

MATERNAL AMBIVALENCE
IN CONTEMPORARY AUSTRALIA:
NAVIGATING EQUITY AND CARE

Joan Garvan
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This thesis is my own original work.

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Dedication

*I would like to dedicate this thesis to my mother Nancy Berry,
my mother-in-law Olive York and my late sister Kerry Parry.*

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A project such as this would not be possible without the involvement of women who are willing to share their lives and experiences therefore I wish to firstly thank the participants who took part in this research project. My supervisor Dr Helen Keane allowed me the scope to attempt this ambitious project while providing much needed critique along the way. I also thank Dr Joanna Sikora who managed to tell me a lot in a very short period of time and the administrative staff of the Centre for Cultural Inquiry, including Margaret Brown, Raewyn Arthur and Judi Crane were helpful and cheery along the way. And I bid farewell to the postgraduates who were fellow travellers over this long journey. My life partner Barry York was always wonderfully supportive and I thank him and my two children Hannah Garvan and Joseph York for their love and encouragement. There are many friends who have also helped, sometimes practically, and always with encouragement. I would like to thank Jenny Jasinski, Leslie Hood, Denise Burton, Annette Styles, Lesley Beasley, Felicity Chapman, Catherine Walsh, Maria Delaney, Leanne Sheeran and Dr Denise Ferris. The Association for Research on Mothering (now MIRCI) both in Toronto and Australia have been critical to my interest in all things mothering and I wish to send a big thank you to Dr Andrea O'Reilly, Dr Marie Porter and Renee Knapp for their enthusiasm and continuing work on all things maternal. And lastly I want thank my wonderful parents, Nancy and Reg Berry, sisters and brothers, Jacqueline, Lesley, Michael and Geoff and their partners Colin, Steven, Noelene and Kelly for their support and encouragement.

Abstract

The thesis argues that an important step in an agenda calling for change is a re-signification of the mother–infant connection from a role to a relationship so as to embed the subject position of the woman-as-mother and enhance her reflexive stance. It identifies intersections between structure and agency as played out in the lives of a small group of women in the early years after the birth of their first child. It contributes to a call for transformational change so as to accommodate dependency while attending to gender equal outcomes. The study is multidisciplinary, bringing together gender, sociology, psychoanalysis and health through a conceptual framework informed by the work of Pierre Bourdieu, Cornelius Castoriadis, Jessica Benjamin and Lois McNay. It locates the work of care through the dependency theory of Eva Feder Kittay and Martha Fineman and the proposition that both the state and the market rely on the family for care.

Data are drawn from in-depth and semi-structured interviews with sixteen first-time mothers from Sydney and Canberra. The participants self identified from posters circulated through playgroups and childcare centres from northern, southern, eastern and western suburbs to ensure a diverse sample.

What has generally been thought of as a paradox between the rights of women and an assertion of gender difference associated with the maternal body can be recast in terms of tensions. The family as a social unit in the early twenty-first century is marked by tension and change evidenced through the experience of women when they first become mothers. Research that focuses on the early years after the birth of an infant under the banner of the Transition to Parenthood brings to light gendered economic

outcomes, maternal stress, depression and a decline in marital satisfaction; in essence a mismatch between expectations and experience that is played out through the sense of self. This is a consequence of a divergence between cultural trends and social structuring with a lack of recognition of both intersubjective dynamics between women-as-mothers and their infants and intrapsychic processes of the self. I cast this dissonance in terms of tensions between macrosocial and microsocial factors.

A disjuncture is evident through the ambivalences of these new mothers. In the interview data there is a sense of displaced self, difficulties reconnecting with former lives through the workplace, and often disruptions within families arising from unfulfilled expectations. There is nevertheless a strong and abiding connection with their infants. Motherhood is often characterized as selfless. The needs and interests of the infant/child became paramount and this is seen as a good thing, a moral imperative. Identifications with one's mother and/or the projected interests of the child or family promote continuity while everyday expectations and practices within families point to change. Women have historically promoted both social and cultural capital through asserting the interests of their families and child/ren. However, attending to these related tasks generally comes at an economic cost and at a cost to their health. There is a significant body of both academic and popular texts reflecting on the experience of being a mother at the microsocial level which is accompanied by a common experience of ambivalence in locating the maternal self. There is evidence of movement for change at the macrosocial level through a rethinking of welfare economics, feminist proponents calling for a public ethic of care, trends towards a gender equal or egalitarian family form, a feminist mothers' movement, and the emergence of a concept of social care.

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INTRODUCTION

This thesis argues that when a woman becomes a first-time mother in contemporary Australia she is confronted by a complex web of factors that mould and constrain her behaviour and, in turn, inform her subjective position. There are multiple studies of the early years of parenthood that demonstrate high levels of depression and marital dissatisfaction, and issues related to identity; in essence a mismatch between expectations and experience. Changes to gendered practices have been a defining feature of the late twentieth century. These trends have flowed into the core couple's relationships in families with a common expectation of a gender equal or egalitarian family form. Yet practices associated with motherhood have proven to be enduring, embedded within the social structuring of care and beliefs about what it means to be a mother.

The care of infants is a basic human need that has been institutionally gendered and privatized within the family. The work that women do as mothers contributes to the social and cultural capital within families. These are outcomes that are generally of value to both parents and importantly supplement the sexual contract that hold couples and marriages together. However, there is most often a personal economic cost for women who prioritize care and a vulnerability within marriage that is not recognised within rights discourse. These issues trace back to conceptions of the independent and autonomous individual who is not responsible for care. A disjuncture between gender equity and the requirements of care are often played out through the maternal sense of self, manifest through an experience of cognitive dissonance, and are evident through the ambivalences that have become a feature of the maternal experience.

Identification, nevertheless, plays a part in locating the maternal self through both identifying with the mother's mother, or through the promotion of the interests of the infant/child. An assumed maternal role is perpetuated through ante- and postnatal services whereby practitioners are concerned with easing the transition into motherhood, in line with the privatized and gendered structuring of care. Outside of the everyday needs of their child, however, women are concerned with intersubjective dynamics between themselves and their infants. These call for a negotiated response between self and other which is often subsumed to the maternal role through a common belief that mothers need to be selfless.

The thesis examines data from a qualitative study based on in-depth interviews with sixteen first-time mothers in early twenty-first century Australia. Questions were drawn from issues that have been associated with early parenting: changes to relationships with husband/partner, friends and family, changes to the sense of self, changes to the life course, sharing the care/housework with husband/partner, and mother–infant connections in terms of the sense of self. The study is informed by a theoretical understanding of the embedded nature of social structures within social agents. Identifications and significations are touchstones between the self and society that are played out through meanings.

