research in the field over a long period of time so that well-being could be perceived as the presence of strengths, instead of the absence of weaknesses.

Many constructs (such as meaningfulness) within positive psychology are still not understood well enough, especially in different life domains (such as relationships) and contexts (such as pregnancy) (Wissing, 2014:115). In African, and specifically South African, contexts, more research needs to be conducted from a eudaimonic perspective to understand these constructs, also multi-culturally and cross-culturally (Wissing, 2013:615-619). This will aid in gaining insight into meaningfulness as experienced by African and South African cultures. Improving our understanding of meaningfulness within the different life domains (such as relationships) in the context of pregnancy could assist in informing the development of much-needed new and creative intervention programmes that focus on psychological strengths and well-being during pregnancy (Guse *et al.*, 2006:173-174).

The context of pregnancy

Before the key concepts of this study (meaningfulness and relationships) are further explored, it is important to first understand the context of pregnancy. Pregnancy is a major developmental event and the experience of pregnancy becomes central to a woman's life (Grossman *et al.*, 1980:24), whether she experiences it as discomforting because of the lack of control over her body, or as 'awe-inspiring' (Warren & Brewis, 2004:225). The way the pregnant woman defines herself, her view of the world, her experience of her own identity, and her experience of her own meaningfulness and meaningfulness in life also become evident in this phase of life (Schlegel & Hicks, 2011:999-1002). Pregnancy is characterised by physical and psychological changes. Physical changes include: nausea, vomiting, fatigue, heartburn, weight gain, frequent urination, back pain, mood swings, leg cramps, swelling, haemorrhoids, and shortness of breath (Kamysheva *et al.*, 2009:43). Psychologically pregnant women sometimes experience feelings of anxiety, uncertainty, excitement, ambivalence, new views of sexuality, discovering a new social role, adjustment to physical appearance, and changed/redefined relationships with significant others (Bjelica & Kapor-Stanulović, 2004:148).

This study aims at improving our understanding of meaningfulness experienced by pregnant women. From a psychofortological view the focus will thus be on potential strengths, instead of potential weaknesses, during pregnancy.

Meaningfulness

Frankl (1966:21-28) defines meaningfulness as having found a reason to live and feeling significant. He advances his theory by stating that the search for meaningfulness is the primary motivation in one's life. Steger (2009) describes meaningfulness as feeling that one's life matters and makes sense. According to Steger (2009) the presence of this type of meaningfulness could contribute to feeling happier, more satisfied with life, less depressed and less anxious. Several studies proved that

meaningfulness and psychological well-being are related (Bonebright *et al.*, 2000; Ryan & Deci, 2001; Fry, 2001; King *et al.*, 2006; Mascaro & Rosen, 2005; McGregor & Little, 1998; Reker & Chamberlain, 2000; Waterman, 1993; Ryff & Keyes, 1995; Ryff & Singer, 1998; Steger *et al.*, 2006; Steger, 2009; Wong, 2011; Zika & Chamberlain, 1992) and that the presence of meaningfulness can enhance the general psychological well-being of an individual (Reker & Chamberlain, 2000:64; Wong, 2011:75). This is important to note for this study because high levels of psychological well-being could aid in reducing psychological risk levels among pregnant women, and may also act as a buffer (Keyes, 2002:218) against the negative events that might occur in a context and life phase characterised by dramatic physiological and psychological changes. Finding meaningfulness in experiences is important because it relates to positive mental health and correlates strongly with well-being. Finding meaningfulness can have healing effects psychologically, while meaninglessness is associated with pathology (Zika & Chamberlain, 1992:134). Meaningfulness is also one of the components in living the 'good life' (Park *et al.*, 2009:274; Wong, 2011:75).

Meaningfulness is an integral part of psychological well-being (Bonebright *et al.*, 2000:469-477; Fry, 2001:69-81; McGregor & Little, 1998:494; Steger *et al.*, 2006:80), especially when examined from Ryff's (1989:1071) perspective where 'purpose in life' is one of the components of her outlined structure of psychological well-being. Meaningfulness and purpose in life are almost identical concepts, and are used as synonyms for each other (De Klerk *et al.*, 2009:315), with purpose being described as resulting in meaningfulness, as well as meaningfulness resulting in purpose in life (Wong, 2011:71,74). The link between meaningfulness and psychological well-being is very clear and research has found that the presence of meaningfulness has a positive impact on psychological well-being (Reker & Chamberlain, 2000; Ryff & Keyes, 1995:724; Wong, 2011:75). This can be related to Keyes' (2002, 2004, 2005) Mental Health Continuum Model, and especially the concept of flourishing in life (McGregor & Little, 1998), which means possessing high levels of psychological well-being (Keyes, 2002:210). Keyes (2002:208) proposes high mental health and low mental illness as the basis for flourishing or languishing in life. Keyes (2002:218) also found that flourishing,

or even having moderate mental health, could contribute to higher levels of resilience, which acts as a buffer for stressful life events.

In the context of pregnancy it could thus be said that the presence of meaningfulness in a pregnant women's life could contribute to higher levels of psychological well-being, which could aid in reducing psychological risk levels among the pregnant women, which could act as a buffer (Keyes, 2002:218).

One of the important contributors to meaningfulness in an individual and, in this context, a pregnant woman's life is relationships. Research on this topic proved that support (in the form of relationships) can act as a protective factor against mental illness (Delle Fave *et al.*, 2013:29). Wong (2011:73) further states that meaningfulness has different sources and functions in one's life. The sources of meaningfulness consist of happiness, achievement, intimacy, self-transcendence, self-acceptance, fairness, and relationship (Wong, 2011:73). He elaborates on this by stating that the functions of meaningfulness include four components, namely purpose; understanding and a sense of coherence in life; responsible action, which involves doing what is right; and enjoyment (Wong, 2011:73). For the purpose of this study the emphasis will be on how relationships contribute to first-time pregnant women's experience of meaningfulness.

Relationships and their importance in meaningfulness and pregnancy

Ryff and Singer (2008:17) stated that meaningfulness in life could be found in being involved in deep and meaningful relationships (Emmons, 2003:108; Nakamura & Csikzentmihalyi, 2003:87; Ryff & Singer, 1998:9). Positive relationships during and after childbirth were found to serve as a protective factor against potential mental illness (Delle Fave *et al.*, 2013:29). Family, and therefore relationships, are the life domain that contributes most to the experience of meaningfulness internationally (Delle Fave *et al.*, 2011:193), and among South Africans (Coetzee *et al.*, 2010:305). In a recent study Delle Fave *et al.* (2013:27) confirmed these findings. She found that family relationships represented the most meaningful domain in pregnant women's life. According to Delle

Fave *et al.* (2013:22) a woman's whole life and world are changed when she is pregnant and giving birth. Her relationship with herself and her support system changes drastically. A brand new and special relationship is formed with her baby. This constitutes a major source of well-being and aids in preventing depression, anxiety, and feelings of emptiness (Delle Fave *et al.*, 2013:29).

Simply being part of a family provides meaning in life through the love and care of a spouse/partner, the friendship provided by a spouse/partner, and the fulfilment of caring for a family (Coetzee *et al.*, 2010:304). Another source of meaning in life is the influence of family on one's personal life through the support of the family, motivation for personal growth, and a feeling of belonging (Coetzee *et al.*, 2010:304). This feeling of belonging helps to understand how one fits into the world (through positive relationships), which provokes the presence of meaningfulness (Ryff, 1989:1071).

With the above in mind it is evident that there is a positive relationship between meaning in life and relatedness (Ryff, 1989:1071). The ability to form strong, positive relationships with others is an integral part of the presence of meaningfulness and psychological well-being. Positive relationships (especially in terms of being part of a family and the influence they exert, and the fulfilment of caring for a family) are a source of meaningfulness (Wissing, 2013:620) as support (love, care, and friendship) is provided, personal growth is encouraged, and a feeling of belonging is experienced (Coetzee *et al.*, 2010:304).

The relationship between the mother and the baby is especially important. Emotional well-being during pregnancy is crucial in facilitating attachment to the baby as well as the development of the capacity to be an effective parent (McLearn *et al.*, 2006:175; Paulson *et al.*, 2006:262). This attachment can be adversely affected by depression during (and after) pregnancy (Maldonado-Durán *et al.*, 2003:379; Wisner *et al.*, 2013:490), which could result in physical and psychological problems for the baby. Guse *et al.* (2006:172) indicated the importance of prenatal interventions to improve the bond between mother and baby and to influence the mother's psychological well-being

effectively. Prenatal interventions can only be effective if they are informed by and based on scientific findings of pregnant women's experiences during pregnancy. This study therefore aims to deepen our understanding of pregnant women's experience of meaningfulness through relationships. The significant relationships that will be explored in this study are those with the spouse, the parents, and the unborn child.

The importance of this study in addressing a gap in knowledge

Although previous research gives an indication of the valuable role relationships can play in the experience of meaningfulness, it is important to note that this research has mainly been conducted quantitatively. Very little information is available about the qualitative and in-depth understanding and descriptions of how pregnant women experience meaningfulness and the life domain of relationships as a part of it. Literature also still lacks a deeper, more qualitative understanding of what kind of relationships this would include, how relationships enhance meaningfulness, what type of relationships provide meaning, and how meaningfulness and relationships are changed and redefined during pregnancy. This study will thus aim to address these gaps by exploring first-time pregnant women's experience of meaningfulness during their pregnancy, and specifically the role of relationships within their experience of meaningfulness. Context and life stages strongly influence meaningfulness, relationships, and well-being (Wissing & Delle Fave, 2014:25-29), and by investigating meaningfulness and relationships during pregnancy, this study will explore these aspects in a very special context/life stage that has not yet been researched extensively.

As previously mentioned, the bulk of pregnancy research has focused on pathology, leaving a gap in studies on mental health and especially in knowledge of positive factors in pregnancy (Green & Kafetsios, 1997:141-142), and in interventions that could maintain or improve psychological well-being during pregnancy (Guse *et al.*, 2006:164). It is especially interesting to note that there are very few intervention programmes which focus on psychological strengths during pregnancy (Guse *et al.*, 2006:164). Exploring

meaningfulness in pregnancy is therefore important because it is evident that not enough research has been done on pregnancy-related mental health, and that research on psychological strengths (such as meaningfulness) during pregnancy is also lacking.

A better and deeper understanding of a pregnant mother's psychological well-being and for this study specifically, meaningfulness, is of vital importance, because research has found links between foetal development, health and maternal well-being (Monk *et al.*, 2004:284-288; Newport *et al.*, 2002:1268-1273). An important aspect of motherhood is the bond and relationship between mother and baby (Woollett & Parr, 1997:159-160,172; Zwelling, 1988:41-42). Delle Fave *et al.* (2013:31) make special mention of the effect of the brand new relationship on the mother's well-being. In order to facilitate attachment with the baby, emotional well-being during pregnancy is crucial and also aids in the developing of the capacity to be an effective parent (McLearn *et al.*, 2006:175; Paulson *et al.*, 2006:262). Depression, on the other hand, could negatively impact attachment with the baby during (and after) pregnancy (Maldonado-Durán *et al.*, 2003:379; Wisner *et al.*, 2013:490). This indicates how important it is to have available prenatal interventions that improve the bond between mother and baby and thus indirectly the mother's psychological well-being (Guse *et al.*, 2006:172). A South African study by Mills *et al.* (1995) showed that post-partum depression and other mental health issues related to childbearing could be reduced if more was known about enhancing strengths and psychological well-being during pregnancy. It is therefore important to improve our understanding of the experience of meaningfulness and relationships during pregnancy as it is seen to be a positive and protective factor that could be strengthened and used to enhance psychological well-being during pregnancy. Elliot *et al.*, (2000:225,235-237) confirm that interventions during pregnancy could have a positive impact on the well-being of the pregnant women and eventually their babies.

Meaningfulness, specifically, needs to be further researched in different contexts and life domains. This could assist in encouraging meaningfulness to be included as an indicator of well-being to inform public policy (Wissing, 2013:615). This study could thus make an important contribution by helping to further understand well-being components

in positive psychology, to address the gap in eudaimonic perspective research, and to appreciate meaningfulness as an aspect of well-being in a South African context. This could in the future lead not only to new intervention programmes – and it is important to note that very few of these focus on psychological strengths and well-being during pregnancy (Guse *et al.*, 2006:164) – but also put forward the idea that meaningfulness be addressed in public policy.

Gaining more insight into well-being during pregnancy by investigating experiences of meaningfulness is relevant when considering that thus far not enough attention has been paid to pregnancy-related mental health (Almond, 2009:221). The psychological well-being and sense of meaningfulness of pregnant women should be taken seriously because the well-being of future mothers greatly affects their own lives, the people around them, and the children they will bear (Zwelling, 1988:37-38). Understanding meaningfulness in a group of pregnant mothers will make a valuable contribution to better understanding, preventing and treating problems associated with the psychological well-being of pregnant mothers who could then be flourishing rather than languishing. Ensuring that pregnant women are healthy and flourishing benefits the women themselves, their unborn and newborn babies, their families, communities and South-African society as a whole.

This inductive study will focus on understanding a group of pregnant women's experience of meaningfulness and especially the role played by relationships in bringing this about. A better understanding of this concept may be valuable in proactively enhancing the psychological well-being of pregnant women.

REFERENCES

Affonso, D.D. 1992. Postpartum depression: a nursing perspective on women's health and behaviors. *Journal of nursing scholarship*, 24(3):215-222.

Almond, P. 2009. Postnatal depression: a global public health perspective. *Perspectives in public health*, 129(5):221-227.

Benvenuti, P., Valoriani, V., Degl'Innocenti, B.G., Favini, I., Hipwell, A. & Pazzagli, A. 2001. Postnatal depression and the impact on infant-carer attachment strategies: a case report. *Archives of women's mental health*, 3(4):155-164.

Bjelica, A.L. & Kapor-Stanulović, P. 2004. Pregnancy as a psychological event. *Medicinski pregled*, 57(3-4):144-148.

Bonebright, C.A., Clay, D.L. & Ankenmann, R.D. 2000. The relationship of workaholism with work-life conflict, life satisfaction, and purpose in life. *Journal of counseling psychology*, 47(4):469-477.

CIA World Factbooks. 2011. CIA World Factbooks, 18 December 2003 to 28 March 2011. http://www.NationMaster.com/graph/peo_bir_rat-people-birth-rate Date of access: 22 May 2012.

Coetzee, H.K., Wissing, M. & Temane, Q. 2010. Meaningfulness as experienced by a group of South Africans. *Tydskrif vir geesteswetenskappe*, 50(3):293-312.

De Klerk, J.J., Boshoff, A.B. & Van Wyk, R. 2009. Measuring meaning in life in South Africa: validation of an instrument developed in the USA. *South African journal of psychology*, 39(3):314-325.

Delle Fave, A., Brdar, I., Freire, T., Vella-Brodrick, D. & Wissing, M.P. 2011. The eudaimonic and hedonic components of happiness: qualitative and quantitative findings. *Social indicators research*, 100(2):185-207.

Delle Fave, A., Pozzo, M., Bassi, M. & Cetin, I. 2013. A longitudinal study on motherhood and well-being: developmental and clinical implications. *Terapiapsicológica*, 31(1):21-33.

Diener, E., Suh, E.M., Lucas, R.E. & Smith, H.L. 1999. Subjective well-being: three decades of progress. *Psychological bulletin*, 125(2):276-302.

Elliott, S.A., Leverton, T.J., Sanjack, M., Turner, H., Cowmeadow, P., Hopkins, J. & Bushnell, D. 2000. Promoting mental health after childbirth: a controlled trial of primary prevention of postnatal depression. *British journal of clinical psychology*, 39(3):223-241.

Emmons, R.A. 2003. Personal goals, life meaning, and virtue: wellsprings of a positive life. (In Keyes, C.L.M. & Haidt, J., eds. *Flourishing: positive psychology and the life well-lived*. Washington, D.C.: American Psychological Association Press. p. 105-128.)

Frankl, V.E. 1966. What is meant by meaning? *Journal of existentialism*, 6(25):21-28.

Fry, P.S. 2001. The unique contribution of key existential factors to the prediction of psychological well-being of older adults following spousal loss. *Gerontologist*, 41(1):69-81.

Green, J.M. & Kafetsios, K. 1997. Positive experiences of early motherhood: predictive variables from a longitudinal study. *Journal of reproductive and infant psychology*, 15(2):141-157.

Grossman, F.K., Eichler, L.S., Winickoff, S.A. & Anzalone, M.K. 1980. *Pregnancy, birth, and parenthood*. San Francisco, Calif.: Jossey-Bass.

Guse, T., Wissing, M. & Hartman, W. 2006. The effect of a prenatal hypnotherapeutic programme on postnatal maternal psychological well-being. *Journal of reproductive and infant psychology*, 24(2):163-177.

Hartley, M., Tomlinson, M., Greco, E., Comulada, W.S., Stewart, J., Le Roux, I., IMbewu, N. & Rotheram-Borus, M.J. 2011. Depressed mood in pregnancy: prevalence and correlates in two Cape Town peri-urban settlements. *Reproductive health*, 8(1): 9.

Kamysheva, E., Wertheim, E.H., Skouteris, H., Paxton, S.J. & Milgrom, J. 2009. Frequency, severity, and effect on life of physical symptoms experienced during pregnancy. *Journal of midwifery & women's health*, 54(1):43-49.

Keyes, C.L. 2002. The mental health continuum: from languishing to flourishing in life. *Journal of health and social behavior*, 43:207-222.

Keyes, C.L. 2004. The nexus of cardiovascular disease and depression revisited: the complete mental health perspective and the moderating role of age and gender. *Aging & mental health*, 8(3):266-274.

Keyes, C.L. 2005. Mental illness and/or mental health? Investigating axioms of the complete state model of health. *Journal of consulting and clinical psychology*, 73(3):539-548.

Keyes, C.L., Fredrickson, B. & Park, N. 2012. Positive psychology and the quality of life. (In Land, K.C., Michalos, A.C. & Sirgy, M.J., eds. Handbook of social indicators and quality of life research. Berlin: Springer. p. 99-112.)

King, L.A., Hicks, J.A., Krull, J.L. & Del Gaiso, A.K. 2006. Positive affect and the experience of meaning in life. *Journal of personality and social psychology*, 90(1):179-196.

Linley, P.A. 2009. Strengths perspective (positive psychology). (*In Lopez, S.J., ed. The Encyclopedia of positive psychology. Malden, Mass.: Blackwell Publishing. p. 179.*)

Maldonado-Durán, M., Helmig, L., Moody, C., Fonagy, P., Fulz, J., Lartigue, T., Saucedo-Garcia, J.M., Karacostas, V., Millhuff, C. & Glinka, J. 2003. The Zero-to-Three diagnostic classification in an infant mental health clinic: its usefulness and challenges. *Infant mental health journal, 24(4):378-397.*

Mascaro, N. & Rosen, D.H. 2005. Existential meaning's role in the enhancement of hope and prevention of depressive symptoms. *Journal of personality, 73(4):985-1014.*

McGregor, I. & Little, B.R. 1998. Personal projects, happiness, and meaning: optimizing human development across the life span. Thousand Oaks, Calif.: Sage.

