

Introduction

Becoming a mother changes lives in all sorts of ways and this book explores how a group of women make sense of their journeys into mother-hood. The seeds for this book were sown many years ago: probably around the time I left school and spent a year in Canada employed as a 'mother's help' and had my first taste of doing mothering work. University and a degree in sociology were followed by a number of years living and working in different places – the Solomon Islands and Bangladesh – and observing different practices around pregnancy, birth and childrearing. More recently, university posts have involved my teaching sociology to a range of students from different disciplines, including midwives and other health professionals, and somewhere along the line I became a mother myself to three very lovely daughters. This book then emerges from the criss-crossing of threads that have run through my academic and personal life.

The context in which I became a mother is different from that of my mother, or her mother, but many features have also remained constant. For example, even though fertility rates are declining in many countries in the West, a majority of women will still at some point in their lives become mothers and take primary responsibility for the rearing of their children. To this extent little has changed for women over the centuries. But in other ways there have been significant changes. In the UK and the USA the average age of all mothers at childbirth has risen, but is highest for those who are married. Whilst women are increasingly delaying childbirth, in the UK teenage pregnancy is also a feature of patterns of reproduction. For those who delay childbearing – a group who are largely represented in this book – becoming a mother is increasingly a planned event in lives where choice and control are more dominant features. At the same time shifts in family formations and different ways of living mean that informal sources of knowledge and support may no longer be readily available, or as relevant, as families are geographically dispersed and many more women work outside the home. Average family size has also decreased and women have much less opportunity to learn first hand

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about mothering. In the West, for most women, childbirth is safer than at any time before and yet perceptions of risk lead us to seek out and rely on expert guidance throughout transition to motherhood. This changing context raises questions about the ways in which motherhood experiences are shaped and maternal responsibilities configured in contemporary society.

This book is written with the intention and hope of reaching a wide audience. Although it is written from the discipline of sociology with a broader social science and health professional readership in mind, the kernel of the book interweaves women's own accounts of their multifaceted journeys into first-time motherhood with contemporary debates. The intention is that the book should engage the academic, the practitioner and, importantly, those for whom being a mother is perhaps a desire, an experience or even a fear: women. At different levels and in different chapters the book both theorises what it means to become a mother in late modernity and explores the experiences of a group of women as they become mothers. This is achieved through the inclusion of their profound, personal accounts produced as their experiences of transition unfolded, and gathered through longitudinal research. The theoretical and empirical threads of the book are prioritised in different ways in different chapters – the theoretical stage is set across the first three chapters and then illustrated with empirical data in the central three chapters and finally returned to in the concluding chapter. Your interests may lie across all the areas covered in the book, but the following signposts are provided for those who may have more specific interests and limited time.

As noted above, chapter 1 provides the theoretical, conceptual and methodological framework for the book. It engages with contemporary debates on how human life is storied, reflexivity practised and selves constituted and maintained. The research which provides the materials for the core chapters in the book is also outlined. In chapter 2 the cultural dimensions of birth practices and different constructions of 'authoritative knowledge' are explored. Fieldwork observations from the Solomon Islands and Bangladesh provide a backdrop to this chapter. The focus returns to the West in chapter 3, which charts the medicalisation of reproduction and childbearing, engaging with contemporary feminist debates around mothering and motherhood. In the following three chapters the women's own accounts move centre stage. Chapter 4 focuses on women's experiences of the antenatal (prenatal) period, chapter 5 on the birth and early postnatal period and chapter 6 on the later postnatal period, as their children reach nine months of age. These core chapters focus on how women make sense of their transition to motherhood and



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the ways in which they narrate their experiences: what can and cannot be said in relation to mothering and motherhood. The theoretical and methodological questions raised across the chapters are drawn together and addressed in chapter 7.