A finding that surprised me from this study was the extent to which interactions between women-as-mothers and their infants have been socially structured and culturally sanctioned. I have veered away from a reliance on values or moralities as an explanatory device for action and have turned to psychoanalytic discourse to explicate practices between the self and the other in terms of mother–infant/child interactions.

The depiction of the mother–infant connection in terms of a relationship rather than a role provides for a way of conceptualizing the inherence of women-as-mothers and can facilitate their reflexive stance. However, gender equal outcomes within families require the recognition that autonomy is a joint project that is derived from intersubjective dynamics. Calls for transformational change to the social structuring of care are heralded in the associated literature. These tensions between gender equity and the requirements for care are entrenched within the social system and carried over through meanings associated with mother and family. There is need for a dialogue between the proponents of a re-conceptualization of welfare economics and a public ethics of care and the feminist mothers’ movement to determine new ways of thinking and talking about family functioning in this contemporary context.

The dominant discourses of motherhood are laden with representations and meanings heavily influenced by tradition, and yet there are clearly detraditionalizing practices present in the workplace and through education. These dynamics are contributing to increasing tensions within families after the birth of a child. There is a problem of legitimacy when there is a schism between cultural expectations of equality and institutionalized practices that perpetuate inequities. Pregnancy and birth mark a clash between past practice and future possibility and tensions between the two are embodied by the new mother. This is the site explored in the thesis. In terms of the self, what is it that women are doing when they are mothering in the early years after the birth?

The thesis focuses on intersections between the self and the social structure and how these are played out through the lives of the sample of women. I explore dynamics within their families in the context of the social structuring of care/dependency and in light of cultural change. In the interviews, subjects were eager to reflect on the

experience of being a mother and held an abiding commitment to their infant/child. The interviewees spoke about a displaced sense of self and disquiet about family functioning and, close to two years after the birth, many were continuing to grapple with a sense of disconnect. The topic of the thesis is relevant to debates within sociology and gender studies. I bring attention to quantifiable outcomes of care in terms of the economic and health effects on women in the course of keeping families together and advancing the interests of their infant/child. The workings of the family, a key social institution, are in flux. However, gender dynamics within families are being perpetuated by a social system that is torn between tradition and a need for a substantive response to changing expectations. In this context there are gender differences in aspirations and outcomes. I am focusing on new mothers because the particular dynamic between the mother and infant is a key contributing factor to tensions between continuity and change.

The latter part of the twentieth century witnessed significant changes in the lives of Australian women. There are increasing numbers of women completing tertiary education with commensurate workplace experience that is contributing to a heightened expectation of gender equal outcomes within families. According to Anthony Giddens (1991, 89-96) the 'pure relationship' within contemporary families is characterised by romantic love, intimacy and trust, and the connections are reflexively organised. He asserts that this relationship is not based in external conditions of social or economic life and furthermore, Cornelius Castoriadis (1987, 97) argues that there is no need for gendered roles. Yet, the early twenty-first century has been marked by a series of factors that demonstrate disparities in gendered outcomes after the birth of an infant. There is a discrepancy in the lifetime earnings of women in comparison with men: the 'motherhood penalty' (Baxter 2005; Baxter, Grey et al. 2007; Pocock 2000; Waldfogel

1997; Avellar and Smock 2003; Budig and Hodges 2009; Pascall and Lewis 2004; Lewis and Campbell 2007; van der Lippe and van Dijk 2002; and Grace 2004). Large numbers of women work part-time for many years after the birth of an infant and there are indicators referenced in the thesis that these women are attending to a 'double shift' (Hochschild 1989; Australian figures see: Chesters, Baxter and Western 2008). They frequently work longer hours than their male partners through a combination of employment and the work associated with care. For families where women opt out of the workforce in the early years after the birth, there is a clear gender divide in the time spent in the workplace and the time spent on care, including domestic routines. Therefore, many women become detached from the workforce and/or remain in lower level workplace positions.

The current social structuring of dependency in Australia leaves couples to grapple with an institutionalized gender bias that promotes prescribed family forms. Recent attempts to ease the declining fertility rate have included a lump sum payment, improved workplace allowances, and/or family-friendly conditions. However, an extensive study conducted by the Australian Institute of Family Studies found that women and/or couples were not having as many children as they wanted. Individuals and/or couples believed the preconditions for having a child included both 'a secure, stable and adequate relationship with a partner' and 'a secure, stable and adequate income' (Qu 2004, xv). A propensity towards privatized care locates financial considerations for care within the family, making the decision to have a baby an onerous one if the core relationship were to break down.

Women often say that they highly value the work they do as mothers and yet they also attest to a need to become selfless (Rubenstein 1998; Abrams 2001). They generally

see this unselfishness as a good thing, a moral imperative, and yet how can women attend to what is often seen as the most important component of their life work, while concurrently denying the self? Women frequently experience these tensions in relation to the sense of self, and there is substantial evidence that they confront issues related to identity when they become a first-time mother.

The sense of self is importantly connected to well-being and health. These kinds of issues are evident for new mothers through high levels of Postnatal Depression (PND). In 2004-05 sixteen per cent of new mothers in Australia were diagnosed with PND with a greater number experiencing enhanced levels of anxiety (beyondblue 2008). The spectrum for the experience of depression after the birth ranges from psychosis to mild anxiety. In an environment that shies away from the social-cultural context of health, gender and depression are held together through a continuing medicalization that in turn individualizes the effect (Hasler 2009). The biomedical model of health that informs practice in Australia is based on a physiological understanding that is treated with an individualized response; medication and/or talking cures. The condition is pathologized whereby the experience of depression is understood as a product of a biological deficiency manifested by a chemical imbalance (Hasler 2009, 49). Hasler argues that PND is similar to other depressive episodes other than the fact that there is a baby that requires care and that this should be the main focus of research. She continues:

Although depression is experienced as a personal problem, sociologists generally agree that it can also be understood as a type of social distress that originates in the larger social problems of inequity, alienation, and powerlessness that affect certain groups of people (Mirowsky and Ross 1989). (Hasler 2009, 50).

Hasler's qualitative study of twenty women who experienced PND in Australia found that seventy five per cent of her participants believed that psychosocial factors were of primary concern, rather than the biomedical. They often held unrealistic expectations about being a mother, contributing to feelings of guilt, despair, and inadequacy. These were experiences that at times led into a feeling of entrapment and a 'crisis of identity' (Hasler 2009, 295, 300). Gender in this case is a significant influencing factor over health outcomes with women being twice as likely as men to experience depression in the western world (Fullagar and Gattuso 2002).