McLearn, K.T., Minkovitz, C.S., Strobino, D.M., Marks, E. & Hou, W. 2006. The timing of maternal depressive symptoms and mothers' parenting practices with young children: implications for pediatric practice. *Pediatrics, 118(1): e174-e182.*

Mills, E.P., Finchilescu, G. & Lea, S.J. 1995. Postnatal depression: an examination of psychosocial factors. *South African medical journal, Cape Town Medical Association of South Africa, 85:99-105.*

Monk, C., Sloan, R.P., Myers, M.M., Ellman, L., Werner, E., Jeon, J., Tager, F. & Fifer, W.P. 2004. Fetal heart rate reactivity differs by women's psychiatric status: an early marker for developmental risk? *Journal of the American Academy of Child & Adolescent Psychiatry, 43(3):283-290.*

Munoz, C., Agruss, J., Haeger, A. & Sivertsen, L. 2006. Postpartum depression: detection and treatment in the primary care setting. *Journal for nurse practitioners, 2(4):247-253.*

Nakamura, J. & Csikszentmihalyi, M. 2003. The construction of meaning through vital engagement. (In Keyes, C.L. & Haidt, J., eds. *Flourishing: positive psychology and the life well-lived*. Washington, D.C.: American Psychological Association. p. 83-104.)

Newport, D.J., Stowe, Z.N. & Nemeroff, C.B. 2002. Parental depression: animal models of an adverse life event. *American journal of psychiatry*, 159(8):1265-1283.

Park, N., Peterson, C. & Ruch, W. 2009. Orientations to happiness and life satisfaction in twenty-seven nations. *Journal of positive psychology*, 4(4):273-279.

Paulson, J.F., Dauber, S. & Leiferman, J.A. 2006. Individual and combined effects of postpartum depression in mothers and fathers on parenting behavior. *Pediatrics*, 118(2):659-668.

Reilly, T.W., Entwisle, D.R. & Doering, S.G. 1987. Socialization into parenthood: a longitudinal study of the development of self-evaluations. *Journal of marriage and the family*, 49:295-308.

Reker, G.T. & Chamberlain, K. 2000. *Exploring existential meaning: optimizing human development across the life span*. Thousand Oaks, Calif.: Sage.

Ryan, R.M. & Deci, E.L. 2001. On happiness and human potentials: a review of research on hedonic and eudaimonic well-being. *Annual review of psychology*, 52(1):141-166.

Ryff, C.D. 1989. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of personality and social psychology*, 57(6):1069-1081.

Ryff, C.D. & Keyes, C.L.M. 1995. The structure of psychological well-being revisited. *Journal of personality and social psychology*, 69(4):719-727.

Ryff, C.D. & Singer, B.H. 1998. The contours of positive human health. *Psychological inquiry*, 9(1):1-28.

Ryff, C.D. & Singer, B.H. 2008. Know thyself and become what you are: A eudaimonic approach to psychological well-being. *Journal of happiness studies*, 9(1):13-39.

Sawyer, A., Ayers, S. & Smith, H. 2010. Pre-and postnatal psychological wellbeing in Africa: a systematic review. *Journal of affective disorders*, 123(1):17-29.

Schlegel, R.J. & Hicks, J.A. 2011. The true self and psychological health: emerging evidence and future directions. *Social and personality psychology compass*, 5(12):989-1003.

Seligman, M.E. & Csikszentmihalyi, M. 2000. Positive psychology: an introduction. Washington, D.C.: American Psychological Association.

Seligman, M.E., Steen, T.A., Park, N. & Peterson, C. 2005. Positive psychology progress: empirical validation of interventions. *American psychologist*, 60(5):410-421.

Spinelli, M.G. & Endicott, J. 2003. Controlled clinical trial of interpersonal psychotherapy versus parenting education program for depressed pregnant women. *American journal of psychiatry*, 160(3):555-562.

Steger, M.F. 2009. Meaningful living. <http://michaelfsteger.com/research.aspx> Date of access: 16 April 2012.

Steger, M.F., Frazier, P., Oishi, S. & Kaler, M. 2006. The meaning in life questionnaire: assessing the presence of and search for meaning in life. *Journal of counseling psychology*, 53(1):80-93

Taubman-Ben-Ari, O., Shlomo, S.B. & Findler, L. 2012. Personal growth and meaning in life among first-time mothers and grandmothers. *Journal of happiness studies*, 13(5): 801-820.

Warren, S. & Brewis, J. 2004. Matter over mind? Examining the experience of pregnancy. *Sociology*, 38(2):219-236.

Waterman, A.S. 1993. Two conceptions of happiness: contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of personality and social psychology*, 64(4):678-691.

Wisner, K.L., Sit, D.K., McShea, M.C., Rizzo, D.M., Zoretich, R.A., Hughes, C.L., Eng, H.F., Luther, J.F., Wisniewski, S.R. & Costantino, M.L. 2013. Onset timing, thoughts of self-harm, and diagnosis in postpartum women with screen-positive depression findings. *JAMA psychiatry*, 70(5):490-498.

Wissing, M.P. 2013. Conclusions and challenges for future research. (*In* Wissing, M.P., ed. *Well-Being Research in South Africa*. New York: Springer. p. 607-632.)

Wissing, M.P. 2014. Meaning and relational well-being: a reflection on the state of the art and a way forward. *Journal of psychology in Africa*, 24(1):115-121.

Wissing, M.P. & Delle Fave, A. 2014. Meaning and relational well-being: towards a model. (*In* Wissing, M.P., Potgieter, J.C., Guse, T., Khumalo, I.P. & Nel, L., eds. *Towards flourishing: contextualizing positive psychology*. Pretoria: Van Schaik. p. 21.)

Wong, P.T. 2011. Positive psychology 2.0: towards a balanced interactive model of the good life. *Canadian psychology/Psychologie Canadienne*, 52(2):69-81.

Woollett, A. & Parr, M. 1997. Psychological tasks for women and men in the postpartum. *Journal of reproductive and infant psychology*, 15(2):159-183.

World Health Organization. 2012. Maternal mental health & child health and development. [Homepage of World Health Organization.]
http://www.who.int/mental_health/prevention/suicide/MaternalMH/en/index.html Date of access: 14 April 2001.

Zika, S. & Chamberlain, K. 1992. On the relation between meaning in life and psychological well-being. *British journal of psychology*, 83(1):133-145.

Zwelling, E. 1988. The pregnancy experience. (In Nichols, F. & Humenick, S., eds. *Childbirth education: practice, research, and theory*. St. Louis, Mo.: Saunders. p. 37-51).

TITLE OF DISSERTATION, AUTHORS AND CONTACT DETAILS

Experiences of meaningfulness by a group of women during their first pregnancy: A focus on relationships

Jomari de Beer*

Building F25, Jooste Street

North-West University Potchefstroom Campus

Potchefstroom

2520

E-mail: jomari@hotmail.co.za

Mrs Heleen Coetzee

School of Psychosocial Behavioural Sciences

Psychology

North-West University

Potchefstroom

E-mail: heleen.coetzee@nwu.ac.za

*to whom correspondence should be addressed

MANUSCRIPT FOR EXAMINATION

ABSTRACT

The purpose of this qualitative study was to explore first-time pregnant women's experiences of meaningfulness. This study focused on deepening the understanding of meaningfulness within the theoretical framework of Psychofortology. The non-probability, purposive sample consisted of six first-time pregnant women in their third trimester of pregnancy. This Afrikaans-speaking group was aged between 22 and 40 years. Data were gathered using the Mmogo-method® during a focus group, and reflexive journals. Transcriptions were made of the participants' explanations of their Mmogo-method® presentations, which were analysed thematically in combination with photos of their presentations and their reflexive journals. The participants expressed that meaningfulness during their pregnancy was experienced through relationships and spirituality. This study only focuses on meaningfulness as experienced through relationships. The specific relationships that contributed to their experience of meaningfulness during pregnancy were: their relationship with their husband; their loving relationship with their unborn baby; and their relationship with their parents (specifically with their mothers). The participants provided rich, thick descriptions of how their relationships contributed to their experience of meaningfulness in pregnancy.

Keywords: Psychofortology, Positive Psychology, Meaningfulness, Pregnancy, Relationships, Psychological Well-Being.

INTRODUCTION

This study forms part of a broader research project looking at first-time pregnant women's experience of meaningfulness. Data were gathered from among a group of first-time pregnant women, and two main themes, namely relationships and spirituality, emerged. This study focuses specifically on the theme of relationships, which emerged when the women described their experiences of meaningfulness.

The World Health Organization reported an estimated 211 million pregnancies per year in the world (2005) and in South Africa 19.48 births per 1000 of the population were recorded in 2011 (CIA World Factbooks, 2011). In a study by Wisner *et al.* (2013) it was found that the mental health issues of pregnant women were of global concern. Bromet *et al.* (2011:8) found that women were twice as likely as men to develop depression, and that one in every seven women experienced post-partum depression and anxiety after birth (Wisner *et al.*, 2013:490). According to calculations based on these figures, this would mean that about 30,142,857 women are prone to develop post-partum depression each year. To put this figure in context it could be said that as depression affects more than 350 million people worldwide (World Health Organisation, 2012) about 10% of these are likely to be women experiencing post-partum depression.

This can be viewed as a public health problem that is not given enough attention or physical resources for prevention or treatment (Almond, 2009:221; Wisner *et al.*, 2013:491). Elsenbruch (2007:876) states that healthcare professionals first need to be made aware of the importance of psychosocial factors in maternal well-being and pregnancy in order to discover solutions for pregnant women at risk. Røsand (2011:11) hits the nail on the head by saying: 'Failure to recognise and assist women who suffer from emotional distress during pregnancy is failure to address a major public health problem.'

Pregnancy is one of the most important and challenging transitions some women will experience in their adult life (Reilly *et al.*, 1987:295; Taubman-Ben-Ari *et al.*, 2012:802).

This occurrence (pregnancy) is accompanied by physiological changes. Different women experience pregnancy differently: for some it is a discomfoting experience because of the lack of control over the body, while for others it is 'awe-inspiring' (Warren & Brewis, 2004:225). Nonetheless, the experience of pregnancy becomes central in the woman's life (Grossman *et al.*, 1980:24). This major developmental occurrence is characterized by physical changes such as nausea, vomiting, fatigue, heartburn, weight gain, frequent urination, back pain, mood swings, leg cramps, swelling, haemorrhoids, and shortness of breath (Kamysheva *et al.*, 2009:43). Emotionally they sometimes experience feelings of anxiety, uncertainty and excitement, ambivalent affect, and physically their appearance changes, which requires adjusting to. Socially, a new role is developed and change takes place in relationships with significant others (Bjelica & Kapor-Stanulović, 2004:148). The way a pregnant woman defines herself, her view of the world, her experience of her own identity and especially her experience of her own meaning and meaningfulness in life also becomes evident in this phase of life (Schlegel & Hicks, 2011:999-1002). The fact that pregnancy and its' implications are such an integral part of human existence has prompted much research on the subject.

Previous research on pregnancy from a psychological point of view has mostly focused on pregnancy- related pathology (Affonso, 1992; Green, 1998; Spinelli & Endicott, 2003). Although this knowledge may be useful, there is a need for health care providers to proactively 'address psychological issues related to pregnancy and childbirth' (Sawyer *et al.*, 2010:27).

A proactive approach is supported by the theoretical framework of psychofortology (in which this study is embedded), which is dedicated to looking at optimal human functioning and focuses on building positive strengths instead of repairing weaknesses (Keyes *et al.*, 2012:99-100; Linley, 2009:179; Seligman & Csikszentmihalyi, 2000:5; Seligman *et al.*, 2005:410-411; Wong, 2011:70). This study falls within the eudaimonic school of thought within psychofortology (which can also be referred to as positive psychology). This is also where the construct of meaningfulness, which is this study's main focus, is situated (Ryan & Deci, 2001:145-146; Waterman, 1993:678; Wong,

2011). Many constructs (such as meaningfulness) within positive psychology are still not sufficiently understood. In African, and specifically South African, contexts, more research needs to be conducted from an eudaimonic perspective to understand these constructs cross-culturally as well (Wissing, 2013:619). This will aid in gaining insight into meaningfulness as experienced by African and South African cultures.

Meaningfulness in particular needs to be further researched in different contexts and life domains (such as the context of pregnancy and the life domain of relationships).

Frankl (1966:21-28) views meaning as having found a reason to live and feeling significant, and even considers the search for meaning to be the primary motivation in life. Steger (2009) describes meaningfulness in life as feeling that one's life matters and makes sense, and this type of meaning could contribute to feeling happier, more satisfied with life, less depressed and less anxious. Several studies have proved that meaningfulness and psychological well-being are interrelated (Bonebright *et al.*, 2000; Ryan & Deci, 2001; Fry, 2001; King *et al.*, 2006; Mascaro & Rosen, 2005; McGregor & Little, 1998; Reker & Chamberlain, 2000; Waterman, 1993; Ryff & Keyes, 1995; Ryff & Singer, 1998; Steger *et al.*, 2006; Steger, 2009; Wong, 2011) and that the presence of meaningfulness can enhance the general psychological well-being of an individual (Reker & Chamberlain, 2000:64; Wong, 2011:75). In the context of this study it can thus be said that high levels of psychological well-being and the presence of meaningfulness could aid in reducing psychological risk levels among pregnant women, and could also act as a buffer (Keyes, 2002:218) against the negative events that could occur in a context and life phase characterized by dramatic physiological and psychological changes. Developmental transitions, such as pregnancy, provide opportunities for psychological growth and although the change may be stressful, it could also be a positive experience during which certain factors could contribute to maintaining or improving psychological well-being (Delle Fave *et al.*, 2013:23, Guse *et al.*, 2006:164). With the above in mind, it could thus be said that a woman who is psychologically well should have a greater capacity to cope with the changes and challenges of pregnancy and motherhood than one who is lacking in psychological well-being.

The presence of meaningfulness is an essential part of being psychologically well and is found in different aspects of life. Research has shown that an important part of finding meaning in life consists in being involved in deep and meaningful relationships (Emmons, 2003:108; Nakamura & Csikzentmihalyi, 2003:87; Ryff & Singer, 2008:17).

According to (Delle Fave *et al.*, 2013:31) positive relationships during and after childbirth even serve as a protective factor against potential mental illness. Family, and therefore relationships, are the life domain that contribute most to the experience of meaningfulness internationally (Delle Fave *et al.*, 2011:193) and in the lives of South Africans (Coetzee *et al.*, 2010:305). In a recent study (Delle Fave *et al.*, 2013:26) it was found that the same is true for pregnant women for whom family represented the most meaningful life domain. These significant relationships assist one to understand how one fits into the world (Ryff, 1989:1071; Steger *et al.*, 2008:200).

Although previous research gave an indication of the valuable role relationships can play in the experience of meaningfulness, it is important to note that the studies were mainly conducted quantitatively. Very little qualitative information is available about the in-depth understanding and descriptions of pregnant women's experience of meaningfulness and how different life domains such as relationships contribute to this experience. Literature also still lacks a proper understanding of what kinds of relationships this includes, how relationships enhance meaningfulness, what kinds of relationships provide meaningfulness, and how meaningfulness and relationships have been changed and have been redefined during pregnancy. This study thus aims to address some of these gaps by exploring first-time pregnant women's experiences of meaningfulness during their pregnancy, and specifically how the life domain of relationships is described as a contributor to the experience of meaningfulness. Context and life stages (pregnancy, for example) strongly influence meaningfulness, relationships, and well-being (Wissing & Delle Fave, 2014:25-29). As Wissing (2013:616-618) indicate, research in the field of psychofortology lacks focus on various contexts and life domains. A unique characteristic of this study is that it focuses on a qualitative, in-depth exploration and understanding of the life domain relationships as a

contributor to the experience of meaningfulness in the context of pregnancy. Improved knowledge of pregnant women's experience of meaningfulness could also help to inform the development of much-needed new and creative intervention programmes that focus on psychological strengths and well-being during pregnancy (Guse *et al.*, 2006:164). A South African study by Mills, Finchilescu and Lea (1995:103-104) showed that post-partum depression and other mental health issues related to childbearing could be ameliorated if more knowledge is gained on enhancing strengths and psychological well-being during pregnancy.

Enhancing psychological well-being is important and advantageous for the mother and baby, because studies have found links between maternal well-being, healthy attachment, and foetal development (Monk *et al.*, 2004:284-288; Newport *et al.*, 2002:1268-1273). The relationship and attachment between the mother and baby is important (Woollett & Parr, 1997:159-160,172; Zwelling, 1988:41) as it affects the mother's well-being (Delle Fave *et al.*, 2013:29). Emotional well-being during pregnancy is vital to facilitate attachment to the baby, and for the development of the capacity to be an effective parent (McLearn *et al.*, 2006:175; Paulson *et al.*, 2006:262).

With the above mentioned in mind it can be concluded by saying that a better understanding of a pregnant women's experience of meaningfulness and relationships during pregnancy can be utilised as a positive and protective factor to strengthen and enhance psychological well-being. The importance and relevance of this study is confirmed when it is said that not enough attention has been paid to pregnancy-related mental health (Almond, 2009:221; Wisner, *et al.*, 2013:491).

The research question that will guide this inductive study is: how do first-time pregnant women experience and describe meaningfulness in terms of relationships? The aim of this study was to gain a deeper understanding into the women's experience of meaningfulness in the context of their first pregnancy, and to gain insight into the relationships that contributed to experiencing meaningfulness in this occurrence.

METHODOLOGY

Research method and design

An exploratory and descriptive research paradigm was used. In order to gain an in-depth understanding of the participants' experiences of meaningfulness and relationships rich, descriptive qualitative data were required. A qualitative approach is especially appropriate for this study because the information that will be gathered is embedded within the participants themselves and their personal beliefs and feelings will be explored (Creswell, 2012:79-78). Describing and interpreting experiences of participants in a specific context (Denzin & Lincoln, 2000:10) and using participants' exact words in order to describe and interpret these experiences and the phenomenon being investigated (Taylor & Bogdan, 1998:149-154) is characteristic of the qualitative method and hence was done in this study.

According to Creswell (2012:79) a phenomenological approach is used when the focus is on understanding the essence of lived experiences; when several individuals have shared the same experience; and when using multiple data-gathering methods. With the above in mind, a phenomenological approach was used to explore the experience of meaningfulness of a group of pregnant women. The phenomenological approach focuses on obtaining thick, rich descriptions of how a group experiences a phenomenon. Applying this approach contributed to the aforementioned holistic, comprehensive understanding of the phenomenon being investigated, which was the aim of this study.

Research context and participants

A non-probability convenience sample was used to recruit the six participants, although they were purposively selected to adhere to the criteria of being in the second trimester

of their first pregnancy. The participants were recruited in Potchefstroom, which is a medium-sized town in the North West Province of South Africa.