In some chapters you will find key terms used and definitions of these now follow. The book is set within the context of 'late modernity' and this refers to a period that has followed the modern era and is characterised by rapid changes and uncertainty. 'Cultural scripts' refers to 'a specific cultural set of ideas about how events should take place' (Willard, 1988:226). The term 'discourse' is used to mean 'a bounded body of knowledge and associated practices' (Lupton, 1999:15). 'Knowledges' is also used to describe different ways of knowing - non-expert and expert, horizontal and hierarchical (see chapter 2) - and associated practices. Different ways of knowing are underpinned and shaped by different discourses, which can dominate in powerful ways. Similarly, the term 'meta-narrative' (Somers, 1994) is used to describe the traditions in which we are embedded as actors in the social world, these again are shaped by dominant and powerful discourses especially in relation to mothering and motherhood and they will in turn shape the 'ontological narratives' – the personal, individual stories – that we produce. The terms 'mothering' and 'motherhood' are also of course used liberally throughout the book. 'Mothering' refers to the personal, individual experiences that women have in meeting the needs of and being responsible for their dependent children. 'Motherhood' on the other hand refers to the context in which mothering takes place and is experienced. The institution of motherhood in the Western world is, then, historically, socially, culturally, politically and, importantly, morally, shaped. In turn, it powerfully shapes our experiences as women, whether or not we become mothers, because of the cultural assumptions related to women's desire to be mothers. It also makes it hard to talk about unexpected and/or difficult aspects of new mothering, leading us to conceal what are normal experiences and reactions, and so perpetuates the old myths of motherhood.

My own experiences of becoming a mother are also included here because they touch on many of the themes raised in the book. They also range across different countries and cultures. I found out I was pregnant with my first child on a short holiday in the UK whilst living and working in Bangladesh. My pregnancy was confirmed shortly after I had received confirmation that I had also contracted hepatitis A – probably picked up on a trip I had made to Darjeeling shortly before the trip to the UK. The doctor in England who confirmed the diagnosis of hepatitis A prescribed medicine that was contra-indicated for pregnant women, asking as he did so whether I felt pregnant. I replied that having never been pregnant I



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didn't know what it felt like, but that as I had been trying to conceive there was a possibility that I could be pregnant. This was brushed aside, no pregnancy test offered and the prescription made out. Back in my home town, I revisited my own general practitioner (GP), who two weeks earlier I had seen because of my concern that I was taking some time to conceive. I relayed to him my diagnosis of hepatitis A, and the fact that I was also pregnant. He immediately and without hesitation recommended that the pregnancy be terminated. As far as he was concerned there was no other course of action and he made no attempt to soften the blow, to suggest any alternatives, or to offer any support. I left the surgery numbed and confused. I clearly remember the twisted irony and emotion of telling my mother the news she had long hoped for – that I was pregnant with her first grandchild – and in the next sentence that I couldn't actually have the baby. Deciding to seek a second opinion, I was told that my liver would be in such a bad state from the hepatitis that I would not be able to withstand a general anaesthetic even if I wanted to terminate the pregnancy. I then set about trying to find out as much as I could about hepatitis and pregnancy, writing to the world-renowned London School of Hygiene and Tropical Medicine. I received a very polite reply but I was told that any detailed information could only be given to me via my GP. I returned to Bangladesh to join my partner, pregnant and worried. Four months into the pregnancy, I flew to Bangkok, Thailand for a scan, as part of an arrangement made for British employees in Bangladesh. The state-ofthe-art hospital had all the latest equipment but hard as we tried, we could not understand either the fuzzy images on the monitor or the explanations of the doctor; we left feeling even more confused and uncertain. Back in Bangladesh, the American doctor said that because I had hepatitis so early on in my pregnancy the most likely outcome would be that the baby would be born with a limb missing. At just over seven months' pregnant I returned to the UK to await the birth of my baby and during one antenatal (prenatal) visit met an Indian trained obstetrician working in the local National Health Service. He told me that his experience in India suggested that hepatitis was much more of a problem in later pregnancy. The birth was not as I had expected. I soon realised the taped music ('Relax don't do it' by Frankie Goes to Hollywood, cheerfully recorded by my sixteen-year-old sister) would be completely redundant and the Evian spray for my face incredibly annoying! I gratefully accepted a large dose of pethidine (routinely offered at that time) and thought ruefully that none of the books, or anyone else, had described the pain of birth in any ways that came close to what I was feeling. Imagine then my absolute relief when Hannah was finally born with all her limbs, a perfect, pink, warm, wrinkly baby. When she was brought to me from the nursery the next



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morning (a practice that now seems archaic), it felt like the best Christmas present ever as I cradled the little warm body – something I don't think I had allowed myself to envisage through the months of my pregnancy.