My study is concerned with the sociological context of these experiences of depression. In particular it examines the social relations associated with care, in the face of aspirations for gender equal outcomes, that frames this experience of women-as-mothers. I argue that these high levels of depression, often associated with an altered sense of self, and high levels of marital dissatisfaction, evident within the TtoP literature and apparent in my qualitative study, are importantly influenced by tensions between equity and care. These are factors that incur a significant cost in terms of the health and long-term well-being of women with consequences for family functioning and the health and well-being of infants and children. Tensions that are connected to child development: particularly the first year of an infant's life is significant in terms of brain development, with a consequent effect for the rest of life (Productivity Commission Inquiry Report 2009, 4.38).

The meanings and practices associated with being a mother are different from the meanings and practices associated with being a father. Variations that stem from past practice often become a template in the early years after the birth and thus hinder trends

towards gender equity both in the workplace and within families. There are continuing strains between the workplace and the home, tensions that often come to the fore after the birth of the first child. These issues have become the focus of an international interest in the 'work-life balance' which is evident through a range of government sponsored studies (Nilsen and Brannen 2005; Commonwealth 2006; HREOC 2007). A project that focuses on a small group of contemporary Australian women in the early years after the birth of their first child provides a window onto the meanings, particularly in regard to the self, that accompany their everyday decision-making. The experience is necessarily played out within the female body, and care incorporates intersubjectivity and feminine associations. I am therefore exploring these topics in relation to embodiment and intersubjectivity.

An interest in theories of the self concerned with sexual difference, embodiment, intersubjectivity, gender and the psyche grew out of phenomenology and psychoanalytic theory. Continental feminists have been concerned with identifying links and disruptions between the self and society whilst seeking to understand the lived experience. This thesis contributes to what has been described by Adkins (2004, 3) as a 'new feminist materialism' whereby the theoretical approach has been based in the contemporary social conditions while concurrently drawing from and interpreting the experience of women. The thesis is concerned with mothering expressed through social and cultural norms rather than a philosophical analysis of lived experience. The challenge has been to identify embedded structures of social and political life that are carried over through gendered and naturalized assumptions and associations. This study has been concerned with dynamics that are at work through a coming together of the microsocial and the macrosocial, and therefore the social agent becomes the subject of analysis.

Theoretical framework for the thesis: bringing together the subject and the social

My thesis seeks to answer three main research questions. The first is why is it that couples/individuals often find it difficult to achieve equal or egalitarian arrangements within their families after the birth of an infant? The second is what is it that women are doing, in terms of the self, when they mother? And the third question is concerned with identifying evidence of the agency of women-as-mothers.

The study presents an argument drawn from a formal theoretical approach. I have set out concepts that have informed the interpretation of both the social context of care and the interview data in chapter two. My theoretical approach is couched within a critical social theory informed by Pierre Bourdieu, Cornelius Castoriadis, Lois McNay and Lisa Adkins. This approach seeks to uncover material factors that structure the social world. The critical approach to social research is based on an understanding that empirical reality is always theory or concept dependent. The critical approach understands that autonomy is confined within limits, and that agency and structure are tied together through an ongoing relational process whereby connections can be reified, or detached from creation. The purpose of the research is to identify points of reification and avenues of creation. More specifically, it aims to uncover underlying social relations that are produced by naturalized associations between gender and care.

According to Bourdieu (1997) and Castoriadis (1997), agents are inextricably linked with the social through interconnecting relations. No one aspect of the social matrix can be effectively conceptualized outside of its interconnections with others. Social agents are not the product of an indeterminate consciousness that is somehow located outside of society, but society is embedded within the consciousness of individuals, often at a pre-conscious level, through socialization that takes place from birth. Therefore, within

both institutions and individuals there are predispositions towards reproducing what came before: the known over the unknown.

The Bourdieusian concept of subjectivity draws attention to interactions between social agents and collective meanings that take place within the habitus and within the field. These are key concepts that I expand on in the thesis. The habitus is concerned with the subjects: dispositions, feel for the game, practical action and practical knowledge (Bourdieu 1997). In the thesis I have focused on the practices, the thoughts and the beliefs about the self that inform the everyday experience of the interviewees. I have highlighted the effect of life experience on this decision-making in terms of grounding the self, looking to the past, but also with an eye to the future in terms of outcomes for their infant/child. Therefore, embodiment and reflexivity are also elements of Bourdieu's theoretical perspective that are evident in the thesis. These thoughts and beliefs are located in the body through emotional attachments both with the mother's mother and with the infant/child but are also tied up with social and cultural associations between gender and care; this is what women do. The participants had little opportunity to critically reflect on this everyday decision-making as the requirements for the care of an infant are demanding and time-consuming. I draw from the psychoanalytic discourse here to focus on microsocial practices between the self and other, delineating between the everyday work associated with care and a psychic dimension. Time is an element of the analysis. Bourdieu (1997, 208) says that agency and time come together through aspirations, so in the thesis I feature the hopes and dreams that inform action.

The field is another Bourdieusian key concept that accommodates the inclusion of institutional structures with social categories, such as the family. The field according to

Bourdieu (1997, 139) is a generalized category that includes all aspects of the social location of agents. The field is representative of social categories, for example, families, class, gender and race. Social space, historically located within a capitalist and nation state bureaucratic framework, is defined by social positions that distinguish experience. The family is a social category which is reproduced through a combination of pre-reflexive dispositions and the machinery of the state, noting that there are always tensions and struggles in the creation of social meanings.

The conditions for these very particular formulations vary across time and place. In order to access these dynamics, therefore, it is necessary to place my study clearly within the social and historical context. Continuity between stasis and change cannot be identified through universalizing theory; social categories are fluid and change over time. The family form and function is a contested site. There are notions of companionate relationships within families and changing social practices to accommodate the caring roles that have been historically gendered. The Bourdieusian notion of the field can explain structural limits within which the habitus is both formed and acted out. The work that women do as mothers is enacted within an institutionalized and privatized structuring of care in the family that is upheld through the welfare state. The field functions within relations of conditioning and cognitive structure. Bourdieu locates the operations of state institutions as the primary force in the promotion of normalizing behaviours. He argues that the work that women have historically carried out within families contributes to both social and cultural capital, a proposition that is evident in time and place through the thesis (Bourdieu 1998, 66). I simultaneously highlight the substantial economic and health cost to the maternal self. While there are advantages to men within families, and for the state and the market, the

thesis talks about these benefits in terms of capitals that are accrued by individual women and associated with good mothering.