A prenatal birthing class presented at one of the private hospitals in Potchefstroom provided the platform for recruiting participants. This private hospital offers multi-disciplinary services by a variety of specialists, and also provides acute care. In order to have access to the hospital's facilities, including the prenatal classes, one would have to intend to give birth at this hospital, belong to a medical aid, or be able to pay for the full cost of giving birth at the hospital. The prenatal classes are presented by a nurse employed by the hospital. The classes consist of six two-hour sessions, presented weekly at the hospital. A maximum of 8 couples can be accommodated per class (Olivier, 2012).

The prenatal birthing class seemed to offer a good source for recruiting participants, as it appeared that women who attend antenatal classes are especially mindful of different factors that play a role in their pregnancy (Olivier, 2012). The participants consisted of six first-time mothers between the age of 22 and 40 in their second trimester of pregnancy. Five of the six attended the hospital's pre-birth classes, with one participant volunteering to take part in the study after she had heard about it and had been emailed information about participating. This group was fairly homogenous in terms of language and income, with all the participants being Afrikaans-speaking and reporting that their standard of living was between average (n=5) and above average (n=1). All the participants were religious and practising Christians. Five of the participants were white and one was coloured. Only one of the participants was unmarried, with the rest of the participants being in heterosexual marriages. This was an educated group with the following qualifications: Gr12 (n=1); university degrees (n=4), and; postgraduate degrees (n=1). This was important for the study, as an educated, literate group of participants would best be able to communicate and provide rich descriptions of their experience of meaningfulness during pregnancy (Olivier, 2012).

Procedure

The Ethics Committee of the Faculty of Health Science of the North-West University's Potchefstroom Campus approved this project as part of a larger research project (Project number: NWU-0005-10-S1) concerned with the exploration of enabling contexts.

Access to the participants was granted through a gatekeeper, the nurse in charge of the pre-birth classes at the hospital. She had already formed relationships with the class attendees, who had attended four two-hour sessions with her. She helped to provide information about obtaining permission from the hospital to conduct research on their premises, and to recruit participants who attended the hospital's pre-birth classes. After the nurse who presented the classes had given permission for the research to be conducted during one of her classes, permission to conduct the study and recruit participants was obtained from the hospital's matron. She also presented the official request to conduct the research and to recruit participants to the hospital's board, which also gave its permission.

After the necessary permission had been obtained, the researchers and the pre-birth class nurse agreed on a suitable date on which the researchers would have the opportunity to recruit participants. This happened at the fifth session of the prenatal class, just before the class began. The nurse in charge of the classes introduced the researchers to the attendees and provided the researchers with an opportunity to explain the aim and nature of the study and what participation in the study would entail. Documents were also handed out and included:

- Information about the researchers, the NWU's ethical approval, and the aim, nature, and purpose of the study
- What participation would entail, what the risks and benefits were, and that participation was voluntary and could be discontinued at any time

- A card that those interested could fill out to provide their contact details and hand to the researchers or the nurse to indicate that they would like to participate in the research
- The contact information of the researchers should they have any questions or if they wanted to let the researchers know that they had changed their minds about participating

Participation entailed attending a two-hour data-gathering session, and keeping a daily journal for one week. The class attendees who were interested in participating in the research then provided the researchers with their contact information, so that they could be given the date and the time of the data gathering session. The women who indicated that they were interested in participating were contacted by email, text message or phone call to inform them of the date and time of the data gathering.

When it became clear that there were women who wanted to participate, the prenatal class nurse suggested that we conduct the data gathering at the antenatal class venue. The nurse and researchers agreed on a date, which was then given to the participants.

Refreshments were provided before and after the data-gathering process. Only a registered clinical psychologist, a highly experienced registered research psychologist, and a highly experienced nurse were present with the researcher (the author of this study) during the data gathering. The research psychologist, Professor Vera Roos, led the focus group as she is the developer of the Mmogo-method®, and an expert on this field. The clinical psychologist and researcher also asked the participants questions. The participants were informed verbally and in writing that their participation was voluntary, that the data would be treated with confidentiality, that they could withdraw at any stage, that they would not be harmed in any way during the research, that their identities would be anonymous, and that they would not be paid for their participation. Participants were also informed that the North-West University accepted full responsibility for the keeping and safeguarding of all collected data and that when findings were published all identifying information would be omitted. Participants signed an informed consent form

indicating that they understood everything and agreed to participate in the research. They were also given an opportunity to ask questions and were encouraged to continue doing so throughout the data-gathering process. They were informed that the session would be recorded and filmed.

The participants were asked to use the Mmogo-method® (Roos, 2008) materials (clay, grass stalks, cloths and coloured beads) to create a visual presentation of their experience of meaningfulness during their pregnancy. Each woman was given an opportunity to describe what she had created. The researchers then asked each participant questions about what she had made, why she had made certain objects the way she had done, what the relationship was between certain objects, and what she had meant when she described certain aspects of her presentation (if something was unclear). There was also an opportunity for the participants to comment on one another's presentations and verbal descriptions. In the last part of the session the participants were provided with an opportunity to describe how they had experienced the data-gathering session.

Subsequently, the participants were given journals and pens and verbal instructions. They were asked to answer five questions (one of which was an open question they could answer by writing whatever they liked) every day for one week (see detailed questions in data gathering). The questions to be answered were attached to the journal. After completing their journals they could either return them to their pre-birth class nurse (the researcher would collect the journals from her), or contact the researcher to arrange for the journal to be collected at a place and time of their choosing.

Data gathering

Data were gathered using the Mmogo-method® (Roos, 2008) and one-week reflective journals.

The Mmogo-method®

The Mmogo-method®, which was used to collect data, involves asking participants to create their lived experiences through visual representations using clay, grass stalks, cloths, and coloured beads (Roos, 2008:661). This is a projective method and data were captured by photographs and video recordings. This projective technique allows rich descriptions of experiences to emerge, without being obtrusive. The participants were asked to do the following:

Using the materials, please create a visual representation of your experience of meaningfulness during your pregnancy. / Deur gebruik te maak van die materiale, skep asseblief 'n visuele voorstelling van jou belewenis van betekenisvolheid tydens jou swangerskap.

Reflective group discussions

Once the visual presentations had been made the researcher, research psychologist, and clinical psychologist asked the participants to discuss reflectively what they made. Questions about meaningfulness and the factors that contribute to meaningfulness during their pregnancy were asked to clarify and gain more insight. This discussion was recorded and filmed by the researchers.

Reflective journals

The participants were asked to answer the following questions in their journals every day for one week after the focus group session:

1. On a scale from 1 – 5, with 5 being the most and 1 being the least, to what degree did you experience meaningfulness today?
2. What made you experience meaningfulness today?

3. Why did it enable you to experience meaningfulness today?
4. Is there anything else you would like to say about meaningfulness during pregnancy?

This provided insight into the experience of meaningfulness on a day-to-day basis.

Data analysis

Thematic analysis

Thematic analysis was conducted by first transcribing (done by Amone Redelinghuys) the audio/video tapes, and then by following the three stages that characterise thematic analysis (Strauss & Corbin, 1998:160-190). These three stages of coding was done by the researcher herself and involved: (1) Open coding, which allows the identification of initial categories by dividing data into small units through examining text and marking words, phrases and sentences; (2) Axial coding, during which the identified smaller units of data are grouped together to form themes or subthemes; (3) Selective coding, which results in the formation of core themes that reflect the content of the subthemes found in the axial coding stage. Thematic analysis was also conducted on the reflective journals. By conducting thematic analysis of the focus group transcription the experience of meaningfulness can be better understood and insight can be gained into this phenomenon. By conducting the same analysis on the journal entries the experience of meaningfulness and the factors that contribute to it on a daily basis can be discovered. The thematic analysis as described above was completed by the researcher.

Analysis of visual data

The visual presentations of the participants was analysed by the researcher herself by the following four steps (Roos, 2008:664): The first step was to ask the participants about the literal meaning of each of the objects they made. The second step determined

what the different objects' relationships are to one another. The third step sought to gain more insight into the phenomenon that was studied by applying the visual presentation to the specific research question. The fourth step examined the symbolic use of objects and their cultural meanings.

Trustworthiness

To ensure the trustworthiness of this study three perspectives were used as guidelines: Lincoln and Guba's (1985) model for establishing trustworthiness in qualitative research; the principles of crystallisation as described by Ellingson (2008); and Tracy's (2010) principles of high quality qualitative research. These three approaches were particularly applicable for this qualitative study.

The four principles of Lincoln and Guba's (1985:316-329) model that were applied to this study include: credibility, applicability, consistency and neutrality.

Credibility was achieved by accurately, thoroughly and truthfully describing the participants' experiences. The research design aided in this, as well as the particular attention that was paid to the context (pregnancy) of the participant's experiences throughout the study. The findings of the study were completely based and founded on the participants' perceptions and experiences.

Applicability is not necessarily relevant to qualitative research, whose purpose is rather to describe the participant's experiences of the phenomenon being studied in context (Krefting, 1991:216). In qualitative research, transferability is a better criterion to use when determining a study's applicability, and is achieved when the study's findings can fit into different contexts should another person/researcher want to transfer the findings to a different population or situation (Lincoln & Guba, 1985:316). Applicability is thus addressed in a study when satisfactory data are adequately described in order to allow a comparison. This principle was applied in this study as rich data were obtained and used and special attention was paid to detailed description of the data.

The third principle applied was consistency, which is described as finding the same results consistently when replicating the research with similar participants and/or contexts (Krefting, 1991:216). In qualitative research dependability is an important aspect of consistency, and can be addressed by providing a detailed description of the procedure. This procedure should be so well described that another researcher would be able to replicate the procedure (using similar participants and context) and obtain the same findings. This research addresses this principle by providing a detailed description of the procedure, participants, and context that would allow for successful replication.

Neutrality, the fourth principle in the model, requires that the findings and their descriptions are unbiased, neutral, and not influenced by the researcher (Krefting, 1991:216). This principle was adhered to in the research, as the researcher extensively considered her reflexive role (Lincoln & Guba, 1985:327) in the research and bracketed her own perceptions and beliefs.

To ensure the trustworthiness of this study the principles of crystallisation were applied, being particularly relevant in this specific study. Crystallisation enables the creation of a holistic picture through rich, thick data gathering and interpretation that takes the participants' socially constructed meaningfulness in account by using different ways of gathering and analysing the data (Ellingson, 2008:10-11). The principles of crystallisation, as noted by Ellingson (2008:10-13), are first, that thickly described, deep interpretations of a group or phenomenon's meaning are offered, and second, that at least one middle-ground and one creative analytic approach are used. This was done by applying the Mmogo-method® and using reflective journals. The third principle is that a genre of writing or another medium should be used, and fourth, that the researcher reflexively considers himself or herself and his or her roles in the research design, data collection and representation processes. The fifth and final principle of crystallisation involves accepting and embracing the fact that knowledge is partial, constructed, and multiple and not objective and positivistic. These principles were applied by using a variety of qualitative methods including reflective journals, and the visual, culturally

sensitive Mmogo-method®, which allows thick, rich descriptions to be obtained, especially by asking clarifying and open questions during the focus group session. The Mmogo-method® relies on participants to contextualise and describe their experiences on a variety of levels instead of relying exclusively on the researcher to draw conclusions. A dense description of the findings was provided by using analysis strategies of the Mmogo-method® (Roos, 2008). This enabled the creation of a holistic picture of the participants' frame of reference. This holistic picture was enhanced by analysing the participants' journals, which provided insight into their daily experience of meaningfulness. Field notes were kept by the researcher and helped to create awareness of how observations, assumptions, and emotions could create bias and influence findings. A further guideline of crystallisation (Ellingson, 2008:14) that was adhered to was incorporating participants' perspective into the analysis by representing their perspectives truthfully.

This study also aims to adhere to the eight principles of high-quality qualitative research as set out by Tracy (2010:838-846) and include: a worthy topic that is relevant and interesting; rich rigour that is obtained by applying appropriate theoretical constructs, data collection, sample, data analysis, and heeding context; sincerity obtained through transparency regarding the method and by self-reflexivity on the part of the researcher; credibility that is achieved through thick descriptions and details, as well as adhering to crystallisation principles; resonance; the research making a significant contribution; ethics; meaningful coherence by using methods that suit the study's goals; and by meaningfully connecting literature, research questions, findings and their interpretations.

Ethical considerations

This project has been approved by the Ethics Committee of the North-West University, Potchefstroom Campus, as part of a larger research project (Project number: NWU-0005-10-S1). This larger project is concerned with the exploration of enabling contexts in which well-being is viewed with special consideration to people's needs, relationships and the state of affairs in communities and the broader context.

The nurse in charge of the pre-birth classes provided access to the class attendees, from among whom participants were recruited. The board of the private hospital and the hospital matron approved the official request to conduct research at the hospital and to recruit participants, after which recruitment began. The details of this procedure are described in the 'Procedure' section of this study.

The guidelines of the Health Professions Council of South Africa for Psychologists (Health Professions Council of South Africa, 1974) were followed. Electronic data will be stored safely on a password-protected computer and hard copies of the data will be safely locked in the researcher's office. When findings are published all identifying information will be omitted. Participants were informed of this and told that they could withdraw from the research at any stage, without any prejudice and consequence. They were also informed of the purpose, procedure, risks, and benefits of the research, and that they would not be paid for their participation.

The principles of the National Health Act, 2003 (Department of Health, May 29, 2013) regarding research involving human subjects was adhered to in that:

(a) The research was relevant to the overall health needs of the population and of the individual participants. As outlined in the literature review and introduction of this study, conducting this research is relevant considering large numbers of pregnant women are affected by mental health issues globally: post-partum depression is a public health problem that has not yet been given enough attention or physical resources to prevent or treat (Almond, 2009:221; Wisner *et al.*, 2013:491), and not assisting pregnant women who experience emotional distress during pregnancy is equal to not addressing a public health problem (Røsand, 2011:11). This study addresses the abovementioned, and is thus relevant to the overall health needs of the participants and the general population.

(b) A valid scientific methodology was used that enabled the research question to be answered.

(c) An experienced researcher managed and led the data-gathering process and research investigation and the founder and developer of the Mmogo-method® was present during data gathering and directed the process.

(d) The participants were well informed and able to make appropriate choices; and (e) informed consent was undertaken by the participants. The participants were well informed, having two weeks before the data gathering session received verbal and written details of the study, what their participation would entail, and what informed consent would consist of. The participants thus had enough time to make appropriate choices, and to consider whether they wanted to give their informed consent to participate in order. Before data gathering took place participants were once again informed of the details of the study and what their informed consent to participate would entail (refer to the 'Procedure' section for further details). Written informed consent was obtained from participants and they gave their approval for taking part in the research. The researchers distributed the informed consent forms and verbally explained the content. It was made very clear that participation and giving informed consent were voluntary and could be retracted at any time without any consequences. The women who chose to participate signed the informed consent forms and gave them to the researchers on the day the data gathering took place. All information shared by the participants was treated confidentially. However, only partial confidentiality could be ensured, because the data were gathered in a group. When findings are published all identifying information will be omitted. Participants were informed of this and that they could withdraw from the research at any stage, without any prejudice or consequences. They were also informed of the purpose, procedure, risks (see (h) below), and benefits of the research, and that they would not be paid for their participation.

(f) Participants' rights were respected in all aspects and they were treated in a respectful manner throughout the research. The participants were pregnant and could

therefore be classified as vulnerable. Accordingly, the researcher treated the participants in a respectful way. She ensured that their comfort and safety were a priority by having an experienced nurse present during data collection, and providing refreshments and breaks as needed. Data were gathered at a private hospital with many doctors who would also have been able to assist any participant in need. Further, a highly experienced research psychologist and a clinical psychologist were part of the research team and assisted in ensuring that ethical guidelines were adhered to. Any participant who felt the need to discuss a psychological issue that arose during the research could engage with the clinical psychologist at any time during or after the research. For any medical issue the participants might have experienced due to complications with their pregnancy (or any other reason), they could engage with the nurse present, or with a medical doctor on duty at the hospital. If any of the participants experienced emotional turmoil they could turn to the clinical psychologist who was present and part of the study. If emotional turmoil was experienced after data gathering and a need for debriefing arose, the participants were informed, they could contact the clinical psychologist who would have been present and part of the study.

(g) The recruitment process was just and fair. This is described in the 'Process' section.

(h) The benefit of this research was found to be greater than the risk. The only foreseeable risk to the participants was that an emotional reaction could be experienced as the nature of this study is psychological and the Mmogo-method® is a projective technique. The nature of the participation did not involve any medical procedure or medical implication, any physical exertion (participants were seated throughout the data-gathering process and used only their hands to create a presentation out of clay) and the atmosphere during the process was peaceful, calm and positive. The clay that was used was not toxic and could not harm the participants in any way.

Direct benefits included that participants became aware of meaningfulness they experienced during their pregnancy, which was a positive experience. This research was conducted from a positive psychology perspective, which focused on psychological

strengths within the participants. The data-gathering process did not have any negative emotional effect on the participants; on the contrary, describing what gave meaningfulness to life and having the opportunity to share positive feelings (especially regarding pregnancy) in a supportive, sensitive, understanding group in which all participants were in the same phase of pregnancy evoked and strengthened positive feelings of appreciation, excitement, love, caring, and meaningfulness among them. Indirect benefits included that valuable qualitative research would be conducted which could contribute to the wider field of positive psychology research. The community could also benefit from this study should interventions that enhance pregnant women's psychological well-being be created using some of the discoveries made in this study. Interventions such as these would benefit the pregnant women, their babies, and those they have relationships with, hence the community could also benefit. The risk-benefit ratio of this study is highly favourable.

The research was reviewed independently by the North-West University ethics committee. All the obligations of the researcher as set out in the Health Act (Department of Health May 29 2013) were adhered to. Three conditions specifically referring to research involving pregnant women are outlined in the Act, and this research adhered to all three. The conditions were: 1) Appropriate studies on animals and non-pregnant individuals must have been completed in order for research to be conducted on pregnant women. This study adhered to this condition, as numerous appropriate studies have been completed on non-pregnant individuals regarding their experience of meaningfulness, which this study aimed to explore in pregnant women. 2) The purpose of the activity has to meet the health needs of the mother. This research adhered to this condition because, as has been extensively described, this research could address important mental health needs of pregnant women. 3) The risk to the foetus has to be minimal. This condition was fully met, as this research posed minimal, if not non-existent, risk to the foetus. It must be emphasised that this research study is not in any way medical or physical health research, and did not involve foetuses.

HPCSA guidelines were also adhered to in that the North-West University accepts full responsibility for the keeping and safeguarding of all collected data, recordings, and records. Electronic data are stored safely on a password-protected computer and hard copies of the data will be safely locked in the researcher's office.

FINDINGS

The two themes that were identified in this study after the participants had been asked what provided them with meaningfulness during their pregnancy were: spirituality and relationships. This specific study will focus only on relationships as part of the participants' experience of meaningfulness during pregnancy. The participants' visual representations and journals indicated that they experienced meaningfulness during their pregnancy because of, in terms of, and through meaningful relationships in their lives. Subthemes were identified with regard to types of relationships and how these contributed to their experience of meaningfulness. The contribution of these findings is important because they could help to further understanding of how and why certain types of relationships add value to the experience of meaningfulness during pregnancy. Most previous studies focused on the quantitative evidence of relationships as a component of meaningfulness during pregnancy, but this study focuses qualitatively on a better understanding of the experience of meaningfulness in relationships.