Mothering is of course diverse; it is not a universal experience and yet many mothers (and fathers) will share similar 'struggles, joys, and hopes and dreams for their children' (Chase and Rogers, 2001:xiv). Whilst researching and writing this book I have watched my own daughters grow and sisters and friends become mothers and grandmothers, whilst other friends have made decisions not to become parents. I have witnessed their fears, as births have not gone as planned and new babies have given cause for concern, and their hopes for their children as they have grown. I have watched other friends comfort their children through the loss of a parent, and shared the sadness with my own children at the loss of their grandparents. Even the loss of family pets can require disproportionate amounts of comforting and love. I have celebrated their achievements and commiserated on failures: the highs and the lows, demands and rewards of mothering. Being a mother is clearly filled with mixed emotions and feelings - and hopefully large amounts of love. If we ever doubt the deep and all-encompassing dimensions of this relationship we come to have with our children, we need only imagine the almost unimaginable experience of the loss of a child to confirm its profound, poignant and enduring dimensions.

There are so many caveats that I want to place around what follows in the book. I am aware that the majority of the women whose stories unfold identify themselves as middle-class; they are white and partnered, and live in circumstances that afford them possibilities and choices denied to others. They had mostly planned their pregnancies and all the births went to term and resulted in the births of healthy children. But this allows us to see both similarities and differences in women's lives and experiences of mothering and motherhood. Similarly, when I have presented the findings from the research at academic, practitioner and service user conferences in the UK, mainland Europe and North America, I am always surprised and gratified by the resonance they have for so many different women. Somewhere in the accounts I have presented at these conferences, women in the audience find their own experiences – often tucked away and long unspoken - being voiced. Most importantly then, what lies at the heart of this book are women's personal and profound accounts of their journeys into motherhood.



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I'm doing all the practical things of a mother. But it hasn't actually sunk in, it's like I'm living this part in a play and in fact I'm going through all of the motions, but is it actually reality and is this what motherhood is all about? (Abigail, interviewed eight weeks after the birth of her first child)

This book explores women's journeys into motherhood in late modernity. It brings together research carried out in the UK and fieldwork observations from Bangladesh and the Solomon Islands in order to illuminate women's experiences of becoming mothers and motherhood. In many Western societies patterns of reproduction discernible in previous generations, and practices associated with childbearing, have changed. Increasingly, if women choose to become mothers at all, they come to motherhood either much earlier in their lives as teenage mothers, or later once careers have been established, in partnerships or alone. These changes in timing and frequency of childbearing have been mirrored by changes in the meanings ascribed to, and women's experiences of, motherhood. Becoming a mother changes lives in all sorts of ways. It has major significance for individual biographies, yet expectations and experiences will be shaped by the social and cultural contexts in which women live their lives. Indeed there is some irony that women becoming mothers can experience their transition as confusingly uncertain and risky at a time when biomedical, expert knowledge has apparently provided greater scientific certainty than at any time before. By focusing on women's experiences of transition to motherhood in contemporary society we can see the ways in which the biological is overlaid by the social and cultural in the Western world: and how motherhood is differently patterned and shaped in different contexts. In addition, by taking a narrative approach, the ways in which women make sense of and narrate their experiences of transition to motherhood in late modern society can also be explored. The particular social, cultural and, importantly, moral contexts which underpin contemporary motherhood simultaneously shape what can and cannot be voiced in relation to experiences of being a mother and associated responsibilities. This chapter will provide the

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theoretical, conceptual and methodological framework for the book. This will involve engaging with contemporary debates on how human life is storied and selves constituted and maintained. In relation to mothering and motherhood this requires us to tread a tricky path that on the one hand engages with 'fleshy, sensate bodies' and at the same time avoids the ever-present risk of falling 'back into essentialism' (Jackson and Scott, 2001:9).