I draw on the work of Castoriadis (1997, 1987), Anthony Elliott (2004, 2003) and Jessica Benjamin (1995, 1998) in the project to bring together psychoanalysis and social theory. Their work contributes to theories of human subjectivity, social analysis and/or epistemology and I engage with their writings at the level of beliefs, practices and social theory. This psychoanalytic framework provides a base to understand interconnections between the psyche and the social that are at work through identification and identity. The focus is on practices of the self, facilitated by reflexivity that can explain fluidity and change. Moving on from this base I draw from a notion of autonomy that is produced through relationality and intersubjectivity and developed in terms of the maternal subject through Benjamin's continuing processes of recognition, negation and intrapsychic processes of the self.

I draw from Castoriadis in terms of intersections between the psyche and the social, and his conceptions of the radical and the social imaginaries. I argue that the ambivalences evident in the everyday lives of women-as-mothers are indicative of an attitudinal change that can link up with calls for transformational change in the social structuring of care. But further to this I locate his work within psychoanalytic traditions drawing from the work of both Elliott and Benjamin. While highlighting problems with Castoriadis's work, Elliott saw the potential in it for bringing together subjectivity and the social because the cultural and the symbolic is always mediated through an interpreting self (Elliott 2002, 150).

According to psychoanalysis, identification and representation play a significant part in the constitution of selves. Benjamin and Elliott cite this dynamic whereby the subject constitutes the self, or identity, through identifications ‘with other persons, located in the symbolic context of society, culture and politics’ (Elliott 2004, 28). Therefore, representation or signification for qualities or persons, informs how we think of ourselves. An example is found in character depictions through the media: the good and the bad mother, the career woman, or the homemaker. These are all images that contribute to the sense of self and where one stands in relation to them. Elliott (2004, 92) speaks of ‘rolling identifications’ whereas Benjamin discusses the part played by dialogue in terms of interactions that contribute to an evolution of identification. She describes processes of recognition and negation between mother and infant/child as psychic work (see: Benjamin 1998, 100 for response to feminist criticism).

A contested understanding of autonomy is central to the thesis in that historically the gendered structuring of care has contributed to an understanding of the independent autonomous individual that stands apart from the social and cultural context. Elliott (2003, 101) champions the Castoriadian notion of autonomy which is concerned not with closure but with opening and thus can explain how established significations and institutions change. This is a conception of society that recognises that there can be no universal guarantee of meaning, it accepts that meaning and its actualization always presupposes a social context.

Bourdieu and Castoriadis were concerned to explicate workings between structure and agency through social theory and in each case there is an overlap between social structure and the social agent that is implicit to their categories. Individuals are socialized, but never fully. Each theorist identifies mechanisms between creativity –

new ways of doing things – and social structures, and both theorists identify the family as a central social unit. Bourdieu develops the categories of economic, social and cultural capital that are used in the thesis to interpret the interview data and quantify the outcomes of care. And Castoriadis explicates a framework for understanding workings between radical and social imaginaries, between processes of instituting and the instituted, where signification plays a role through identification and inherence.

The thesis identifies a reflexive form of knowledge arising from a commitment to gender equity and the care of dependents, in this case infants, while reflecting on the context and process of knowledge creation. The interpretation of the research data requires me to reflect on my own experience and I have set out my personal position later in this Introduction. There are important overlays between the researcher and the subject of research and by setting out my experience, I am bringing to light assumptions, experience, and values that necessarily inform the study.

Given the breadth of topics covered in the thesis, I have used the categories of macro, micro and meso to delineate the level under discussion. The work of care intersects with the macrosocial: through the state, the market and the family. The second, the microsocial correlates with face-to-face encounters between women-as-mothers and her infant/child that are importantly related to the sense of self where dispositions, identifications and significations are critical factors. In this case the thesis draws from the project that is linking psychoanalysis and social theory and brings attention to processes that mediate selves through identifications. I am also concerned with intersubjective dynamics between the woman-as-mother and infant and internal intrapsychic processes of the self. A third aspect of the thesis is concerned with the coming together of these macrosocial and microsocial processes through the

mesosocial. This is related to cultural beliefs and practices associated with care. I talk about the meanings associated with the work of care, both within families and in terms of the sense of self of the woman-as-mother. The thesis focuses on the related tensions between equity and care within contemporary families, the contributing factors, and the impact on maternal identity. I look at these issues in light of the wider sociological trends but further to this I question a reliance on a notion of sexual contract by way of explaining the inherence of women and/or a reliance on values as a means of explanation for action. I am concerned with operations within families that intersect with the sense of self but also how these link up with social movements and cultural trends.

Justification for approach

In the contemporary discourse there has been an emphasis on choice in the decisions taken by women after the birth of an infant, while there is concurrent evidence of maternal depression, marital dissatisfaction and issues related to identity. The current sociological emphasis on narrative, individualization, rationality and moralities¹ conceals important macrosocial factors that have historically privatized care within a gendered family form. The gendered economic outcome of the care of infants/children, ‘the motherhood penalty’, is acquitted through an emphasis on love, values or ethics. This emphasis locates the requirement to care with the individual and thus fuels the current ‘good mother’ discourse. There has been recognition of the need to ‘look closely at the interiority of family life’ (Silva and Smart 1999, 7), at ‘the practitioners of the everyday’ (Irwin 2005, 183), to understand how values have been used to perpetuate social norms. The work that focuses on identity as a mediating device

¹ Beck, Giddens and Lash (1994); Beck and Beck-Gernsheim (2002); Lash (1999); Duncan (2005).

between social and cultural factors has brought to light valuable insights into processes of continuity and change. In particular, it reveals how class and gender are reconstituted through selves held together through narrative and practice. Mother–infant interactions have been found to be implicated in the perpetuation of norms through both knowledge and the production of capitals (Lawler 2000; Skeggs 2004).

Research on the early years of mothering has identified issues related to identity, and yet there continues to be an emphasis on the well-being of the infant and/or family functioning in the outcomes. I have thus located my study in the juxtaposition between the everyday work that women do as mothers and the social location of care. Because the social and cultural complexities of the social location of care are enmeshed between structural and identity formations, it is necessary to draw from a theoretical framework that can provide a means of bridging the divides and yet not impose schisms between the so-called public and private realms. A feminist critique of the theoretical frameworks afforded by Bourdieu and Castoriadis provides a means for overcoming these divides as well as identifying mechanisms of change that are linked to knowledge, identification and signification. The Bourdieusian concept of habitus provides a lens for focusing on the embodied lived experience and making sense of the meanings that inform practical action within the social framework.

The interview data provide a means to evaluate the extent to which social agents are encountering issues related to identity. The participants reveal how they are negotiating the possibilities and the extent to which they are projecting an envisaged future. It is in a woman's self-interest to contribute to the ontological security of her child but also to regain a sense of self that is separate from the child; both goals are a product of a psychic dimension to mother–infant dynamics. Drawing from interview data I look at

meanings of mother and family and reflect on interactions between these and social norms.