The findings of this study include three main themes. Each consists of subthemes which may be outlined as follows:

In the first theme meaningfulness was experienced through the relationship the women have with their husbands and was described in terms of 1) a journey of growth in the relationship, 2) the support and involvement of their husbands, and 3) a redefined, deeper relationship in which they discovered new aspects of their husbands.

In the second theme meaningfulness was experienced through the loving relationship the women have with their unborn babies and was described in terms of 1) the

attachment and bond they felt with their babies, and 2) newfound positive emotions such as joy, excitement and happiness they experienced.

In the third theme was their relationship with their parents (especially their mother) which contributed to their experience of meaningfulness during their pregnancy. This was described by 1) a new understanding of their parents (especially their mother), and 2) a newly-felt appreciation of, and closeness to, them.

The table below summarises the themes and subthemes:

Table 1: A summary of the themes generated from the data

Main themes:	Subthemes:	Sub-subthemes
1. Relationship with husband	1.1. A journey of growth	
	1.2. A redefined relationship	1.2.1. Vulnerability 1.2.2. Rediscovery 1.2.3. Stronger bond
	1.3. Support and involvement	
2. Loving relationship with baby	2.1. Mother-baby bond	2.1.1. Baby's movements result in an exclusive bond
	2.2. Newfound positive emotions	2.2.1. Joy, excitement and happiness
3. Relationship with parents	3.1. New understanding	
	3.2. New appreciation and closeness	

These themes were derived from journal entries, a focus group discussion that was transcribed and thematically analysed, and visual presentations that the participants

made using the Mmogo-method®. Using these three data-gathering techniques provided a holistic and deep description and understanding of how the participants experienced meaningfulness during their pregnancy through their relationships. Throughout the description of the findings it is indicated which participant's direct quotes are used, as well as which participant's visual presentation is being described. Quotes by participants are first provided in Afrikaans to preserve and convey the true meaning of their words. English translations follow the Afrikaans. Because the journals were written anonymously it was not possible to indicate which participants were responsible for which journal quotes, although there is consistent distinction between quotes which originated from the focus group discussion, and those from the journal entries. Please note that all names were changed in reporting the findings, and that all descriptions (in the figures) of the visual presentations are provided by the researcher and were based on verbal explanations by the respondents during the data-gathering process. A description of the themes derived from the data follows:

Theme 1: Relationship with Husband

The main contributor to the participants' experience of meaningfulness during their pregnancy was their relationship with their husbands. One of the participants (Participant 2) described it by saying:

Sy betrokkenheid en sulke goed binne die swangerskap.... Dit was werklik betekenisvol. Dit was ook vir my betekenisvol om hierdie ervaring met iemand te deel... wat saam met jou alles deurgaen. / His involvement and stuff in the pregnancy.... It was truly meaningful. It was also meaningful for me to share this experience with someone ... who goes through it all with you.

Within this meaningful relationship with their husbands during their pregnancies, the following subthemes were identified:

- 1) a journey of growth;
- 2) the support and involvement of their husbands; and

3) a redefined relationship between themselves and their husbands .

These themes may be described as follows:

Theme 1.1: A journey of growth

Almost all participants described their relationships with their husbands metaphorically as a journey, path, or road on which growth took place and which led them to where they were now. A great sense of meaningfulness was found in this journey of growth together. It was interesting to see that many of the participants linked the use of the metaphors of a path and a journey to the process of growth. This can be illustrated by the following quotes and visual representations:

Participant 2 made a visual presentation of her and her husband's relationship path which leads to a tree, seen by her as the symbol of their relationship's growth (Figure 1). She describes it by saying:

Hulle sê baie keer die vrou dra die babatjie en dit is jy wat deur al die emosies gaan. Dit was vir my wonderlik op hierdie pad om te ontdek dat hy deur amper meer van hierdie goed gaan as ek. Dit is hoe die groei dan ontstaan het. / They say it is the woman who carries the baby and that you are the one who goes through all the emotions. On this journey it was wonderful to discover that he is going through almost more than I am. That is how the growth then started.

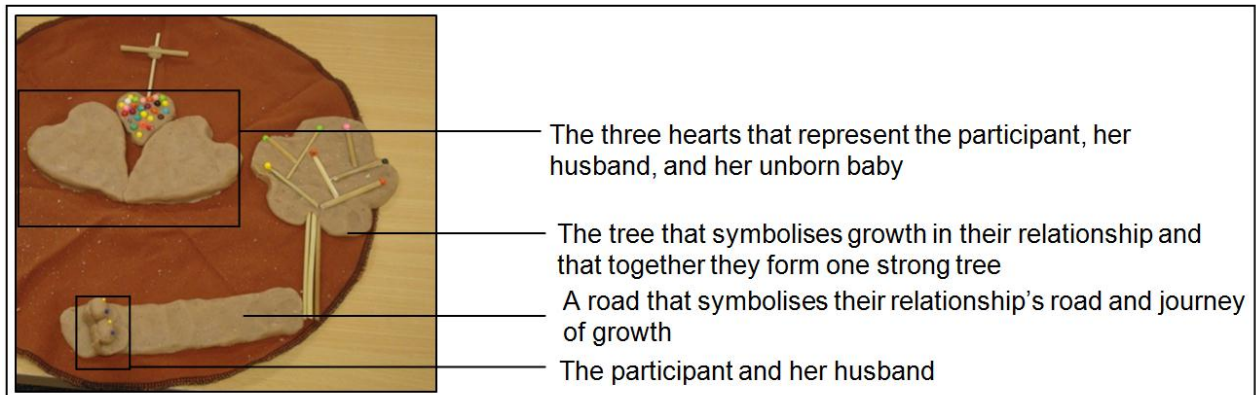


Figure 1: A visual presentation created by Participant 2 to depict how she and her husband are on a journey of growth because of the pregnancy, which gives meaningfulness in her life.

She also uses three hearts to represent herself, her husband and their unborn baby. The two larger hearts are herself and her husband touching at the bottom of the hearts, indicating their closeness as a result of the growth they experienced during the pregnancy. It was striking how she described that the small heart in the middle (which will be discussed in Theme 2), symbolising their unborn child, was responsible for introducing them to this new path of growth and closeness (Figure 1).

She (Participant 2) goes on to describe her experience of meaningfulness and its visual presentation (Figure 1) by saying:

Dit is 'n wonderlike pad waarop die Here ons gestuur het, dit is nou ek en hy hierdie. Dit is heeltemal 'n journey op sy eie... En hoe ons hierdie pad gestap het en saam gegroei het. Dit is nou die boom. Hoe ek en hy saam hierdie boom vorm... Dit is absoluut die liefde wat vir my baie betekenis gee en die pad wat ek en my man saam kon stap en nogsteeds besig is om te stap en absoluut die groei wat plaasgevind het in my en in ons huwelik. Die groei is vir my ongelooflik belangrik want ek dink veral in 'n huwelik ook as jy 'n kind kry kan jy maklik uitmekaar uit beweeg as jy nie as 'n eenheid gaan nie. Hierdie groei het vir my gewys dat... jy is absoluut 'n eenheid, maar elkeen kan nog steeds sy eie mens binne dit wees. En dit was vir my belangrik gewees, wat ons alles van mekaar ontdek het binne hierdie reis. Dit het vir my betekenis gegee, al hierdie nuwe goed wat ons van mekaar ontdek het. Dit [refers to tree trunk in Figure 1] beklemtoon hoe sterk ons huwelik ook geword het in hierdie groei proses. Ons is nie meer net 'n klein boompie wat besig is om te groei nie, ons is nou hierdie sterk en standvastige boom. Ek dink dit is ook as gevolg van die swangerskap wat ons baie nader aan mekaar gebring het. / It is a wonderful path on which the Lord has sent us, that's me and that's him. It is completely a journey on its own... and how we walked this

path and grew together. This is the tree. How he and I form this tree together... It is love that absolutely gives me a lot of meaningfulness, and the path that my husband and I have walked together and are still walking together and absolutely the growth that has occurred in my and in our marriage. The growth is incredibly important to me because I think especially in a marriage when you have a child you can easily grow apart if you do not form a unit. This growth has shown me ... you are absolutely a unit, but you can each still be your own person within that unit. And all the things we discovered about each other during this journey are important to me. They gave me meaning, all these new things we discovered about each other. This [refers to Tree Trunk in Figure 1] highlights how strong our marriage has grown in this process of growth. We are no longer just a small tree that is starting to grow, we are now a strong and sturdy tree. I also think it is because of the pregnancy that we have been brought very close to each other.

Participant 5 used flowers to illustrate growth in her and her husband's relationship, as well as their life's road/journey during which they will be raising their child together. She describes this by saying:

En dan het ek blomme wat groei voorgestel, dit is hoe ek hierdie lewenspad saam met jou [her husband Koos] gaan stap om hom [die baba] groot te maak. / And then I have flowers to represent growth. This is how I will walk our life's road with you [her husband Koos] to raise him [the baby] together.

She illustrated this in Figure 2 where she depicts herself holding on to her pregnant belly because her pregnancy provided her with meaning (*'Die swangerskap self het vir my betekenis gegee / The pregnancy itself gave me meaning'*). Behind her is the second part of her presentation which consists of elements that she describes are *'in die agterkop'* / *'at the back of my mind.'* The main things that are present at the back of her mind during her pregnancy are: her unborn son, John, who is symbolised by the blue beads that form the letter 'J,' which will be discussed in Theme 2; the growth in

their relationship and their life's journey which is depicted by the flower created by the red and green beads; her husband Koos who is symbolised by the orange beads that form the letter 'K', and who provides her with support during her pregnancy (which will be discussed in Theme 1.3); and a cross made out of sticks pressed into the clay that refer to spirituality, which is discussed by Redelinghuys (2013).

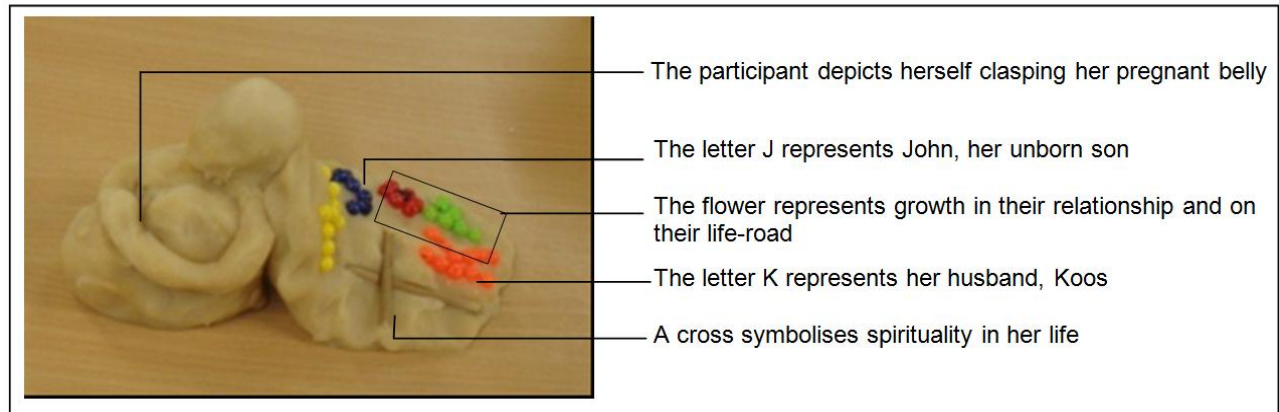


Figure 2: Participant 5's visual presentation of herself clapping her belly, as well as the symbolised thoughts that are at the back of her mind during her pregnancy.

The journey the participants feel they are on with their husbands, and the growth they experience in their relationships because of their pregnancy contribute to experiencing meaningfulness during their pregnancy.

Theme 1.2: A redefined relationship

This theme is interconnected with the previous 'growth' theme, since the participants described that these new discoveries about their husbands and the growth they experienced had led to a redefined relationship between them. Participant 2 described this redefined relationship by saying:

*En so het ek sy pappa-wees en hy my mamma-wees ontdek... [ons het] mekaar amper herontdek, nie net as huweliksmaats nie maar nou as ouers.
/ And so I discovered his daddy-ness, and he discovered my mommy-ness...*

it was almost as if we rediscovered each other not only as spouses, but now as parents.

Participant 6 also mentioned that their redefined relationship involved feeling stronger together by saying:

Want jy ontdek in jou man eienskappe wat jy nie geweet [hy] het nie... Dit is asof julle net sterker raak saam en julle werk saam na hierdie doel toe. / You discover characteristics in your husband that you never knew he had... It is as if you only grow stronger together and you work together towards this goal.

This is also illustrated in the visual presentation of Participant 2 where the journey of growth leads to a tree (Figure 1). The tree has prominent, unique and colourful branches (see Figure 3) which are described by her as new discoveries in their relationship with each other. To her, the tree is not only a symbol of growth, but also represents how she and her husband have become one: they have turned into a single, strong unit because of the pregnancy, and thus their relationship has been redefined.

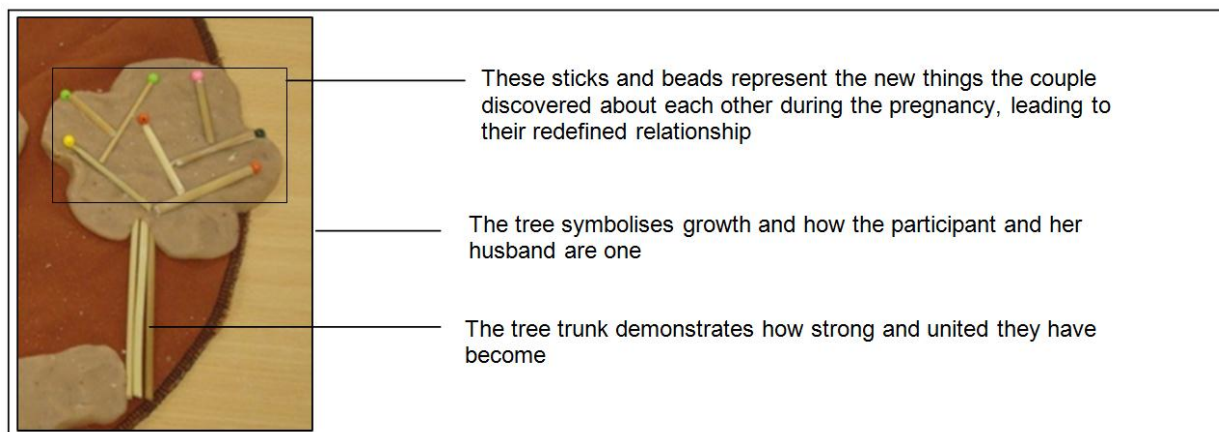


Figure 3: A cropped picture of Figure 1, focusing on Participant 2's representation of a tree that, along with growth, symbolises the new discoveries she made about her husband and how they have transformed from being two separate people into a single, strong unit.

Participant 2 described Figure 3 by saying:

Dit is nou die boom. Hoe ek en hy saam hierdie boom vorm. Hier was ons twee verskillende mense wat geheg was maar hier is ons nou 'n eenheid. En hoe ons mekaar elkeen ook hier ontdek het en die snaakse vertakkings van elkeen. / This is the tree. How he and I form this tree together. Here we were two different people who were close but here we are now a unit. And how we also discovered each other here, and the strange branches each of us form.

She added:

Dit het vir my betekenis gegee, al hierdie nuwe goed wat ons van mekaar ontdek het. Dit [refers to tree trunk in Figure 3] beklemtoon hoe sterk ons huwelik ook geword het in hierdie groei proses. Ons is nie meer net 'n klein boompie wat besig is om te groei nie, ons is nou hierdie sterk en standvastige boom. Ek dink dit is ook as gevolg van die swangerskap wat ons baie nader aan mekaar gebring het. / It has given me meaning, all these new things we discovered each other. This [refers to tree trunk in Figure 3] highlights how strong our marriage has become in this process of growth. We are no longer just a small tree that is starting to grow, we are now a strong and sturdy tree. I also think it is because of the pregnancy that we have been brought very close to each other.

It was interesting to note that this new and redefined relationship was the result of: 1) becoming aware of their partners' vulnerability as a result of the pregnancy; 2) a discovery of new dimensions in each other; and 3) the presence of a stronger bond thanks to the pregnancy. These aspects are described through in the following subthemes:

1.2.1 Vulnerability: Participants experienced meaningfulness in their redefined relationships with their husbands as they discovered and became aware of a gentler,

more vulnerable side to their husbands which they had not seen before. Participant 2 described this by saying:

Ek het herontdek dat my man 'n verskriklike sagte kant het en emosioneel is. Dis iets wat ek nie baie gesien het toe dit net ek en hy in ons huwelik was nie. / I rediscovered that my husband has a very soft side and is emotional. That's something I didn't see a lot when it was just me and him in our marriage

Upon asking this participant: *'Met ander woorde, die betekenisvolheid wat jy gekry het is om ook deur jou man se oë 'n kwesbaarheid van hom te sien, en dit het ook vir jou betekeins gegee?'* / *'In other words, you found meaningfulness through seeing a vulnerable side to your husband, and through seeing it through his eyes?'* she replied: *'Ja. Verseker.'* / *'Yes. Definitely.'* Discovering a softer, more vulnerable side to her husband because of the pregnancy provided this participant with meaningfulness.

Participant 6 also mentioned a newfound softheartedness within her husband and she described this by saying: *'Jy ontdek in jou man eienskappe wat jy nie geweet het nie. Daai sagte kant van hom.'* / *'You discover characteristics in your husband that you didn't know of. That soft side he has.'* The vulnerability the participants noticed in their husbands due to the pregnancy caused them to see them differently which opened the door to discovering new facets in their relationship.

1.2.2 New discovery: Some participants also perceived themselves differently in their relationship because of these new discoveries and resulting growth. Participant 2 made this point so clearly when she said:

So sy emosionele kant het meer uitgekome en so het ek sy pappa-wees en hy my mamma-wees ontdek. En dit het so uit ons uitgegroeï. / So his emotional side came out more and so I discovered his daddy-ness, and he discovered my mommy-ness. And it grew from within us.

She also depicted this in Figures 1 and 3, by creating branches in the tree and saying: *'.. ons [het] mekaar elkeen ook hier ontdek het en die snaakse vertakkings van elkeen.'* / *'... we also discovered each other here, and the strange branches each of us forms.'*

Participant 6 also touched on the same concept by saying: *'...jy ontdek in jou man eienskappe wat jy nie geweet het nie.'* / *'...you discover characteristics of your husbands that you didn't know of.'* The husband-wife relationship developed into something new and different and has been redefined as a result of the pregnancy. Specifically, the redefined relationship involves a stronger bond between the participants and their husbands.