Researching women's lives

This book is written as debates continue about the relevance of feminisms to women's lives in the early twenty-first century. The topic of mothering and motherhood is an area of social research that has greatly benefited from a range of feminist contributions, not least identifying it as an area worthy of scrutiny. Most importantly, it was earlier feminist research, debate and argument that led to the mapping out of the contested terrain of mothering and motherhood (Firestone, 1971; Rich, 1977; Chodorow, 1978; Oakley, 1979, 1980; Ruddick, 1980; Davis-Floyd, 1992; Ribbens, 1994). These writers questioned the social processes that framed motherhood in particular ways and challenged assumptions of biological determinism and essentialist readings of the self. More recently others have charted the contours of continuing scholarly work on theorising motherhood and women's experiences of mothering (Arendell, 2000; Chase and Rogers, 2001), whilst others have critically explored new reproductive technologies and the ways in which scientific 'advancements' and their management continue to produce new challenges for women and their bodies (Stanworth, 1987; Rapp, 2000). The invidious ways in which women continue to be defined and labelled according to different types of mothers - 'good', 'bad', 'single', 'lesbian' - has also been recently noted (Garcia Coll et al., 1998). Given this context, I believe there is no question about the continued relevance of feminisms to women (and men's) lives today. Gendered assumptions and stereotypes continue to shape experiences and knowledge claims, for example in relation to parenting, whilst structural and material inequalities prevail. In view of this, the question is not about whether feminisms are relevant in the twenty-first century, but rather how they can fail to be relevant. This book then is written as a result of my work as a feminist researcher. I position myself in this way because of my concern, noted elsewhere, 'with conducting research about neglected aspects of women's lives, grounded in their own experiences and from a particular theoretical and methodological perspective' (Birch et al., 2002:3). I acknowledge that there is breadth in the term 'feminist' but share with



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other feminists an 'interest in the interplay between public, social knowledge and private and personal lived experiences' (Birch *et al.*, 2002:3). In this book, I explore the ways in which the constructions and reconstructions of individual narrative trajectories of transition to motherhood are contingent on the societal framing of contemporary motherhood. This approach brings into focus new mothers' everyday experiences of becoming mothers and motherhood, and enables us to see the gaps between expectations and experiences: how things should be and how they are currently configured and experienced. For as Chase and Rogers have recently noted 'it is only when we pay close attention to mothers' everyday experiences are we [sic] informed enough to contribute to discussions about how motherhood should be socially constructed' (2001:xx, emphasis added). In the following sections current debates concerning narrative, selves and approaches to collecting ontological self-narratives are explored.

Narrative

I became increasingly interested in the function that narratives were perceived to serve as my research interests unfolded. A key interest centred on how women strategically constructed and voiced narratives, drawing on the cultural and social knowledges that constitute 'meta narratives' (Somers, 1994). This was particularly apparent in relation to women presenting a particular version of their selves for example as a 'good' or 'coping' new mother, and the ways in which this was culturally patterned. Traditionally, narrative has been a concern more readily associated with philosophy, literary and linguistic traditions. However, a turn to narrative is now clearly discernible within the social sciences (Plummer, 1995). This interest, in part, can be attributed to the increased interest within the social sciences in subjectivity and the meanings attributed by individuals to their actions. The study of narrative is one attempt at coming to terms with how social identity and, in turn, social action, are constituted and guided. This linking of identity and action, the ontological condition of social life, has challenged earlier thinking around narrative as merely textual, non-theoretical representation. It has also contributed to the considerable debates on how selves are constituted and maintained in late modernity. The focus then has shifted to take account of the way in which human life is storied. As Lieblich et al. (1998) have observed, 'we know or discover ourselves, and reveal ourselves to others, by the stories we tell' (1998:7). Narrative then can help us to understand social life and social practices. This is achieved by bringing together dimensions of narrative, for example social action,



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historicity, temporality and relationality, which in the past have been often overlooked and which a focus on transition to motherhood enables us to explore. Through the construction and reconstruction of narrative accounts, using devices such as emplotment (Corradi, 1991; Somers, 1994), events are brought together as episodes and a life is given unity and coherence. In practice, of course, unity and coherence may give way to (usually) temporary 'bafflement' as people struggle with 'chaos' in their lives (Frank, 1995). But the important point is that as individuals we are 'not only the actor, but also the author' (MacIntyre, 1981:198) as we travel through and make sense of our lives.