Methodology

My study is a qualitative² case study of a cohort of Australian women who had their first child in either 2004 or 2005 and lived in Australia in 2006 and 2007. While it is a snapshot in time and in place, the goal of my research is to illuminate the ambiguities, often interpreted as issues related to identity, that are experienced in the everyday life of women who become new mothers so as to bring attention to tensions between the social structuring, the social relations, and the associated meanings.

The disciplinary fields it engages with are gender studies and the emergent field of psychoanalytic sociology that is concerned to identify intersections between the psyche and the social. The thesis engages with the subject along three trajectories: the macrosocial, the microsocial and the mesosocial. I have used a formal theoretical approach to the research data whereby I have focused on generalized structures and applied the framework to a case study. This provides a theoretical explanation for action and, because I am concerned to explicate meanings associated with being a mother and the family form and function this understanding has formed the basis for my interpretation of the data.

The interview data is analysed within two theoretical frameworks expanded on in chapter two. The first is the Bourdiesian notion of capitals: economic, social and cultural. I set out demographic factors and everyday practices within families in line

² Neuman (2006)

with quantifiable outcomes; resources that are accumulated by families. These are factors that are negotiated through individualized aspirations in time. These actions are mediated by a form of symbolic violence whereby the meanings are accorded through prescribed roles, a slippage from self to other. The second framework is the Castoriadian notions of radical and social imaginaries. Here I am looking at beliefs that the interviewees held about being a mother and how these are mediated by identifications and signification. These are factors that are relevant to processes between stasis and change through the instituted and new ways of doing things, the instituting. Significations are contested through complex interactions between the radical and the social imaginaries whereby the inherence of social agents is played out through identification. It is at this point that a reflexive stance, coupled with understandings of intersubjective mother-infant dynamics and intrapsychic processes of the self provide a means for understanding processes of the self without falling back onto the maternal role or the good mother discourse.

The object of the research is to determine how social and cultural factors are formulated through the sense of self. While a study such as this is drawn from a small number of participants, it has the potential to identify mechanisms that feed into everyday norms. And therefore the interview material gathered from these women provides unique insights into the meanings and the practices associated with care illustrating the reflexive interpretation of the mothering these women undertake in their everyday lives.

As mentioned earlier, I conducted in-depth semi-structured interviews with sixteen first-time mothers. My choice of a semi-structured format which followed a question guide (appendix three) was motivated by the need to address in the interviews the key issues raised in the literature on the Transition to Parenthood, outlined below (under

interview goals). These core questions were followed up with supplementary topics, based on the participant's response, to focus on individual and/or unique experiences or perspectives. The interviews generally took close to three hours and finished with an opportunity for the participant to raise relevant issues or topics that they felt had not been covered. This method provided the opportunity to give voice to a small group of mothers. The interviews were tape recorded and transcribed by me at a later date.

The project was approved by the Australian National University, Human Research Ethics Committee. The advertising, question guide, consent form and letters of introduction were approved by the committee and are attached as appendices.

The theoretical framework that informs the study falls within 'symbolic interactionism' or the qualitative method that is concerned with shared meanings attached to action. I have used an interpretive approach to the data through an empathetic understanding derived from experience that includes an upfront and reflexive account of myself including beliefs, assumptions, and life experience. My epistemological stance is informed by an Heraclitean understanding of knowledge where meaning takes form from the subjective to the objective through collective consciousness (Gray 2009, 17-18).

While I have used a non-probability sample, my sample selection involved a number of steps to ensure diversity of mothers' backgrounds. First, I sent out the study poster to selected playgroups and childcare centres in Canberra and Sydney. In order to increase the number of participations I displayed the poster in three shopping centres in Sydney.³ I selected suburbs from across the cities in an attempt to cover a diverse range

³ Blacktown, Bondi and Hurstville.

of residential areas. In order to prompt a diversity of experience I sent information about the project to a postnatal support group and the poster went to an Aboriginal health service in Canberra. I also advertised the research on a Canberra internet site for gay parents, an organisation representing sole parents, and indirectly approached women who had gone back to work full-time; though I was unsuccessful in attracting respondents from any of these groups.

Recruitment of study participants

The poster was titled ‘Mothering – Motherhood’ and asked how the women shared the new roles with their partners. The participants self-selected on this basis. The poster brought forth women who were generally articulate and wanted to talk about the experience of mothering. Of the total interviewees, nine⁴ were from Canberra: five outer southern suburbs, two inner north, and two were from outer northern suburbs. There were six⁵ interviewees from Sydney: five from western suburbs and one from a southern suburb. One⁶ interviewee was from a country area of New South Wales, living on a farm south of Canberra. She saw the project advertised on an internet site from Goulburn. I had no respondents from the eastern suburbs of Sydney and only one came from a northern suburb. I followed up with a group of five respondents from the northern suburbs, however, I did not draw from this data because of the difficulty in interpreting the tape recording due to noise and disruptions.

⁴ Jessica, Beverley, Celia, Barbara, Marina, Emily, Tamara, Joanna and Hilary.

⁵ Peta, Katelyn, Lesley, Julia, Anne and Renee.

⁶ Carol.

Sample composition

Name	Occupations	Age	Residence	Place of Birth	Parents Born (where known)
Anne	Manager Finance Industry	42	Western Sydney	New Zealand	New Zealand
Barbara	Tour Leader (Europe) Travel Agent/Nanny	33	Southern Canberra	Western Australia	Australia
Beverley	Small Business	39	Northern Canberra	Canada	Canada
Carol	Clerical/Administration (retraining - Teacher)	32	Regional N.S.W.	Canberra	
Celia	Primary School Teacher	35	Southern Canberra	Canberra	
Emily	PhD candidate Full-time student	Late 20s	Northern Canberra	Canberra	
Hilary	Archaeologist Secretarial	Early 30s	Northern Canberra	Canberra	Chile
Jessica	Public Service	27	Southern Canberra	New Guinea	Australia
Joanna	College Student	Early 20s	Southern Canberra	Country N.S.W.	Country N.S.W.
Julia	Manager Finance Ind. Administrative	Late 30s	Western Sydney	Sydney	Australia Holland
Katelyn	Clerical/Administrative	Late 30s	Southern Sydney	Australia	Chile
Lesley	Childcare Industry	33	Western Sydney	Country N.S.W.	
Marina	Arts Practice Administrative	34	Southern Canberra	Australia	Anglo-Indian
Peta	Primary School Teacher	29	Western Sydney	Australia	
Renee	Journalist Admin. Banking Ind.	28	Western Sydney	Peru	Peru
Tamara	Manager Retail Industry	Early 20s	Northern Canberra	Australia	Chile

There were sixteen participants who represented diverse cultural backgrounds and experiences. Of the nine interviewees from Canberra, one⁷ was indigenous, one⁸ had suffered with postnatal depression, one⁹ had a disabled first child, one¹⁰ being treated for depression, and one¹¹ had been meeting with a counsellor over an extended period.