1.2.3 Stronger bond: A pertinent theme participants described was feeling more attached, more bonded, and more united in their relationships with their husbands. In most cases this was because of a combination of the experience of growth in their relationship, feeling supported, and discovering their husbands' more sensitive, vulnerable side. This feeling of unity, 'oneness', and strong attachment to their husbands contributed greatly to their experience of meaningfulness during their pregnancy, especially because it seems that this phenomenon was triggered and developed because of the pregnancy. Participant 2 illustrated this clearly when she said:

Ek dink dit is ook as gevolg van die swangerskap wat ons baie nader aan mekaar gebring het... dit het vir my betekenis gegee, al hierdie nuwe goed wat ons van mekaar ontdek het. Dit beklemtoon hoe sterk ons huwelik ook geword het in hierdie groei proses... / I also think it is because of the pregnancy that brought us very close... it gave me meaning, all these new things that we discovered about each other. It also emphasises how strong our marriage became in this process of growth.

She also illustrated this in Figures 1 and 4, by creating two hearts attached at the base, with a small heart between the two larger hearts – this symbolises how their unborn baby brought them closer together. She describes this part of her presentation by saying:

En ek het hier twee harte uitgebeeld wat dan nou ek en my man is en hoe ons geheg is aan mekaar in die huwelik. En hoe God iets soos 'n kind gebruik... Hy heg jou dan. / And here I made two hearts that represent my husband and me, and how attached we are within this marriage. And how God can use something like a child... He joins you together.

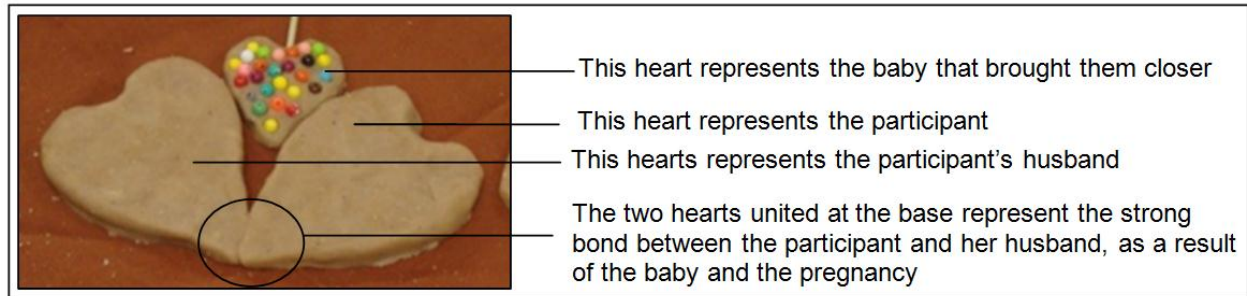


Figure 4: A cropped section of Figure 1 in which Participant 2 depicted that she and her husband are bonded because of the unborn baby and the pregnancy.

Participant 6 also described her strong bond with her husband when she said:

Jy en jou man groei nader aan mekaar. Dit is asof jy nou 'n nuwe band met mekaar vorm... Dit is asof julle net sterker raak saam. / You and your husband grow closer together. It is as if you form a new bond... It is as if you only become stronger together.

It is seen from the above that the pregnancy played an important role in redefining the relationship between husband and wife. It seems that this journey together and the redefinition of the relationship are connected to the fact that the participants felt well supported by their husbands' intense involvement in the pregnancy.

Theme 1.3: Support and involvement

The participants expressed how grateful they were that their husbands were involved in their pregnancy and that they were so supportive. Feeling supported and that they were not alone in this process gave them meaningfulness. The support and involvement

described by the participants often took physical and concrete forms of support for example [as noted in this participant's journal]:

Vandag het ons die laaste goedjies in boeta se kamer reggekry. My man het gehelp en gedoen, sonder om te kla. Ek glo hy gaan die beste pa ooit wees. Hy het my so ondersteun terwyl ek moes swot en in die begin van my swangerskap toe ek baie naar en siek was. Sonder hom sou ek dit nie gemaak het nie! / Today we finished the last things in baby's room. My husband helped and did things without complaining. I believe he will be the best father ever. He supported me so much while I had to study at the beginning of my pregnancy while I was very nauseous and sick. Without him I wouldn't have made it!

Another participant (Participant 2) felt that her husband's' involvement and sharing the experience of being pregnant with him contributed to her experiencing meaningfulness. She made this clear when she said:

Dit was ook vir my betekenisvol om hierdie ervaring met iemand te deel wat ongelooflik ondersteunend is. En wat saam met jou alles deurgaen. Hulle sê baie keer die vrou dra die babatjie en dit is jy wat deur al die emosies gaan. Dit was vir my wonderlik op hierdie pad om te ontdek dat hy deur amper meer van hierdie goed gaan as ek. / It was also meaningful for me to share this experience with someone who is very supportive. And who experiences everything with you. They always say it is the woman who carries the baby and that you are the one going through all the emotions. It was wonderful to discover that on this road he is going through almost more things than I am.

Another participant also expressed appreciation of her husband's support when she wrote the following in her journal:

Ek net weer besef het hoe oneindig dankbaar ek vir hom is en dat hy so hard werk om vir my en John [the baby] te kan sorg. / I just realised again how infinitely grateful I am for him and that he works so hard to be able to care for me and John [the baby].

The support that was received was clearly illustrated by Participant 5 in Figure 2 and 4. She depicted herself, a pregnant woman holding her abdomen, and leaning back against something. She described her husband and his support as something that is at the back of her mind during the pregnancy, and also that he is a part of what she is leaning back against. She described this by saying:

Ek gaan moeg wees en baie geirriteerd wees en Koos is daar ... vir my... Dit is meer in die agterkant van my kop. Ek het my man se naam, Koos, ook hier want hy ondersteun my ook verskriklik baie... / I'm going to be tired and irritable and Koos is there... for me... It is at the back of my mind. I also have my husband's name, Koos, here because he supports me an awful lot...

She used orange beads to shape the letter 'K' which represents her husband's support that is always in the back of her mind. In the participant's visual representation it is strongly illustrated how her husband's support allow her to 'lean back.'

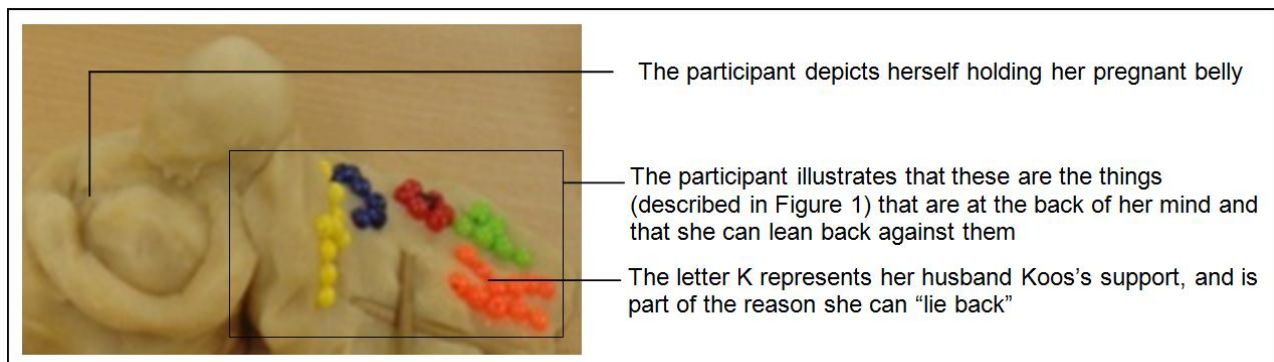


Figure 5: A cropped section of Figure 2, showing Participant 5's visual presentation of herself holding her belly, and being able to lean back and know that her husband is supporting her.

The participants experienced meaningfulness in their pregnancy in, and because of, the relationship with their husbands as a result of their journey of growth, redefinition of their relationship, and the support and involvement of their husbands. The subthemes identified, namely being aware of their husbands' vulnerability, rediscovering aspects of each other and the feeling of a closer bond, enriched the main theme relating to the participant's relationship with her husband.

Theme 2: Loving Relationship with Baby

The second theme that emerged from the data was the loving relationship the participants had with their unborn babies. The participants expressed that the love they had for their babies was strong, and that this contributed to their experience of meaningfulness. Participant 2 demonstrated this when she said:

Dit was vir my betekenisvol, die liefde wat die Here gebruik... ek kan nie op 'n ander manier beskryf wat sy [the baby] in ons lewe en ons huwelik inbring nie... So dit is die liefde. Dit is absoluut die liefde [for her baby] wat vir my baie betekenis gee. / It was meaningful, the love the Lord uses... I can't describe what she [the baby] brings into our life and marriage in any other way... So it is love. It is absolutely my love [for the baby] that gives me a lot of meaning.

Participant 3 also expressed a very loving relationship with her unborn baby by creating a clay heart with red beads (see Figure 6) and explaining that the heart represented a new type of love that she felt for the baby.

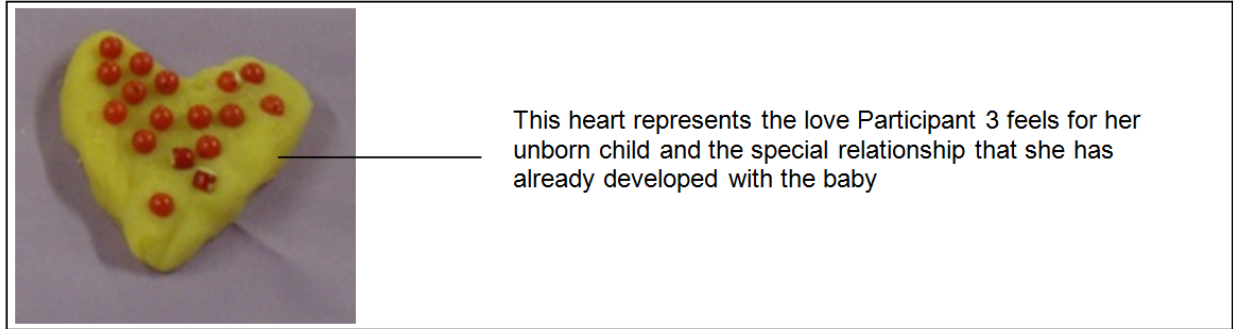


Figure 6: A cropped section of Figure 8 in which Participant 3 illustrates the love she feels for her baby.

She explained the heart in her visual presentation by saying:

En dan is hierdie hartjie net om te wys, mens ervaar 'n anderste liefde... die liefde wat ek al klaar vir hierdie kleintjie het en ek het hom nog nie eers vasgehou nie... dit is die liefde wat jy nie kan beskryf as jy nie self kinders het nie. / And then this heart is just to show that you experience a different kind of love... the love I already have for this little thing and I haven't even held him in my arms yet... it is the type of love that you can't describe unless you have children of your own.

A prominent part of this loving relationship was the bond between the mother and baby which was strengthened by feeling the baby's movements, and by the exclusivity of their relationship. Another prominent theme recognised by the participants was how they found meaningfulness in this loving relationship through newfound positive emotions about the baby such as joy, excitement and happiness. Because the participants especially mentioned the importance of these two aspects within their relationship with their baby, they were identified as subthemes, which are discussed below.

Theme 2.1: Mother-baby bond

From the data it was evident that a special bond exists between the mother and the baby, and that the bond was continually growing. Participant 1 confirmed this when she said:

Ek... kan met sekerheid se dat ek besig is om 'n band tussen ek en my tweeling te bou wat skrik vir niks. / I... can say with certainty that I am busy building a bond with my twins that will withstand anything.

What was especially interesting was that the participants felt an exclusive bond/relationship with their baby, mainly because only they could feel the baby moving, and because they were the ones who were carrying the baby. A prominent theme within this special bond with the baby was the influence the baby's movements had on this relationship.

2.1.1 Baby's movements result in an exclusive bond: The influence of the baby's movements as well as the exclusivity of the mother-baby relationship had on the mother-child bonding is illustrated by Participant 2.

Maar vir my is dit van die begin af daar en ek voel haar... Dit is hoekom ek sê op hierdie oomblik is dit ek en sy. / For me it was there from the beginning and I felt her... That is why I am saying that at the moment it is just me and her.

What seems to strengthen this feeling of exclusivity within the relationship is that it is only the participants who feel the baby's movements, and who alone are carrying the baby.

One of the participant's descriptions of her presentation especially highlighted the mother-baby bond that was strongly formed because she felt an exclusive relationship with her baby and because she could feel the baby move. This participant (Participant 2) created three hearts, symbolising herself, her husband, and her baby (see Figures 1 and 4). When this participant was asked which heart was hers and which was her husband's, she indicated that the heart closest to the small colourful heart that represented the baby was hers. She explained that the reason for this was that she felt

an extremely strong bond with the baby, and that because she could feel the baby inside her, she thought her world consisted of just her and her baby, even though she was aware of her husband's support and love. She explained this in her own words by saying:

Ek sou sê dit is ek [refers to heart on right in Figure 4] en sy [refers to small heart with colourful beads in the middle of the two hearts in Figure 4] en daar is my man [refers to heart on left in Figure 4] (lag)... ek voel 'n verskriklike sterk band tot haar al kan ek sien hoe sy liefde vir haar elke dag groei. Maar vir my was dit daar van die begin af en ek voel haar... dit is hoekom ek sê dat op die oomblik is dit net ek en sy. / I would say that this is me [refers to heart on right in Figure 4] and her [refers to small heart with colourful beads between the two hearts in Figure 4] and my husband is there [refers to heart on left in Figure 4]... (laughs) I feel an extremely strong bond with her even though I can see how his love for her grows every day. But for me it was there from the start and I feel her... that is why I am saying that at the moment it is just me and her.

Participant 5 also described the unique and exclusive bond that was strengthened because she could feel the baby's movements. She giggled as she talked about this, saying: '*... my babatjie is so spiteful, hy skop nooit as my man voel nie... / my baby is so spiteful, he never kicks when my husband tries to feel [him move]...*' implying that she felt that the baby only kicks 'for' her. She also mentioned that although she does not want to exclude her husband and mother from her pregnancy, she does feel that there is a very special and unique bond between her and her baby, because the baby is part of her body and because she can feel the baby's movement. She describes this by saying:

Dit is maar net dat dit met jou gebeur en dit is iets spesiaals wat in jou lyf gebeur. Soos ek sê jy kan nie mense uitsluit nie, soos jou man en jou ma nie, maar dit is hoe ek nou voel. Ek voel hierdie is my wonderwerklike en dit gebeur

met my... Ek weet nie, ek dink dalk is ek bietjie selfsugtig want dit gebeur tog met jou en jy voel dit... jy sien uit en jy voel hom beweeg. / It's just that it happens to you and it is something special that happens to your body. Like I said, you can't exclude people like your husband or your mother, but that's how I feel now. I feel that this is my little miracle and it is happening to me... I don't know, I think it may be a little selfish but it is happening to you, and you feel it... you look forward and you feel him move.

It is clear that this participant experiences a unique and exclusive bond with the baby that she does not feel others could fully understand, because they are not carrying the child. Her visual presentation confirms this, as she obviously depicted herself protectively holding on to her belly and thus her baby (see Figure 2 and 5). To further illustrate the bond she feels, she also created the letter 'J' out of blue beads, which stands for 'John' – her baby's name.

Participant 6 mentioned that it felt wonderful to feel the baby kick when she said: '*Dit is wonderlik as jy hierdie babatjie voel skop, dit is net wonderlik.*' / '*It is wonderful when you feel the baby kick, it is just wonderful.*' Participant 4 described feeling her baby move as a '*spark*,' which she depicted in Figure 10.

The above presentations and descriptions give a clear picture of the participant's experience of this unique bond with their babies and how it contributed to their experience of meaningfulness. It was interesting that the participants reported their bond with their baby with excitement, as if the relationship gave them pleasure. A few of the participants even laughed and giggled while describing the bond they felt. This supports the next subtheme, in which participants describe the meaningfulness they experienced in the newfound positive emotions their babies awoke within them.

Theme 2.2: Newfound positive emotions

The participants' pregnancies and loving relationship with their unborn babies were strongly accompanied by newfound positive emotions. The strongest of these emotions they described were joy, excitement and happiness.

2.2.1 Joy, excitement and happiness: The participants very enthusiastically and repeatedly spoke about the joy, excitement and happiness they felt when asked what gave them meaningfulness during their pregnancy. It was remarkable how almost every participant expressed these newfound emotions about expecting their baby. Participant 6's visual presentation was centred on the concept of joy and excitement. She vividly depicted and described these feelings. Her visual presentation (Figure 7) showing the sun exudes the joy she felt, as if the sun had risen in her life. The sun is smiling because she could not stop smiling when she found out that she was going to have a baby and the colourful beads express the spark, brightness and 'wow' feeling she experienced.

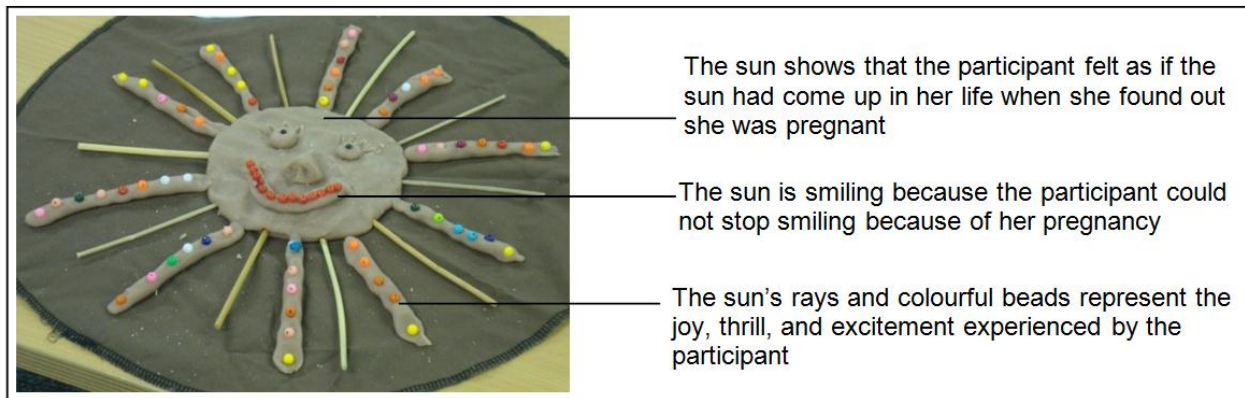


Figure 7: Participant 6 depicted feeling abundant joy and excitement because of her pregnancy.

She used descriptive phrases when explaining her presentation by saying:

'Dit is net vir my asof 'n nuwe dag gebreek het'. / 'It feels as if a new day has dawned.'

'Dit is vir my wonderlik. Dit is 'n wonderwerk'. / 'It is wonderful to me. It is a miracle.'

'Dit is vir my 'n spark. Dit is wow [referring to the beads and rays in Figure 6]!' / 'For me it's a spark. It's wow! [referring to the beads and rays in Figure 6]'

'Nuwe hoofstuk en 'n dag wat gebreek het vir my in ons lewens.' / 'New chapter and a new day that has risen for me in our life.'

