

## Role Models' Peculiarities of Women with Crisis Pregnancies

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**Introduction.** The phenomenon of role models is essential for the personal formation and like most of the essential aspects they are clearly seen in crisis or critical situations. The more common the situation where a person faces one's crisis experiences is, the more important it is to find the proper way to study it so that mental health professionals might be able to help their clients. That's why we suppose that pregnancy being not only one of the most common experiences but a period when a woman faces the necessity to review her role models, self-presentation, personal traits and scripts of interacting with partner and child, should be a subject for scientific and counseling discourse. Considering the changes and challenges of modern society, such as changes in gender scripts, prevalence of social media and social-psychological outcomes of generation gap, not to mention the specter of applied studies in the field we have to state that the concept of crisis pregnancy has to be reviewed and as a form of deviant maternity should be discussed as a phenomenon based on social-psychological grounds. We assume that a major part of crisis pregnancies can be explained by malformed role models or conflict which arose between role models taken from one's close social environment and those taken from media.

**Purpose.** The main purpose of the paper is to introduce the discussion of the role models' peculiarities of the women with crisis pregnancies and their importance for modern mental health discourse. Our more particular purposes were to define crisis pregnancy as one of the types of deviant maternity and to define the part of role models in crisis pregnancy formation.

**Methodology.** We considered a theoretical review of the crisis pregnancy phenomenon and its' role models on the basis of psychoanalytical, humanistic, social-psychological and cross-cultural studies as an objective for the given paper. We took the concepts of deviant maternity and self-presentation (Goffman, 1959) as the first step for this study.

We assume the analysis of the data taken from crisis pregnancy centers' clients as the next step of our empirical research. We suppose to interview the clients about the impact social media has on their maternity, and use following techniques: WIPPF questionnaire, Leary interpersonal communication skills test, Rosenberg's Self-Esteem Scale to obtain data for statistical analysis.

**Results.** It is common for our scientific discourse to define crisis pregnancy as "a pregnancy which is neither planned nor desired by the woman concerned, and which represents a personal crisis for her". Usually, only situational agents are viewed as those which made a pregnancy to be a crisis one (Brown, 2016). But considering crisis pregnancy apart from its' psychological and social-psychological (or in other terms dispositional and situational) background deprives mental health professionals of the comprehensive vision of the given phenomenon. Thus our purpose is to perform a profound analysis of dispositional agents of a crisis pregnancy and its' background motherhood role models.

On the basis of the profound review of psychological studies in the field made by G. Filippova we can assume that pregnancy is not only initial but one of the most important stages of maternity, "crisis stage of women's life with its' peculiar experience of sexual identity and a special situation of adaptation" also. Most of the researchers agree that pregnancy should be viewed as a stage accompanied by a whole range of crisis experiences. Researchers agree that different psychological problems arise at different terms of pregnancy (V. Brutman, A. Varga, M. Radionova, G. Filippova, and others).

According to Filippova distorted role models of the pregnant women which lead to crisis pregnancy are based on the sensitivity and aggravation of psychological problems and personal conflicts, from her past, relations with her own mother and her maternity models, unresolved childhood psychological problems, peculiarities of one's adaptation to marital relations.

Thus reassessment of problems with woman's mother and husband or partner are characterizing the first trimester and vanish by the end of the trimester. While the second trimester is characterized by growing changes in woman's appearance, schedule, and reassessment her role repertoire, thus influencing her self-presentation. And the fears of the delivery process and one's own incompetence after the child is born are more peculiar for the third trimester. According to the stated above, we can assume that almost every case of pregnancy can be seen as a crisis one on the dispositional basis. And as it goes with any crisis case it can have quite opposite outcomes: either reaching personal maturity and integrating one's experiences and reconstruction of one's relationship with society or different personal disturbances or disorders (Brown, 2016).

Let's consider the concept of role models as the one underlying crisis pregnancy. The concept of role models is construed as a form of personal experience, which was internalized on the stage of primary socialization or taken for granted from referential sources at later stages of personal becoming, and thus used as means for the personal

structuring of social interactions and for the definition of personal borders. Considering that role models are one of the basic elements of self-presentation, their understanding will enable a person to form a more effective self-presentation and make oneself ready to accept and integrate those parts of one's self and role models which are new or maybe even contrary to existing self-schema (Goffman, 1959).

Researchers agree that following characteristics of the woman with crisis pregnancy role models: deprivation of a proper image of a mother-role which comes either from an absent mother or an existing conflict between her and her mother; disintegrated parts of a motherhood image or their being secluded from one's self-presentation, usually formed under the pressure of media and an image of "what ideal mother should be like"; decision to have a child just to be accepted or affiliated to their social environment; and disintegration of woman's role repertoire are among those which mostly lead to crisis pregnancy.

**Limitations and strengths of the study.** Sample's homogeneity (i.e., that usually women, who address crisis pregnancy centers, don't have advantageous psychological environment and background) and lack of empirical data in modern studies to compare our data with are basic limitations of the given study. The opportunity to assess personality traits, role models and self-presentational peculiarities of the crisis pregnancy centers' clients are the strengths.

**Practical and social value.** Our study is aimed to provide better awareness for the mental health professionals in the assessment of pregnant women self-presentations and role models and assisting their integration of the new experience and new roles. Considering the changes in the social-psychological environment: the role of social media in defining one's self-efficacy, growing tendency for staying body-positive, social request for personal self-realization and self-fulfillment, need for psychological assistance in critical and crisis situations, is growing in its' importance thus contributing to social well-being.

**Conclusions.** Basic concepts for the study of role models and their distortions presented by clients of crisis pregnancies centers are given. We have reviewed the grounds for defining pregnancy as a critical stage in female personal self-realization in this paper. Besides we came to a conclusion that the concept of crisis pregnancy has to be reviewed from mere obstetrical or situational one and be studied as a dispositional phenomenon also.

**Keywords:** motherhood, personal identity, social role, mental health, social media.

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