⁷ Joanna.

⁸ Marina.

⁹ Tamara.

¹⁰ Hilary.

¹¹ Beverley

Interview goals

The Transition to Parenthood (TtoP) literature which informed my interview questions, in particular Cowan and Cowan (1998) who are commonly referenced authors in the field, identified four central issues that have been associated with early parenting: changes to identity, changes to life-course, changes to relationships, partner, friends and family, and negotiating increased housework. A fifth and central goal that informed my study was to understand interactions between the mother and her infant/baby in terms of the pre- and post-baby sense of self. Cowan and Cowan (1998) also set out the TtoP to begin during the pregnancy, and up into the second year after the birth of the firstborn. I carried out the interviews in the second part of 2006 and early 2007. Most of the women became first-time mothers in 2004–05. The firstborn was generally between the ages of eighteen months and two-and-a-half years old.¹²

Data coding

I transcribed the interviews and then tagged responses according to three themes. The first of these was determined in accordance with findings from existing research on the TtoP which included: a gap between the expectations and the experience when becoming a first time mother; issues related to identity; difficulties in adjusting to relationships including partner, friends and family; and the receptivity of the postnatal services. The second theme was developed in line with my formal theoretical approach in which I applied the Bourdieusian notion of a capitals framework to the data which included: economic, social and cultural capital. And the third theme was derived from the Castoriadian concepts of radical and social imaginaries and was concerned with the

¹² Joanna (Indigenous) and Marina (PND) both had an older child, the first born in 2002 and 2003. Respectively, however, I included them so as to enhance the diversity of the group.

relationship between identification and signification through beliefs. These were factors that took on heightened significance, motivating action, identifications and aspirations, while seeking to ascertain commonalities between the interviewees. I labelled the extracted data under a pseudonym given to each of the participants and separated the information into columns so as to compare and contrast the findings. I then identified themes and selected representative quotes to highlight in the text.

Reflexivity: acknowledging social self

A reflexive approach to analysis calls for the critical reflection of the researcher on assumptions, beliefs and life experience that necessarily become entangled with the data. This requires a determination to be mindful of these connections and where possible delineate between the self and the other. Reflexivity has long been a concern in feminist methodology so understandably there has been an active debate around Bourdieu's position on methodological reflexivity. The Bourdieusian approach to theory essentially begins from the embodied experience of subjectivity, 'the socialized body investing in its practice socially constructed organising principles that are acquired in the course of a situated and dated social experience' (Bourdieu 1997, 136–7). A reflexive methodology includes an upfront explanation of the position from which the researcher engages with the project.

My own position is influenced by my working class origins. Even though I left school at a young age I was imbued with a desire to explain the social, cultural and political frameworks that so heavily influenced the choices and experiences of my parents and my older sisters. I am a product of the modernist era with access to education and a belief in my right as a woman to equality of opportunity. When I became a mother, for

the first time in 1993, I was confronted with a network of complex social relations from which I needed to negotiate both a life for myself as well as provide for my child/ren so they could engage with the world in a meaningful way. I found I needed to negotiate a new set of social, economic and political networks in determining choices regarding my future which included employment options as well as the possibilities for the care of my child/ren. Furthermore, I needed to negotiate a form of equality of care with my partner within the home.

My mum was a deserted wife with two small children in the late 1940s, postwar Australia. At times she worked in three jobs to support herself and her daughters, my older sisters. There was no money coming in from her first husband and the procedures used to regulate the Deserted Wives Pension at the time were invasive and humiliating. It was during this time that my mother met my father, she became pregnant with me, and they married. My mother said of the time 'Joan, you wouldn't believe the shame I felt'. My father came from a Catholic family and in the 1950s there were strict rules that forbade a Catholic to marry a Protestant, and in particular a divorced woman. Motivated by her religion, my father's mother offered my mother money to buy me, so that the union would not proceed, but this was not an acceptable option. My mother had two more pregnancies, an abortion and a consequent battle with pneumonia over the first four years of my life. Under these circumstances, the transition to parenthood for my mother was difficult. The primary Australian research on Transition to Parenthood by Feeney, Hohaus, Noller and Alexander (2001) argues that there is a link between parents who have difficulty making the transition and their own childhood experience. I did not take the decision to have children lightly. It was the most difficult of my life choices. When I became a parent for the first time the experience unearthed a questioning that led me to pursue these topics.

In light of the Bourdieusian concept of habitus I suggest that an ambivalence about motherhood had been etched in my psyche, thus delaying the decision. I think seeing the effect of my mother's life experience, first hand, has fuelled a determination to engage with the issues and contribute to the debates. I am seeking to set out factors that construct the possibilities for action for first-time mothers in contemporary Australia.

When reflecting on my association with my child/ren I am aware of a compulsive element that informs my everyday decision-making. Nancy Chodorow (1999) talks about this in terms of shadow feelings, arguing that an uncovering of emotion can in turn illuminate understanding; a dynamic and unending process of explicating meaning. I understand that the social structuring of care configures my choices and course of action, but further to this, there is an emotional attachment that is captured in the phrase 'it matters too much'. By this, I mean I am aware of a compulsion to care that comes from an intermeshing of interests, mine and theirs, that does not foster the alterity of either myself or my children, and it is this compulsion that, I believe, is worthy of further examination. I believe that there is an overlapping between my life experience and movements for change.

Chapter outline

Chapter one highlights key findings from empirical research on the early years after the birth of an infant that has been carried out under the term the Transition to Parenthood (TtoP). This work has been predominantly carried out by family therapists, nurses and midwives, and psychologists. Poor health and well-being outcomes for women have been seen in terms of family functioning and improving outcomes for infants and

children rather than the social structuring of care. I argue that the dependency theory of Eva Kittay (1999, 2002) and Martha Fineman (2001, 2004) provides a way of understanding how gendered outcomes of care within the family deprive the primary caregiver of access to rights associated with citizenship and thus contributes to these poor health outcomes. I then highlight a concern within the feminist sociology of the family to flesh out inter-relationships between public and private realms that have upheld the notion of an independent and autonomous subject by privatizing and gendering care. I contest individualized notions of values or morals that have been associated with care while looking to identifications and practices to explain inheritance.