'Ek kon nie ophou smile nie.' / 'I could not stop smiling.'

Participant 3 supported this by creating a smiling face (in Figure 8) to express her happiness and joy. In her presentation she also created a heart to show the love she feels for her child (as discussed in Theme 2.1), and balls with beads in the centre to indicate that her family is expanding because of her pregnancy, which is something she had always looked forward to. She describes Figure 8 by saying:

Ek was baie gelukkig toe ek nou uitvind ek is weer swanger... Dit is maar net vreugde, dis daai vreugde wat mens ervaar om te weet dit is hierdie voorreg om 'n kindjie te kan hê... / I was very happy when I found out that I was pregnant again... It's just joy, it's that joy you experience when you know that it is this privilege to be able to have a child... [she says 'weer/again' because her first pregnancy was a miscarriage].

These quotes give a clear indication of the joy and happiness she expressed towards her baby and pregnancy.

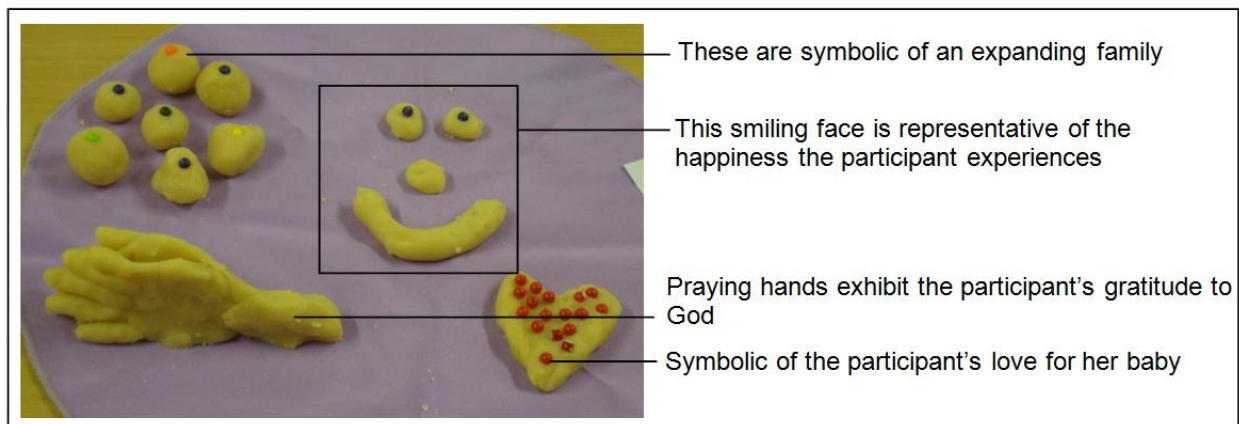


Figure 8: Participant 6 depicted feeling abundant joy and excitement because of her pregnancy.

Other participants elaborated on this joy, excitement and happiness. Participant 1 used white beads (in Figure 9) to represent her elation, which she described as: *'Joy. Die wit kraletjies is joy.'* / *'Joy. The white beads are joy.'* At one point she called the white beads *'pearls'* and also said:

Die wit pêrels is maar net om 'n sense of happiness aan die thingy [the three round clay shapes stacked on top of each other] te bring. / The white pearls are just there to bring a sense of happiness to the thingy [the three round clay shapes stacked on top of each other].

Being pregnant with her babies (she was expecting twins) brought her joy and happiness, and she also felt excited about having her babies. She even referred to being pregnant as a miracle:

...ek vind daarin ook vreugde, in my kinders en my swangerskap. Dit is vir my lekker om swanger te wees. Dis twee meisies, dis sjoe! Ek gaan popspeel dat dit gons. Ek het alreeds pienk klere begin koop. Dit is net daardie gedagte dat ek twee mensies het wat hier binne in my groei. Dit is 'n wonderwerk. / ...I found joy in this too, in my babies (twins) and in my pregnancy. I enjoy being pregnant. They are two girls, that's wow! I'm going to play dress up like crazy. I've already started buying pink clothes. It's just the thought that I have two little people growing here inside of me. It's a miracle.

Participant 1 also described this joy on a spiritual level, referring to the pregnancy as a blessing from God. She visually illustrated this in Figure 9 in which she uses three sticks (the Father, Son, and the Holy Spirit) in the three stacks of clay (also referring to the Holy Trinity) combined with white beads (referring to joy) in between. Participant 1 felt that God provided *'sense in the madness,'* as she was unmarried, which made her feel that her situation was *'mixed up.'* She expressed that God's presence in her situation provided her with a feeling of *'mixed-up joy.'*



Figure 9: Participant 1 illustrated that she found joy in her pregnancy, as well as in God, on whom she bases her entire life and pregnancy.

Participant 4 used colourful beads (in Figure 10) in her presentation to express the joy and excitement that she felt because of her pregnancy. She describes this part of her presentation by saying:

Myne [her presentation] is my pensie eerstens met die kraletjies. Dit is maar die beweging en dit is soos 'n spark elke keer wat net weer jou opgewondenheid boost en goeters... ek het helder kleure oral gebruik, vir die excitement en die joy en alles wat gepaard gaan met hierdie swangerskap. / Mine is my belly first of all, with the beads. It is just the movement and it is like a spark that boosts your excitement each time... I used bright colours everywhere for the excitement and joy and everything that accompanies this pregnancy.

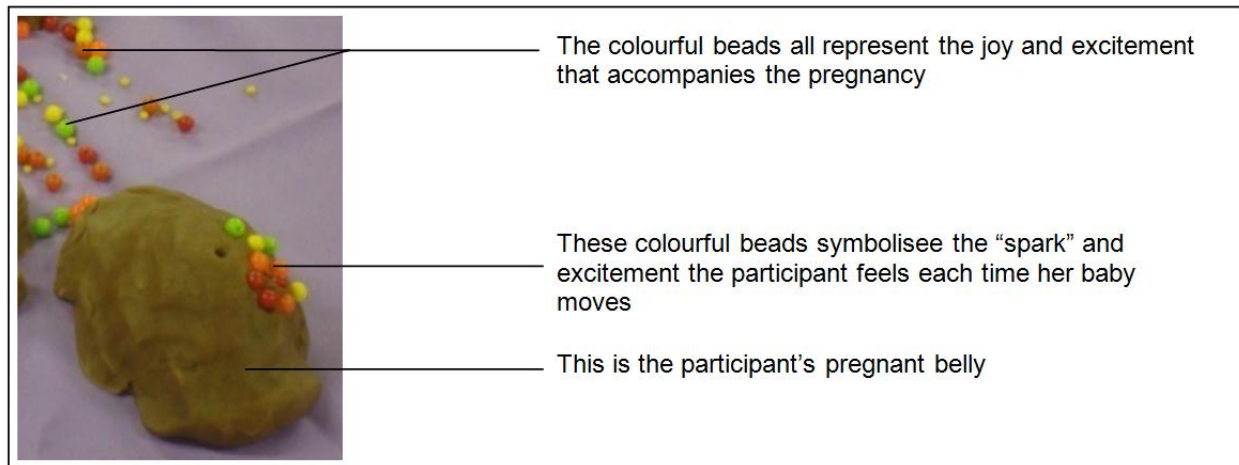


Figure 10: A cropped section of Figure 11, in which Participant 4 uses colourful beads to express her joy and excitement about her pregnancy.

It was noticeable that when the participants were asked about meaningfulness during their pregnancy, all were eloquent about their experience of newfound positive emotions such as joy, excitement, and happiness. It was clear that the participants made a connection between the concepts meaningfulness and newfound positive emotions.

It may be concluded that the loving relationship the participants had with their unborn babies contributed to the experience of meaningfulness during their pregnancy. A better understanding of this relationship was reached by looking at the exclusive bond between mother and baby and the newfound positive emotions they experienced. As these women all experiencing first-time viable pregnancies, the relationship with their unborn babies introduced them to their new role of becoming a mother. It was interesting that these new dynamics caused the participants to reflect on their relationships with their parents, and specifically with their mothers.

Theme 3: Relationship with Parents

With regards to the participant' s relationships they expressed that a factor that contributed to their experience of meaningfulness was their new appreciation for and understanding of their own parents, specifically their mothers. Being pregnant allowed

them to identify with their mothers in a way they had never done before. They felt that for the first time they truly understood how much their parents (and especially their mothers) loved them, and why they approached situations in a certain way. Not only did the participants indicate that they understood their mothers on a new level, but they also expressed a fresh appreciation for their mothers. It was as if understanding what their mothers had experienced when having children made the participants more deeply appreciative of everything their mothers had done for them. The fact that the participants mentioned this led to forming and describing the following subthemes:

Theme 3.1: New understanding

The participants' pregnancies brought them a new understanding of their parents and their parents' love. For the first-time they understood how their parents feel about them. One participant specifically mentioned this in her journal:

Soos mens verstaan nou wat beteken die liefde wat jou ouers vir jou het as jy nou self swanger is. En ek dink dit groei net nog meer as jou kind nou eers daar is. Net toe het ek weer besef hoe lief hulle vir my is en dieselfde liefde ervaar ek al vir boeta al is hy nog nie gebore. / Like, you understand what the love your parents have for you means now that you are pregnant yourself. And I think it just keeps growing when your child is there. Just then I realised how much they love me and I experience the same love for baby, even though he isn't even born yet.

She indicated that for the first time she understood her parents' love and how love can continue to grow for a child.

The participants had a new understanding not only of the depth of their parents' love for them, but also of the reasons that they approached situations in a certain way.

Participant 3 addressed this by saying:

Mens verstaan nie altyd hoekom het hulle sekere goed gedoen [het] toe ons kinders was nie maar nou kan ek begin relate met van die goed.../ You don't always understand why they did certain things when we were kids, but now I can relate to some of the things...

She also indicated that her new understanding of her parents arose from the fact that she would shortly also become a mother:

Ek verstaan sekere goed nou beter nou dat ek weet ek gaan ook 'n ma wees en mens verstaan sekere goed wat hulle gedoen het verstaan mens net beter. / I understand certain things better now that I know that I am going to be a mother too, and you understand certain things that they did, you just understand it better.

Participant 4 supported this by mentioning that it is peculiar she has suddenly begun to understand her mother. She demonstrated this when she said:

Ek wil aansluit by wat Participant 3 ook gesê het, mens besef nou eers... en dit is vreemd as mens dink: Sjoe is dit actually hoe sy oor my gevoel het al., die tyd. En dan voel jy skuldig so op 'n manier want... sjoe! / I just want to confirm what Participant 3 said, you only just realise now... and it is strange to think: Wow, so that is how she actually felt about me the whole time. And then in a way you feel so guilty because... wow!

Participant 4's verbal explanations are strongly supported in her visual presentation (Figure 11) where she made her mother's hand a part of her presentation. She explained this by saying that she had experienced meaningfulness during her pregnancy through better understanding and feeling closer to her mother.

She also mentioned how her mother used to try to explain to her that she had only ever acted in her (the participant's) best interest, but that she used to dismiss her mother's attempts to explain this. She indicated that being pregnant made her truly understand

this and that she wished she could go back to those moments and appreciate them. She discussed this when she said:

'n Mens se ma kan honderd keer of soveel soos wat sy wil jou probeer laat verstaan dat alles vir jou beswil is en jy is net so half: "ja, ja, ja". Maar nou sal mens graag op 'n manier net sou wou terug gaan en in daai oomblik wees en dit waardeer want nou verstaan jy regtig wat het sy bedoel. / Your mother can try to let you understand that she has your best interests at heart a hundred or however many times over, and you are just sort of like 'Yes, yes, yes.' But now, some way or another, you would've liked to go back and be in that moment and appreciate it because now you understand what she really meant.

Being pregnant and becoming a mother led to the participants' experience of meaningfulness through a new understanding of their parents. Another dimension that was highlighted in their relationship with their parents during pregnancy was a new appreciation and closeness.

Theme 3.2 New appreciation and closeness

In the participants' verbal explanations and presentations it was interesting to note how they described that their pregnancy and new understanding of their parents (and specifically their mothers) had led to a new appreciation of and closeness to their parents.

This is clearly displayed by Participant 4 in Figure 11, in which the two hands in her presentation symbolise the two main contributors to her experience of meaningfulness during her pregnancy, the large hand being God's hand and the smaller one her mother's hand. She explains by saying that by being pregnant she suddenly feels closer to her mother and has a desire to share her pregnancy with her. She feels supported by her mother, even though she lives far away. She described her mother's hand in her presentation (Figure 11) by saying:

Die handjie met die pink naels is my ma se hand en... mens besef nou eers... skielik voel ek nou so half op 'n manier nader aan my ma. En dat self al is sy so ver, die ondersteuning wat sy gee. / The little hand with the pink nails is my mother's hand and... you only realise now... all of a sudden in a way I sort of feel closer to my mother. And even though she is so far away, the support that she gives.

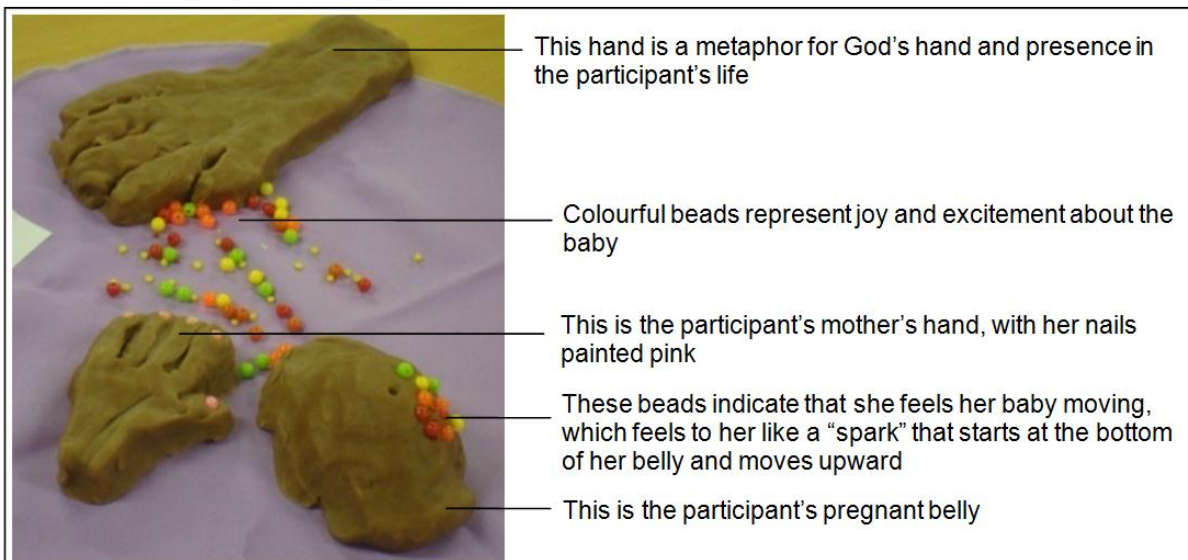


Figure 11: Participant 3 illustrates the big role her mother and God play in her pregnancy, and that she is excited and happy to be pregnant.

She expresses her appreciation for her mother by calling her a blessing: *'My ma is 'n seën want sy is 'n blessing vir my.'* / *'My mother is a blessing, because she is a blessing to me.'* She elaborates on the appreciation she feels for her mother by explaining that when she was a child she did not appreciate her enough, but now understands because she will soon be a mother herself. Her new understanding of her mother led to a deep appreciation, and she expressed that she now wished she could have shown this appreciation in her childhood. She said:

Maar nou sal mens graag op 'n manier net sou wou terug gaan en in daai oomblik wees en dit waardeer want nou verstaan jy regtig wat het sy bedoel.

So dit is maar net daardie regtige waardering, nou. Mens kan seker nou sê dankie ma vir al die tyd maar dit is nou net nie heeltemal dieselfde nie. / But now, some way or another, you would've liked to go back and be in that moment and appreciate it because now you understand what she really meant. So it is just that real appreciation you have now. You can probably say thank now but it just isn't quite the same now.

Participant 5 adds to this by saying:

Alhoewel ek nie in my uitbeelding my ouers uitgebeeld het nie, kom ek veral vandag agter hoe spesiaal hulle die swangerskap vir my maak. Ek kon sien hulle is net so opgewonde soos ek om vir klein John te sien. / Although I did not include my parents in my presentation, I realised today how special they make the pregnancy for me. I could see that they were just as excited as I was to meet little John.

Our understanding of closeness in the relationship between the participants and their parents is deepened by one of the participants' journal entries in which she links her experience of meaningfulness during her pregnancy with a stronger bond within her family. She wrote:

Wat vir my betekenisvol was van my swangerskap vandag is die besef dat my swangerskap familie bande versterk. My ouers het vandag kom kuier om te kom kyk hoe dit met ons gaan voor die groot dag. / What was meaningful about my pregnancy today was the realisation that pregnancy strengthens family ties. My parents came to visit today to see how we are doing before the big day.

It seems that in their pregnancy the participants found meaningfulness in having a better understanding and a deeper appreciation and closeness with their parents (and specifically their mothers). For the first-time they understood how deeply their parents love them, because they now experience the same love for their own child.

DISCUSSION

In the field of psychofortology a deeper understanding of the construct meaningfulness is currently very relevant and necessary, especially with regard to different life domains and contexts. In our investigation into the experience of meaningfulness in the context of pregnancy it was found that the two most prominent life domains that contributed to the participants' experience of meaningfulness were spirituality and relationships. This study focused on deepening the understanding of these relationships and especially achieving a better understanding of the type of relationship. It was clear that the participants' experience of meaningfulness during their pregnancy was directly and strongly linked to relationships.

The three main relationships which contributed to the experience of meaningfulness during pregnancy were: the relationship with the husband, the loving relationship with the unborn baby, and the relationship with the parents, specifically the mother. In Theme 1, which identified the relationship with the husband as a main theme, it was found that there were specific aspects that contributed to experiencing this relationship as meaningful. These were divided into the subthemes: 1.1) a journey of growth; 1.2) redefining the relationship, and 1.3) support and involvement of the husband. The second theme that was identified was the loving relationship with the baby. The subthemes that were identified were 2.1) the mother-baby bond, and 2.2) the newfound positive emotions that contributed to the experience of meaningfulness within the relationship. The third theme that emerged was the relationship with the parents and the subthemes that were identified as contributing to the experience of meaningfulness were: 3.1) the new understanding, and 3.2) the new appreciation for and closeness with parents, with special mention being made of the mothers. These findings and themes are supported by the literature.

The identified themes above confirm previous studies, which found that in general family relationships contribute most to experiencing meaningfulness throughout the world (Delle Fave *et al.*, 2011:193; Delle Fave *et al.*, 2013:27) and in South Africa (Coetzee *et al.*, 2010:305). Being part of a family creates a feeling of belonging (Coetzee *et al.*, 2010:304), which contributes to experiencing meaningfulness because it helps to understand how one fits into the world (Ryff, 1989:1071; Steger *et al.*, 2008:200). Delle Fave *et al.*, (2013) focused in her study on how family relationships contributed to the experience of meaningfulness during pregnancy. Not only do our findings support all these studies, but they also contribute to a better and deeper qualitative understanding of the experience of these relationships.