Past philosophical debates around narrative have been concerned with how human life is storied. Contributing to these debates, Alasdair MacIntyre comments that 'human life is composed of discrete actions which lead nowhere, which have no order; the storyteller imposes on human events retrospectively an order which they did not have while they were lived' (MacIntyre, 1981:199). Life then is not lived as a neat, chronologically ordered series of events. Rather, as actors we are able, through narrative construction and reconstruction, actively to impose some order, some intelligibility on events, retrospectively. Devices such as plot enable the individual to weave accounts into continuous and intelligible stories (Ricoeur, cited in Valdes, 1991). Clearly, then, being able to produce intelligible and culturally recognisable and acceptable accounts of events is an important feature of the storied human life. We use these accounts both to make sense of our own experiences and to present ourselves in particular and strategic ways to others. Yet some life events and life transitions may challenge our ability to do so: becoming a mother and early experiences of motherhood are such events.

The more recent claims that narrativity is more than a method of representation lead us to consider further the links between individuals and their actions. To talk in terms of the construction and reconstruction of narrative accounts implies a distancing of individuals from their actions and does not sufficiently address the notions of an individual's intention and accountability. Yet intention refers to the individual as a competent social actor with ideas and aspirations, who possesses the ability to 'move purposively in the world' (Stephenson, 1999:114). If we are to understand an individual's behaviour and the narratives he/she construct then these need to be considered within the context of longer- and shorter-term intentions and ordered both causally and temporally. Accountability for action is also linked to intention. For example, MacIntyre has argued that we can ask an individual 'to give an intelligible narrative account enabling us to understand how he [sic] could at different times and different places be one and the same person and yet be so differently characterised'

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(1981:202). We can understand narrative history and 'narrative truth' (Lieblich et al., 1998:8), then, through an understanding of intention and context. Yet human life is both fragile and unpredictable. The potential for the discontinuity of a narrative account, both in terms of making sense of experiences to oneself, and producing accounts for others, is ever present. For example, when experiences do not match predicted expectations or marry with intentions, an individual's ability to produce and sustain a coherent, culturally recognisable and socially acceptable narrative may be challenged. It is through the device of narrative reconstruction – the revisiting and reordering of past experiences – that long-term 'bafflement', or narrative lapse can usually be avoided and continuity be maintained/regained. Yet self-reflexivity is key here, for as Frank has pointed out, 'those who are truly living the chaos cannot tell in words. To turn the chaos into a verbal story is to have some reflexive grasp' (1995:98). We will return to explore the contours of reflexivity later in this chapter and in chapter 7.

In seeking to understand how individuals make sense of disruptive or transitional events in their lives, the role of narrative retelling has been recognised as an important enterprise in which 'individuals actively shape and account for biographical disruption' (Reissman, 1990:1196). Yet we are not isolated actors but make sense of events and construct narrative accounts in relation to past experiences and future expectations, and importantly in relation to other social actors. Narratives are, then, interpersonally and interactionally constructed. As individuals we are guided in our storytelling by reference to multi-faceted cultural scripts, which provide the contours of particular ways of knowing (see chapter 2). Actors, then, are limited in their narrative construction and reconstruction and make sense of their experiences from, and within, particular locations in the social world. Somers points to the important interplay between meta-narratives, which shape our actions, and the stories that we produce individually. She points out that 'stories guide action' and the social and cultural contexts in which we live will offer us 'an ultimately limited repertoire of available social, public and cultural narratives' (1994:614). The implications of this are that particular ways of knowing may be privileged over others. These may be 'contested politically and will depend in large part on the distribution of power' (ibid.:629). In the case of reproduction and motherhood the shifts that have occurred in the management and place of birth and the role of biomedicine in many Western societies show how particular stories can come to dominate and shape practices and expectations. Where biological 'facts' are also a facet of the stories that shape practices, as in the example of childbearing, the power of particular ways of knowing can appear incontrovertible.