Chapter two identifies and critically reviews current sociological studies that demonstrate intersections between identity and structure. The narrative theoretical approach of researchers such as Anthony Giddens cannot account for structural constraint and studies that emphasise the workings of power through knowledge accentuate class rather than gender outcomes. While there is evidence of a cross-over between class and gender in these findings, there is a reliance on the male gatekeeper within marriage if women are to overcome gendered constraint. This chapter also sets out the theoretical framework that has been drawn upon for this study that spans macrosocial and microsocial factors that make up the everyday experience of women-as-mothers.

Chapter three is based on a case study of ante- and postnatal services that highlight poor health outcomes for women resulting from a war between the 'organics' and the 'mechanics' of birth. The emphasis of research has been on birth practices which have meant that issues related to the postnatal phase have often been commodified or neglected. A study of midwifery texts reveals an emphasis on maternal role attainment,

transition or adjustment to parenthood in this postnatal phase that is complicit with the social structuring of care. This practice sustains a belief, held by many of the interviewees, that mothers need to become selfless. I introduce understandings derived from the psychoanalytic discourse of inter-subjective dynamics between the mother and infant that provide for a way of locating the maternal self while focusing on practices between the self and other.

Throughout the twentieth century women have contributed to the social and cultural capital of families through the gendered structuring of care, the ideal of the male breadwinner and the female carer. Drawing from the interview data in chapter four, I demonstrate how the work of care holds families together and provides for dispositions, skills and the interests of the infant/child. There is, nevertheless, evidence of a ‘motherhood penalty’ whereby the economic status of the woman-as-mother is often compromised. This framework provides for a way of quantifying the outcomes of care while not falling back on the motherhood discourse.

Chapter five argues that access to paid parental leave, family-friendly workplace provisions and flexible workplace arrangements that can accommodate some continuity between a pre- and post-baby sense of self are contributing to divides amongst women. Drawing from the interview data, I locate identifications with both the mother’s mother and the interests of the infant/child as a means of grounding the self in the maternal role. Disjunctures that include unfulfilled expectations about family functioning after the birth of an infant, however, feed ambivalences held by women about being a mother that I argue are indicative an attitudinal shift related to family functioning.

In chapter six I argue that moves to ease tensions between care and equity evident in the lives of women-as-mothers are manifest at three intersecting levels. The first of these is at the macrosocial level through a rethinking of welfare economics with calls for a public ethics of care. Factors derived from face-to-face encounters that prompt action of social agents are at work at the second, microsocial level. Here, in the contemporary context, the mother–infant encounter evokes an ambivalent response in terms of the self. These dynamics call for reflexivity in order to promote the alterity/autonomy of both mother and child. And thirdly, at the mesosocial level, an increasing expectation of a gender equal or egalitarian family form is perpetuated by changes in both the workplace and education. Social and cultural practices and beliefs, which include meanings associated with family functioning and what it means to be a mother, are in flux. Movement is evident through writings on maternal experience and amongst third wave feminist mothers who engage with the work of care while critically reflecting on intersecting social and cultural trends that frame their choices. A resignification from the maternal role to a mother–infant relationship brings attention to the structural dimension to care that has been formerly naturalized and veiled.

A society can be rightly judged by the extent to which it facilitates the care of dependents. This work is increasingly being recognised of high social value. Moves to detach gender from care are centrally related to democratizing trends that are based on the recognition that all persons need, give and receive care. And autonomy is a joint project that is importantly connected to our developing understanding of intersubjective dynamics.

CHAPTER ONE

The experience of women within families

The shift from 'natural differences' to 'social inequalities' explicitly recognises human agency in the construction of female and male lives, but another shift is required for inequality to become injustice. This happens when the differences come to be seen as unfair, when we perceive female disadvantage, and are moved to correct the situation. (Broom 1984, xxiii)

The position of women in Australia has changed dramatically since the lifting of the marriage bar in 1966 (Sawer 1996). Increasing numbers of women are moving through all levels of education and taking up non-traditional roles in the workplace. These changes have been accompanied by a diversification of family forms, a blossoming of child and aged care facilities and a declining fertility rate that threatens economic growth. Long time researchers on the family Philip Cowan and Carolyn Pate Cowan (1998, 175) reviewed twenty longitudinal studies on family breakdown and found an elevated risk of marriage failure when couples became parents. Twenty-five per cent of women are choosing not to have a child and there is evidence that couples/women would like to have more children than they do currently (Qu, 2004). The average age of the birth mother has increased from twenty-two in the 1970s to the early thirties in 2004. These changes represent the most significant social trends over the same period, and yet conceptions of the family as a social unit and mothering as a set of prescribed activities have proven to be enduring. They are embedded within our consciousness and throughout the social system.

In this late modern period, the birth of a child is a life-changing experience for many women. The contours of their lives take on new meaning, as they develop a new and

often profound connection with their infant. This bond includes a multiplicity of factors – including social, cultural, inter-personal and the intrapsychic – that are held together through meanings associated with care. Many relationships change, including those with husband/partner, friends and family, and the requirements of care often require women to review their life course. Most women who become mothers in contemporary Australia are married or are cohabiting with the father of the child, and the baby brings the couple together in a new way, making them into a family unit with a dependent child.

Families exist within a social system that privatizes care for dependents, infants in this case, within the family, through a divide in law and policy between the public, state and market, and private family arenas. The work of care¹³ has been represented as private, associated with roles and responsibilities, and thus related to identity; with an associated moral or value perspective on the good or bad mother, and the good or bad provider. This privatization has been upheld by an understanding of the autonomous individual who is not responsible for care. This notion of autonomy has informed rights discourse and is thus an anathema to the position of the primary care-giver, who is generally a woman. A divide in law and policy effectively blocks the primary care-giver from access to full citizenship rights (Thornton 1995, 144–173; Thornton 2006, 158; Fineman 2004, 37; Kittay 1999, 41) and has held back trends towards gender equity. It is important to recognize that the discourse relevant to the experience of women-as-mothers is often individualized in theory through notions of equity, and gendered through associations with care. Dependency theory provides for critique, while an emergent body of literature on care is seeking out new ways to conceptualize non-gendered structuring of dependency.

¹³ The notion of care as an analytical category is evident in debates involving feminist theory, moral philosophy, and the economics of care that are canvassed in chapter six. Here I am referring to ‘care’ as social practice, as set out by Beasley and Bacci (2005) rather than as an abstract moral disposition.