The finding that the relationship with their husband provided participants with so much meaningfulness during the pregnancy is supported by previous research, which found that the love, care and friendship of a spouse do provide meaning in life (Coetzee *et al.*, 2010:304). There were three specific components that contributed to the experience of meaningfulness within the relationship with their husbands, namely: the support and involvement of their husbands; the journey of growth they experienced as a result of the pregnancy; and the redefining of their relationship.

The concept of 'growth' was very prominent in the research and formed the subtheme of 'A journey of growth.' The participants said that their relationship with their husband felt like a journey they were undertaking. The pregnancy was the start of this journey, or path, leading to growth in the relationship. Previous research supports this finding. The social support provided by the husband that is experienced during pregnancy (Sawyer *et al.*, 2010:25-26) contributes to growth in the relationship of the soon-to-be parents (Spielman & Taubman-Ben-Ari, 2009:207-211; Wandersman *et al.*, 1980:337-340). According to Taubman-Ben-Ari *et al.* (2012:802) a good marital relationship contributes to the experience of growth during the first pregnancy. Growth is defined as a profound improvement following a momentous event, and in this study the momentous event was pregnancy. It is clear that 'growth' and pregnancy have been linked in the previous above mentioned studies, but in this study we gained a deeper understanding of the

journey that led to the growth within the context of meaningfulness during pregnancy. It was interesting that the participants so strongly emphasised a road, path, and journey that led to growth. The strong link between a relational journey that leads to growth and the experience of meaningfulness during pregnancy is a special discovery and could be explored further in future research.

The second subtheme within Theme 1 describes that the participants felt their pregnancy has brought about a redefinition within their relationship with their husband. They discovered new aspects of each other, and the participants especially noticed their husbands' vulnerability. Within this redefined relationship they felt that they now had a stronger bond and felt united by the pregnancy. Most studies of pregnancy and its influence on the mother and father also acknowledged that a change takes place in their relationship, but focus mostly on pathology, risk behaviour, and marital satisfaction (Bonari *et al.*, 2004; Clifton *et al.*, 2012; Grimm, 1961; Grote *et al.*, 2010; Hanrahan *et al.*, 1992; Lawrence *et al.*, 2007; Lawrence *et al.*, 2008; Snowden *et al.*, 1988). Most of the studies also focus on the changed relationship after the birth of the baby, and not during pregnancy. A redefined relationship between husband and wife during pregnancy which leads to the experience of meaningfulness has not yet been investigated or identified as a factor in experiencing relational meaningfulness. This study thus provides unique insight into what it is within the husband-wife relationship that provides meaningfulness during the woman's pregnancy, especially in a South African context and from a positive psychology perspective. The study showed that a redefined relationship characterised by new discoveries, vulnerability, and a stronger bond and sense of unity contributed greatly to experiencing meaningfulness during pregnancy with regards to the relationship with the husband. This is an interesting new contribution to the field of psychofortology.

The third subtheme that was identified in Theme1 involved the participants' intense experience of their husband's support and involvement in the pregnancy. This could be associated with social support, which has been widely researched before. Previous research on social support, specifically during pregnancy, also correlates with our

study's findings that major social support during pregnancy comes mainly from women's partners (Brown, 1986; Chalmers & Meyer, 1994; Logsdon *et al.*, 2000). Cutrona (2005:73) found that feeling supported by the partner increased relationship satisfaction and psychological well-being. The support experienced by the participants was both practical and emotional. For example, the husbands not only helped with physical tasks, but the women also experienced them as emotionally available. They also experienced their husbands' involvement in the pregnancy on an emotional as well as cognitive level. What previous studies have found in this regard is that emotional support in the form of affectionate behaviour and listening contributes to feeling supported, heightens self-control and positive emotions, and lowers pregnancy-related stress (Chou *et al.*, 2006:373-374; Stapleton *et al.*, 2012:460). It was also found in previous research that support is crucial and that the relationship is important during pregnancy when there are many changes, challenges, and stressors (Hobfoll, 1986:232). The relationships and support play a part in facilitating the transition, helping with the adjustments required, and act as a buffer (Figueiredo *et al.*, 2008:99-100). Partner support during pregnancy can even help to predict prenatal and post-partum mental health (Dennis & Ross, 2006:589; Rini *et al.*, 2006:223-225). A lack of social support is a risk factor that affects maternal well-being during and after pregnancy (Elsenbruch *et al.*, 2007:869), whereas the presence of social support can be a protective factor against mental illness and buffer against stressful events (Røsand *et al.*, 2011:2). Social support during pregnancy is even associated with less anxiety and post-partum depression (Beck, 2001:280; Robertson *et al.*, 2004:292). The participants' experience of high levels of social support, which they felt contributed to increased experience of meaningfulness during their pregnancy, is thus a very positive finding, which could be a positive and protective factor in increasing mental health. A better understanding of social support as a protective factor in mental health, especially for pregnant women, could be useful in the development of proactive therapeutic plans. Further research could possibly investigate more deeply to discover in detail why support and involvement make the relationship so meaningful.

In Theme 2 meaningfulness was found in the relationship the participants felt they had developed with their unborn babies. Love was strongly and almost unanimously linked to this relationship, hence the theme is described as a 'loving relationship' the participants had with their unborn babies. Previous research acknowledges the importance of this relationship by stating that it is the most prominent relationship in the transition to motherhood (Reilly *et al.*, 1987:295; Taubman-Ben-Ari *et al.*, 2012:802). It also results in great changes in the priorities in the mother's life (Prinds *et al.*, 2013:8). The two subthemes which emerged from this loving relationship participants described was meaningfulness experienced in the bond the participants felt they had with their baby, and newfound positive feelings of joy, excitement and happiness.

The significance and importance of the mother-baby bond as expressed by the participants is supported by research on an international level (Woollett & Parr, 1997:159-160; Zwelling, 1988:41-42). The transition to motherhood is known to provide new meaning to life (Wells *et al.*, 1999:1180) and there is evidence that there is a special relationship between mothers and unborn babies, which is a key source of eudaimonic well-being (Delle Fave *et al.*, 2013:31). Not only does this brand new relationship contribute to the mother's well-being (Delle Fave *et al.*, 2013:31), but studies also found links between foetal development, health and maternal well-being (Monk *et al.*, 2004:284-288; Newport *et al.*, 2002:1268-1273). Research found that the mother's psychological well-being during pregnancy could be indicative of her capacity to attach to the baby after birth (Monk *et al.*, 2004:285; Woollett & Parr, 1997:159-160,172; Zwelling, 1988:41-42).

Emotional well-being during pregnancy helps attachment to take place, and enables the mother to develop into a (future) effective parent (McLearn *et al.*, 2006:175, Paulson *et al.*, 2006:262). This study confirms previous research findings on the importance of the mother-baby bond and contributes by providing a deeper understanding of how this bond contributes to the experience of meaningfulness. Research found that the presence of meaningfulness is indicative of psychological well-being. A deeper

understanding of the mother's experiences in this regard is valuable in a proactive approach to assuring well-being, especially in the South African context.

The second subtheme within Theme 2 describes the newfound positive emotions the participants felt as a result of their pregnancy and relationship with their unborn baby. Special mention was made of emotions such as joy, excitement, and happiness. A better understanding of these positive emotions is significant given the fact that most previous research into pregnancy focused on pathology, especially the medical, and biological, challenges and changes. Although previous studies mention the presence of positive emotions such as joy, happiness and excitement during pregnancy (Bondas & Eriksson, 2001:832; Crowther *et al.*, 2014:152; Larkin *et al.*, 2014:211; Modh *et al.*, 2011:6), none provide a deeper understanding of these emotions. Some of these studies mention that positive emotions occur at the same time as sorrow or pain (Bondas & Eriksson, 2001:835). The research question was formulated from a more eudaimonic framework, and asked what gave meaningfulness during pregnancy. It was interesting to note that words from a more hedonic approach (such as joy, happiness and excitement) were then given as descriptors. This confirms research that indicates that there is an overlap between the eudemonic perspective (meaningfulness) and the hedonic perspective (positive emotions), and that the two can complement each other in striving for psychological well-being (Kashdan *et al.*, 2008:227). Fredrickson (2001:218) found that positive emotions, such as joy, can be indicative of flourishing and well-being, to which meaningfulness is also linked.

In Theme 3 the relationship the participants have with their parents (especially their mothers) is identified as a source of meaningfulness during pregnancy. Previous studies found that the increased social support from parents during pregnancy enhanced not only the pregnant women's experience of meaningfulness, but also contributed to her own mother's experience of meaningfulness (Fredrickson, 2001:218). Chou *et al.*, (2006:373-374) also confirms the pregnant women's mothers as a key source of social support. This could be the result of a more positive perception of life brought on by support in times of stress (Fredrickson, 2001:218). When studying the literature on the

role of pregnant women's parents it is interesting to note that most of the research concentrates on problems caused by parents during pregnancy. This study makes a contribution by offering a new deeper understanding of the positive impact the relationship with parents can have on pregnancy, and on meaningfulness during pregnancy. The main subthemes identified within the women's relationship with their parents were that they had acquired a new understanding of their parents, and a new appreciation for and closeness to their parents.

In the subtheme of new understanding of their parents the participants described how the fact that they were soon to be parents themselves resulted in their feeling that for the first-time they truly understood their parents. This understanding enabled the participants to properly appreciate their parents and feel closer to them, which forms the second subtheme within Theme 3 (Relationship with Parents). The subtheme of new understanding of parents has not been researched previously. Literature, especially from a psychofortological perspective on pregnancy and intergenerational relationships, is scarce. The new appreciation for their parents (and especially their mothers) as expressed by the participants is supported by previous research which found that women appreciate their mothers more after becoming pregnant (Modh *et al.*, 2011:9). Others have noted that this appreciation leads to more satisfying relationships (Schneider, 2001:255), to feeling more connected to whomever or whatever is being appreciated (Adler & Fagley, 2005:81), and involves valuing the relationships' contribution to life (Adler & Fagley, 2005:85). It was significant that the participants made special mention of a new appreciation as well as closeness to their parents (especially their mothers). Previous research found that in the transition from being pregnant to being a parent, a bond with the pregnant women's mother is important (Dun, 2010:194). It was also found that during pregnancy more contact with the pregnant mother's mother is sought and that women report an increased intimacy and closeness with their mothers (Modh *et al.*, 2011:9).

This study's findings make a unique contribution as they deepen our understanding of the pregnant women's experience of meaningfulness through relationships during her

pregnancy. Whereas previous studies of the pregnant woman and her own mother's relationship focused mainly on 'bonding' and potential problems caused by the parents, this study gives a new dimension by identifying the appreciation, closeness, and new understanding that pregnant women feel towards their parents (and more specifically their mothers) in their experience of meaningfulness during pregnancy.

Intergenerational literature has established that relationships with family contribute to meaning in life (Reid & Anderson, 1992:226) but has not yet focused sufficiently on pregnancy and its influence on families (Dun, 2010:194-195).

Positive relationships are what contributed most to this group of women's experience of meaningfulness during pregnancy. Many theories and studies confirm that relationships are not only central to meaningfulness, but also to well-being (Emmons, 2003:108; Nakamura & Csikzentmihalyi, 2003:81; Ryff & Singer, 2008:18-23; Wissing & Delle Fave, 2014:28). One of the most recent studies proposes a model based on relational connections, meaningfulness, and well-being. This model, the Relational-Meaning Model (Wissing & Delle Fave, 2014:27), is based on the importance of and the link between positive relationships and meaningfulness in various contexts. The model also emphasises that meaning and positive relationships are key features of well-being, and that context influences meaning-making and relationships (Wissing & Delle Fave, 2014:26). A core assumption of the relational-meaning model is that meaningfulness may be divided into three main categories. They are: 'meaning **of** life', which refers to 'ultimate meaning' and connectedness to a Higher Power; 'meaning **in** life', which refers to relationships as a source of meaningfulness in our lives; and 'meaning **to** life', which refers to expressing and realising values that give meaning to life, such as expressing love, building relationships, making sacrifices for others, and adopting an attitude of giving, rather than receiving (Wissing & Delle Fave, 2014:27). Wissing and Delle Fave (2014:27) further state that: 'the ultimate meaning of life enables the construction of relational meaning in life, and guides actions to give meaning to life ... the ultimate meaning of life facilitates and enable construction of meaning in life...' These meanings are all influenced heavily by context (physical, cultural, social, and historical). The findings of this study could be placed within the model's 'meaning in life', which refers to

relationships as a source of meaningfulness in life (Wissing & Delle Fave, 2014:27; Wissing 2014:11), in this case, in the context of pregnancy.

Not only do the findings of the current study confirm the core assumptions and identified categories of Wissing & Delle Fave's relational meaning model (2014) but they also deepen our understanding of the 'meaning in life' category in a specific context, namely pregnancy. Redelinguys (2013) focused spirituality as a component of the pregnant women's experience of meaningfulness (the identified category: 'meaning of life'), while the current study focuses on relationships as the pregnant women's experience of meaningfulness (the identified category: 'meaning in life'). Wissing and Delle Fave (2014:24-29) indicate clearly that the experience of meaningfulness is heavily influenced by context. Although the relational meaning model (Wissing & Delle Fave, 2014) gives a valuable structure and outline for our understanding of the concept of meaningfulness, it still lacks the application to, and deeper understanding of, this construct in various contexts. The current study gives a deep and rich description and understanding of the meaningfulness construct in the context of pregnancy with relation to the experience of relationships (the 'meaning in life' category).

Relational meaning in life in the context of pregnancy was expressed by the participants in terms of the relationship with their husbands, their relationship with their baby, and their relationship with their parents.

Meaningfulness is a construct within the field of psychofortology which needs further examination and understanding in different life domains and contexts (Wissing, 2014:115). Previous research concentrated separately either on pregnancy or, in the field of psychofortology, on meaningfulness in relation to various life domains and contexts. No studies could be found which investigated meaningfulness in the context of pregnancy. Within a psychofortological framework no studies have focused on the detail of the relationships that provide meaningfulness within the context of pregnancy. A better and deeper understanding of the factors that contribute to pregnant women's experience of meaningfulness would make a useful contribution to the drive towards

better care and support for pregnant mothers and prenatal health. The experience of meaningfulness is linked to general psychological well-being. A clearer understanding of this component of psychological well-being is valuable because, as research has shown, a psychologically well mother has the capacity to bond well with her baby after birth and to become a confident and skilled parent.

CONCLUSION

Pregnancy and prenatal health are considered a priority by the World Health Organization (2012) throughout the world. Previous research on pregnancy focused mainly on problems related to pregnancy. This study approached pregnancy from a psychofortological perspective and concentrated on the participants' experience of meaningfulness during pregnancy. Psychofortology is a relatively new scientific field which focuses on psychological well-being and human strengths with special reference to constructs, such as meaningfulness. Wissing & Delle Fave (2014:26) indicated that a challenge and gap within the field of psychofortology is a better and deeper understanding of certain constructs (such as meaningfulness) in relation to certain life domains and contexts. With the above mentioned in mind a qualitative approach is indicated and valuable in improving our understanding of these constructs.

It was found that first-time pregnant mothers experienced meaningfulness in their relationships with their husband, their unborn babies and their parents. Subthemes that emerged from these associations were that the women experienced meaningfulness in their relationship with their husband because of the growth and the journey/path they were embarked on together. They also found meaningfulness in a redefinition of their relationships and in their husband's support and involvement. With regard to their unborn baby, meaningfulness was found in the bond they had with the baby as well as newfound positive emotions such as joy and excitement. Meaningfulness was experienced in their relationship with their parents (especially their mothers) because

they had developed a new perspective and understanding of their parents and felt a new appreciation of, and closeness towards, them.

The findings are significant because they not only confirm previous literature but also give a deeper and richer description of what had been found previously. Especially significant is the fact that these findings confirm the core assumptions and categories of Wissing and Delle Fave's (2014) relational meaning model. The present study contributes further by deepening and enriching our understanding of meaningfulness in the specific context of pregnancy. A better understanding of this concept in pregnancy can be very valuable as meaningfulness has been proved to be a core component of psychological well-being. As prenatal health and the psychological well-being of pregnant mothers is a priority, this study could be important in informing our understanding of pregnant mothers, and helpful in informing preventative interventions and policies relevant to the well-being of pregnant women.

LIMITATIONS AND RECOMMENDATIONS

The limitations of this study include that socio-economically the sample was not representative of the South African population. The sample was also not culturally diverse, as all women were Afrikaans-speaking. Only women who had attended antenatal classes at a private hospital were involved as participants. The findings of this study may thus not be generalisable to the wider South African population, even though the small sample did provide an in-depth understanding of meaningfulness during pregnancy. Another possible limitation of this study is that all participants except one were married, which could have influenced the strong theme of the relationship with the husband which contributed so greatly to their experience of meaningfulness.

Suggestions for future research include selecting a more diverse sample so that meaningfulness during pregnancy may be understood cross-culturally, and in women who are not married and do not have the support of their partners. It is important that

more research be done on how the experience of meaningfulness could be used to enhance pregnant women's well-being by applying intervention programmes. Specifically, research could be undertaken on how social support may be utilised and enhanced, as the role this played was such a prominent finding in this research. The link between growth, a journey, and meaningfulness, could also be investigated; the participants had indicated that this was prominent in their experience of meaningfulness. Research in future needs to be conducted on each of the themes identified in this research, in order to find a way to strengthen the factors that contribute to meaningfulness. Future research could also further investigate longitudinally the impact of meaningfulness during pregnancy on psychological well-being, and on the new-born baby.

REFERENCES

- Adler, M.G. & Fagley, N.S. 2005. Appreciation: individual differences in finding value and meaning as a unique predictor of subjective well-being. *Journal of personality*, 73(1):79-114.
- Affonso, D.D. 1992. Postpartum depression: a nursing perspective on women's health and behaviors. *Journal of nursing scholarship*, 24(3):215-222.
- Almond, P. 2009. Postnatal depression: a global public health perspective. *Perspectives in public health*, 129(5):221-227.
- Beck, C.T. 2001. Predictors of postpartum depression: an update. *Nursing research*, 50(5):275-285.
- Bjelica, A.L. & Kapor-Stanulović, P. 2004. Pregnancy as a psychological event. *Medicinski pregled*, 57(3-4):144-148.
- Bonari, L., Pinto, N., Ahn, E., Einarson, A., Steiner, M. & Koren, G. 2004. Perinatal risks of untreated depression during pregnancy. *Canadian journal of psychiatry / Revue canadienne de psychiatrie*, 49(11):726-735.
- Bondas, T. & Eriksson, K. 2001. Women's lived experiences of pregnancy: a tapestry of joy and suffering. *Qualitative health research*, 11(6):824-840.
- Bonebright, C.A., Clay, D.L. & Ankenmann, R.D. 2000. The relationship of workaholism with work-life conflict, life satisfaction, and purpose in life. *Journal of counseling psychology*, 4(4):469-477.
- Bromet, E., Andrade, L.H., Hwang, I., Sampson, N.A., Alonso, J., de Girolamo, G., de Graaf, R., Demyttenaere, K., Hu, C., Iwata, N., Karam, A.N., Kaur, J., Kostyuchenko, S., Lepine, J., Levinson, D., Matschinger, H., Mora, M.E.M., Browne, M. O., Posada-Villa,

J., Viana, M.C., Williams, D.R. & Kessle, R.C. 2011. Cross-national epidemiology of DSM-IV Major Depressive Episode: global depression statistics. *BMC Medicine*, 9(90).

Brown, M.A. 1986. Social support during pregnancy: a unidimensional or multidimensional construct? *Nursing research*, 35(1):4-9.

Chalmers, B. & Meyer, D. 1994. Companionship in the perinatal period: a cross-cultural survey of women's experiences. *Journal of nurse-midwifery*, 39(4):265-272.

Chou, F., Chen, C., Kuo, S. & Tzeng, Y. 2006. Experience of Taiwanese women living with nausea and vomiting during pregnancy. *Journal of midwifery & women's health*, 51(5):370-375.

CIA World Factbooks. 2011. CIA World Factbooks 18 December 2003 to 28 March 2011. http://www.NationMaster.com/graph/peo_bir_rat-people-birth-rate Date of access: 22 May 2012.

Clifton, V.L., Stark, M.J., Osei-Kumah, A. & Hodyl, N.A. 2012. Review: the feto-placental unit, pregnancy pathology and impact on long term maternal health. *Placenta*, 33:S37-S41.

Coetzee, H.K., Wissing, M. & Temane, Q. 2010. Meaningfulness as experienced by a group of South Africans. *Tydskrif vir geesteswetenskappe*, 50(3):293-312.

Creswell, J.W. 2012. *Qualitative inquiry and research design: choosing among five approaches*. London: Sage.

Crowther, S., Smythe, E. & Spence, D. 2014. The joy at birth: an interpretive hermeneutic literature review. *Midwifery*, 30(4):e157-e165.

Cutrona, C.E., Russell, D.W. & Gardner, K.A. 2005. The relationship enhancement model of social support. (In Kayser, K., Bodemann, G. & Revenson, T.A., eds. *Couples*

coping with stress: emerging perspectives on dyadic coping. Washington, D.C.: American Psychological Association. p. 73-95.)

Delle Fave, A., Brdar, I., Freire, T., Vella-Brodrick, D. & Wissing, M.P. 2011. The eudaimonic and hedonic components of happiness: qualitative and quantitative findings. *Social indicators research*, 100(2):185-207.

Delle Fave, A., Pozzo, M., Bassi, M. & Cetin, I. 2013. A longitudinal study on motherhood and well-being: developmental and clinical implications. *Terapia psicológica*, 31(1):21-33.

Dennis, C. & Ross, L. 2006. Women's perceptions of partner support and conflict in the development of postpartum depressive symptoms. *Journal of advanced nursing*, 56(6):588-599.

Denzin, N.K. & Lincoln, Y.S. 2000. Introduction: The discipline and practice of qualitative research. (In Denzin, N.K. & Lincoln, Y.S., eds. *Handbook of qualitative research*, v. 2. Thousand Oaks, Calif.: Sage. p. 1-28.)

Dun, T. 2010. Turning points in parent-grandparent relationships during the start of a new generation. *Journal of family communication*, 10(3):194-210.

Ellingson, L.L. 2008. *Engaging crystallization in qualitative research: an introduction*. Thousand Oaks, Calif.: Sage.

Elsenbruch, S., Benson, S., Rucke, M., Rose, M., Dudenhausen, J., Pincus-Knackstedt, M.K., Klapp, B.F. & Arck, P.C. 2007. Social support during pregnancy: effects on maternal depressive symptoms, smoking and pregnancy outcome. *Human reproduction*, 22(3):869-877.

Emmons, R.A. 2003. Personal goals, life meaning, and virtue: wellsprings of a positive life. (In Keyes, C.L.M. & Haidt, J., eds. Flourishing: positive psychology and the life well-lived. Washington, D.C.: American Psychological Association Press. p. 105-128.)

Figueiredo, B., Field, T., Diego, M., Hernandez-Reif, M., Deeds, O. & Ascencio, A. 2008. Partner relationships during the transition to parenthood. *Journal of reproductive and infant psychology*, 26(2):99-107.

Frankl, V.E. 1966. What is meant by meaning? *Journal of existentialism*, 6(25):21-28.

Fredrickson, B.L. 2001. The role of positive emotions in positive psychology: the broaden-and-build theory of positive emotions. *American psychologist*, 56(3):218-266.

Fry, P.S. 2001. The unique contribution of key existential factors to the prediction of psychological well-being of older adults following spousal loss. *Gerontologist*, 41(1):69-81.

Green, J.M. 1998. Postnatal depression or perinatal dysphoria? Findings from a longitudinal community-based study using the Edinburgh Postnatal Depression Scale. *Journal of reproductive and infant psychology*, 16(2-3):143-155.

Grimm, E.R. 1961. Psychological tension in pregnancy. *Psychosomatic medicine*, 23(6):520-527.

Grossman, F.K., Eichler, L.S., Winickoff, S.A. & Anzalone, M.K. 1980. Pregnancy, birth, and parenthood. San Francisco, Calif.: Jossey-Bass.

Grote, N.K., Bridge, J.A., Gavin, A.R., Melville, J.L., Iyengar, S. & Katon, W.J. 2010. A meta-analysis of depression during pregnancy and the risk of preterm birth, low birth weight, and intrauterine growth restriction. *Archives of general psychiatry*, 67(10):1012-1024.

Guse, T., Wissing, M. & Hartman, W. 2006. The effect of a prenatal hypnotherapeutic programme on postnatal maternal psychological well-being. *Journal of reproductive and infant psychology*, 24(2):163-177.

Hanrahan, J.P., Tager, I.B., Segal, M.R., Tosteson, T.D., Castile, R.G., Van Vunakis, H., Weiss, S.T. & Speizer, F.E. 1992. The effect of maternal smoking during pregnancy on early infant lung function. *American review of respiratory disease*, 145(5):1129-1135.

Health Professions Council of South Africa. 1974. Health professions Act 56. Pretoria: Health Professions Council of South Africa.

Hobfoll, S.E. 1986. Stress, social support, and women. Washington, D.C.: Hemisphere Publications.

Kamysheva, E., Wertheim, E.H., Skouteris, H., Paxton, S.J. & Milgrom, J. 2009. Frequency, severity, and effect on life of physical symptoms experienced during pregnancy. *Journal of midwifery & women's health*, 54(1):43-49.

Kashdan, T.B., Biswas-Diener, R. & King, L.A. 2008. Reconsidering happiness: the costs of distinguishing between hedonics and eudaimonia. *Journal of positive psychology*, 3(4):219-233.

Keyes, C., Frederickson, B. & Park, N. 2012. Positive psychology and the quality of life. (In Land, K.C., Michalos, A.C. & Sirgy, M.J., eds. Handbook of social indicators and quality of life research. Berlin: Springer. p. 99-112.)

Keyes, C.L. 2002. The mental health continuum: from languishing to flourishing in life. *Journal of health and social behavior*, 43:207-222.

King, L.A., Hicks, J.A., Krull, J.L. & Del Gaiso, A.K. 2006. Positive affect and the experience of meaning in life. *Journal of personality and social psychology*, 90(1):179-196.

Krefting, L. 1991. Rigor in qualitative research: the assessment of trustworthiness. *American journal of occupational therapy*, 45(3):214-222.

Larkin, V., Flaherty, A., Keys, C. & Yaseen, J. 2014. Exploring maternal perinatal mental health using a blended learning package. *British journal of midwifery*, 22(3):210-217.

Lawrence, E., Nylén, K. & Cobb, R.J. 2007. Parental expectations and marital satisfaction over the transition to parenthood. *Journal of family psychology*, 21(2):155-164.

Lawrence, E., Rothman, A.D., Cobb, R.J., Rothman, M.T. & Bradbury, T.N. 2008. Marital satisfaction across the transition to parenthood. *Journal of family psychology*, 22(1):41-50.

Lincoln, Y.S. & Guba, E.G. 1985. *Naturalistic inquiry*. Newbury Park, Calif.: Sage Publications.

Linley, P.A. 2009. Strengths perspective (positive psychology). (In Lopez, S.J., ed. *The Encyclopedia of positive psychology*. Malden, Mass.: Blackwell Publishing. p. 179.)

Logsdon, M.C., Birkimer, J.C. & Usui, W.M. 2000. The link of social support and postpartum depressive symptoms in African-American women with low incomes. *MCN: American journal of maternal/child nursing*, 25(5):262-266.

Mascaro, N. & Rosen, D.H. 2005. Existential meaning's role in the enhancement of hope and prevention of depressive symptoms. *Journal of personality*, 73(4):985-1014.

- McGregor, I. & Little, B.R. 1998. Personal projects, happiness, and meaning: optimizing human development across the life span. Thousand Oaks, Calif.: Sage.
- McLearn, K.T., Minkovitz, C.S., Strobino, D.M., Marks, E. & Hou, W. 2006. The timing of maternal depressive symptoms and mothers' parenting practices with young children: implications for pediatric practice. *Pediatrics*, 118(1):e174-e182.
- Mills, E., Finchilescu, G. & Lea, S. 1995. Postnatal depression: an examination of psychosocial factors. *South African medical journal: Cape Town Medical Association of South Africa*, 85:99-105.
- Modh, C., Lundgren, I. & Bergbom, I. 2011. First time pregnant women's experiences in early pregnancy. *International journal of qualitative studies on health and well-being*, 6(2):10.
- Monk, C., Sloan, R.P., Myers, M.M., Ellman, L., Werner, E., Jeon, J., Tager, F. & Fifer, W.P. 2004. Fetal heart rate reactivity differs by women's psychiatric status: an early marker for developmental risk? *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(3):283-290.
- Nakamura, J. & Csikszentmihalyi, M. 2003. The construction of meaning through vital engagement. (In Keyes, C.L. & Haidt, J., eds. *Flourishing: positive psychology and the life well-lived*. Washington, D.C.: American Psychological Association. p. 83-104.)
- Newport, D.J., Stowe, Z.N. & Nemeroff, C.B. 2002. Parental depression: animal models of an adverse life event. *American journal of psychiatry*, 159(8):1265-1283.
- Olivier, E. 2012. Qualitative data gathering during prenatal birth class [personal interview]. 15 Nov., Potchefstroom.

Paulson, J.F., Dauber, S. & Leiferman, J.A. 2006. Individual and combined effects of postpartum depression in mothers and fathers on parenting behavior. *Pediatrics*, 118(2):659-668.

Prinds, C., Hvidt, N.C., Mogensen, O. & Buus, N. 2013. Making existential meaning in transition to motherhood: a scoping review. *Midwifery*, 30(6):733-741.

Redelinghuys, A. 2013. First-time mothers' experiences of meaningfulness during their third trimester of pregnancy: a focus on spirituality. Potchefstroom: North-West University. (Dissertation - MA.)

Reid, J.K. & Anderson, W.T. 1992. The relationship between personal authority in the family system and discovery of meaning in life. *Contemporary family therapy: an international journal*, 14(3):225-240.

Reilly, T.W., Entwisle, D.R. & Doering, S.G. 1987. Socialization into parenthood: a longitudinal study of the development of self-evaluations. *Journal of marriage and the family*, 49:295-308.

Reker, G.T. & Chamberlain, K. 2000. Exploring existential meaning: optimizing human development across the life span. Thousand Oaks, Calif.: Sage.

Rini, C., Schetter, C.D., Hobel, C.J., Glynn, L.M. & Sandman, C.A. 2006. Effective social support: antecedents and consequences of partner support during pregnancy. *Personal relationships*, 13(2):207-229.

Robertson, E., Grace, S., Wallington, T. & Stewart, D.E. 2004. Antenatal risk factors for postpartum depression: a synthesis of recent literature. *General hospital psychiatry*, 26(4):289-295.

Roos, V. 2008. The Mmogo-method: discovering symbolic community interactions. *Journal of psychology in Africa*, 18(4):659-667.

Røsand, G.B., Slinning, K., Eberhard-Gran, M., Røysamb, E. & Tambs, K. 2011. Partner relationship satisfaction and maternal emotional distress in early pregnancy. *BMC public health*, 11(1):161-173.

Ryan, R.M. & Deci, E.L. 2001. On happiness and human potentials: a review of research on hedonic and eudaimonic well-being. *Annual review of psychology*, 52(1):141-166.

Ryff, C.D. 1989. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of personality and social psychology*, 57(6):1069-1081.

Ryff, C.D. & Keyes, C.L.M. 1995. The structure of psychological well-being revisited. *Journal of personality and social psychology*, 69(4):719-727.

Ryff, C.D. & Singer, B.H. 1998. The contours of positive human health. *Psychological inquiry*, 9(1):1-28.

Ryff, C.D. & Singer, B.H. 2008. Know thyself and become what you are: a eudaimonic approach to psychological well-being. *Journal of happiness studies*, 9(1):13-39.

Sawyer, A., Ayers, S. & Smith, H. 2010. Pre-and postnatal psychological wellbeing in Africa: a systematic review. *Journal of affective disorders*, 123(1):17-29.

Schlegel, R.J. & Hicks, J.A. 2011. The true self and psychological health: emerging evidence and future directions. *Social and personality psychology compass*, 5(12):989-1003.

Schneider, S.L. 2001. In search of realistic optimism: meaning, knowledge, and warm fuzziness. *American psychologist*, 56(3):250-263.

Seligman, M.E. & Csikszentmihalyi, M. 2000. Positive psychology: an introduction. Washington, D.C.: American Psychological Association.

Seligman, M.E., Steen, T.A., Park, N. & Peterson, C. 2005. Positive psychology progress: empirical validation of interventions. *American psychologist*, 60(5):410-421.

Snowden, L.R., Schott, T.L., Awalt, S.J. & Gillis-Knox, J. 1988. Marital satisfaction in pregnancy: stability and change. *Journal of marriage and the family*, 50:325-333.

South Africa. Department of Health. 2013. Government notice on National Health Act 63/2003. Regulations relating to research on human subjects. (Notice 378 of 2013, 29 May.) *Government Gazette*.

Spielman, V. & Taubman-Ben-Ari, O. 2009. Parental self-efficacy and stress-related growth in the transition to parenthood: a comparison between parents of pre- and full-term babies. *Health & social work*, 34(3):201-212.

Spinelli, M.G. & Endicott, J. 2003. Controlled clinical trial of interpersonal psychotherapy versus parenting education program for depressed pregnant women. *American journal of psychiatry*, 160(3):555-562.

Stapleton, L.R.T., Schetter, C.D., Westling, E., Rini, C., Glynn, L.M., Hobel, C.J. & Sandman, C.A. 2012. Perceived partner support in pregnancy predicts lower maternal and infant distress. *Journal of family psychology*, 26(3):453-463.

Steger, M.F. 2009. Meaningful living. <http://michaelfsteger.com/research.aspx> Date of access: 16 April 2012.

Steger, M.F., Frazier, P., Oishi, S. & Kaler, M. 2006. The meaning in life questionnaire: assessing the presence of and search for meaning in life. *Journal of counseling psychology*, 53(1):80-93.

Steger, M.F., Kashdan, T.B., Sullivan, B.A. & Lorentz, D. 2008. Understanding the search for meaning in life: personality, cognitive style, and the dynamic between seeking and experiencing meaning. *Journal of personality*, 76(2):199-228.

Strauss, A. & Corbin, J. 1998. Basics of qualitative research: techniques and procedures for developing grounded theory. Thousand Oaks, Calif.: Sage.

Taubman-Ben-Ari, O., Ben Shlomo, S. & Findler, L. 2012. Personal growth and meaning in life among first-time mothers and grandmothers. *Journal of happiness studies*, 13(5):801-820.

Taylor, S. & Bogdan, R. 1998. Introduction to qualitative research methods a guidebook and resource. Hoboken, N.J.: Wiley.

Tracy, S.J. 2010. Qualitative quality: eight “big-tent” criteria for excellent qualitative research. *Qualitative inquiry*, 16(10):837-851.

Wandersman, L., Wandersman, A. & Kahn, S. 1980. Social support in the transition to parenthood. *Journal of community psychology*, 8(4):332-342.

Warren, S. & Brewis, J. 2004. Matter over mind? Examining the experience of pregnancy. *Sociology*, 38(2):219-236.

Waterman, A.S. 1993. Two conceptions of happiness: contrasts of personal expressiveness (eudaimonia) and hedonic enjoyment. *Journal of personality and social psychology*, 64(4):678-691.

Wells, J.D., Hobfoll, S.E. & Lavin, J. 1999. When it rains, it pours: the greater impact of resource loss compared to gain on psychological distress. *Personality and social psychology bulletin*, 25(9):1172-1182.

Wisner, K.L., Sit, D.K., McShea, M.C., Rizzo, D.M., Zoretich, R.A., Hughes, C.L., Eng, H.F., Luther, J.F., Wisniewski, S.R. & Costantino, M.L. 2013. Onset timing, thoughts of self-harm, and diagnoses in postpartum women with screen-positive depression findings. *JAMA psychiatry*, 70(5):490-498.

Wissing, M.P. 2013. Conclusions and challenges for future research. (*In* Wissing, M.P., ed. *Well-Being Research in South Africa*. New York: Springer. p. 607-632.)

Wissing, M.P. 2014. Meaning and relational well-being: a reflection on the state of the art and a way forward. *Journal of psychology in Africa*, 24(1):115-121.

Wong, P.T. 2011. Positive psychology 2.0: towards a balanced interactive model of the good life. *Canadian psychology / Psychologie Canadienne*, 52(2):69-81.

Wissing, M.P. & Delle Fave, A. 2014. Meaning and relational well-being: towards a model. (*In* Wissing, M.P., Potgieter, J.C., Guse, T., Khumalo, I.P. & Nel, L., eds. *Towards flourishing: contextualizing positive psychology*. Pretoria: Van Schaik. p. 21.)

Woollett, A. & Parr, M. 1997. Psychological tasks for women and men in the postpartum. *Journal of reproductive and infant psychology*, 15(2):159-183.

World Health Organization. 2005. Facts and figures from the World Health report 2005. (Homepage of World Health Organisation.) http://www.who.int/whr/2005/media_centre/facts_en.pdf Date of access: 22 May 2012.

World Health Organization. 2012. Depression: Fact sheet no 369. <http://www.who.int/mediacentre/factsheets/fs369/en/> Date of access: 16 April 2012.

Zika, S. & Chamberlain, K. 1992. On the relation between meaning in life and psychological well-being. *British journal of psychology*, 83(1):133-145.

Zwelling, E., Nichols, F. & Humenick, S. 1988. The pregnancy experience. (*In* Nichols, F.H. & Humenick, S.S., *eds.* Childbirth education: practice, research and theory. Philadelphia, Pa.: Saunders. p. 37-51.)

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