In this chapter I locate gendered norms that are associated with the family as a social unit within the socio-economic framework. I review key concepts that underpin dependency theory, work that arose from a critique of Rawls' theory on justice. His formulation was derived from a liberal conception of the independent-autonomous individual who does not require care and therefore does not adequately capture the social location of those responsible for care-giving. The social location of the primary care-giver constitutes a schism between access to equity and the structuring of dependency. This concern is evident in feminist literature on the family (McDowell et al. 2005) but has also been accentuated in the literature on the Transition to Parenthood (Cowan and Cowan 1998; Singley and Hynes 2005; Perren et al. 2005). This problem was referred to as a 'severe lack of applied research' by Glade and Bean (2005, 319) and as a 'dearth of systematic study' by McDermott and Graham (2005, 76). The issue is particularly relevant in the Australian context where the research is minimal¹⁴ and services for women as new mothers are variable, depending on the state jurisdiction. Though the research on the TtoP has been brought together by psychologists and family therapists and is primarily concerned with child welfare and family functioning, it gives a valuable insight into the experience of women when they become first-time mothers.

TtoP research, generally focusing on the early years after the birth of the first child, from the United States, Britain, Sweden, Switzerland, Finland and Australia,¹⁵ shows that many couples have not achieved gender-equal outcomes even though they had set out to do so. This ramification is evident in a gap between the expectations and the experience of women as new mothers, a claim substantiated through studies that bring to light gendered economic outcomes, maternal stress, depression and declining marital

¹⁴ With some notable exceptions: Research from the Centre for the Study of Mothers and Babies, at the La Trobe University, and Feeney et al. (2001).

¹⁵ Cited in chapter two.

satisfaction. The tensions are often experienced in relation to identity or the new mother's sense of self, yet recommendations coming out of the research were concerned with child health and family functioning. The literature on the TtoP testifies to a disparity between the expectations and experience of women-as-mothers. The individuals who constitute these new families are imbued with post-traditional practices, though there are clearly tensions between traditional conceptions of the family embedded in social institutions and emergent forms and practices. The state supports families through welfare or family policy, and/or care has been commodified through the market or family friendly workplace conditions, but the requirements of care frequently fall back onto gendered roles and routines within families (O'Connor, Orloff and Shaver 1999).

This chapter argues that the structuring of dependency, infants in this case, within the family relies on a historic association between gender and care that is reinforced by institutionalized practices by both the state and the market. This structuring is effectively curbing trends towards gender equity with everyday attempts by women/couples to achieve a gender-equal or egalitarian family form being thwarted. While feminist work on the family emphasizes significant interrelationships between families, states and markets, there is little empirical research to assess trends towards new family forms and/or outcomes for women. There are problems with the research on the TtoP, in particular a central concern with strengthening families and child health, along with a reliance on questionable notions of 'traditional', yet it provides insight into health outcomes for women that are associated with unfulfilled expectations. These issues are magnified by a rights discourse that is based on a conception of the independent and autonomous individual who is not responsible for care and thus constructs a chasm between equity and the requirements of care. This disjuncture fuels

disenchantment by women through an experience of ‘cognitive dissonance’ that is being played out through meanings. However, there is a continuing emphasis on individualized and therefore problematic notions of values, morals or ethics within this field that covers over rather than elucidates avenues for change.

This chapter is divided into three sections. The first sets out dependency theory and how the requirements of care deprive the primary care-giver of access to equity through a ‘derivative dependency’ with associated ‘exit options’ that disadvantage the primary care-giver. This structuring constitutes discordance between claims to rights and dependency/care associated with the maternal body. The second draws from and critiques current research in the field of the TtoP, highlighting a mismatch between the expectations and the experience of women after the birth of an infant. I argue that the poor health and well-being outcomes for women are centrally related to this discordance between access to rights and the requirements of care. The third section foregrounds the emphasis on interconnections between the family, the state and the market within feminist sociology. The potency of these claims is, however, diluted by a continuing emphasis on values or ethics based arguments.

Barriers to equity for mothers as primary care-givers

The bonds of a human society tie not only those who can voluntarily obligate themselves and who are equally situated to benefit from mutual cooperation.

Dependents are not in such a position, nor are those who must care for dependents. And as long as the responsibilities for human dependency fall disproportionately on women, an equality so construed will disproportionately fail women in their aspirations. (Kittay 1999, 27)

A long held debate within feminism has been between proponents of a gender equity position and those who uphold the centrality of gender difference. The contours of the debate have been refined in the work of Eva Feder Kittay (1999, 2002). Her thesis brings together concerns regarding equity and diversity with issues regarding dependency or care. Dependency theory provides analytical categories that are useful for locating the social position of the primary care-giver, particularly in the early years after the birth. Dependency is a feature of the human condition and thus there are 'inevitable dependencies' that are associated with infancy and childhood, illness, disability and with frail old age. The patriarchal marriage, which is carried over through institutional practice, relies on gendered roles whereby women, as dependency workers are held apart from claims to equity.

This social structuring of care is mediated by race/ethnicity and sexuality through intersections with cultural practice. This is exemplified by 'other mothering' within social groups that can ameliorate the effect. Importantly, class privilege can mitigate the effect of structure through privatized services. Most often there is a 'dependency worker' and in the case of infants 'the charge', the primary care-giver, or dependency worker, is generally a woman. This dependency relationship is marked by care, concern and connection, tending to others in their state of vulnerability. The dependency worker is structured according to a form of 'derivative dependency' within the family where relations between the provider and the care-worker are inherently unequal. The autonomy of the dependency worker is not the same as the provider and this is exemplified by an inequality of 'exit options'; the bargaining position of the dependency worker is worse than the provider. These conditions have important economic consequence but also have the potential for psychological, political and social dependencies.

Equality within the gendered family form is complementary rather than parallel, equal but different. However, the relations between the ‘familial dependency worker’ and the breadwinner are inherently unequal; there is a power imbalance. This inequality arises from both objective and subjective factors that make the ‘exit options’ for the dependency worker less viable than for the breadwinner. Kittay eloquently expresses the position in these words:

Her own needs, desires, and aspirations (in so far as these stand apart from the needs desires and aspirations of those for whom she cares) are set aside, deferred, or obliterated as are the exercise of those capacities needed to enter the free competition for the benefits of social cooperation ... the public arena – the purported site of equality of opportunity – is ill-suited to meet the special conditions which would make it possible for the dependency worker to enter as an equal. (Kittay 1999, 46)

This argument holds true for women as primary care-givers outside of this family form, in that the welfare state supplements this work through family policy that upholds the privatization of care within varied family forms, sole parent families for instance.

This project by Kittay, together with work by Ruth Lister (1997, 2003) on citizenship, Susan Moller Okin (1989) on justice, and Martha Fineman (2001) on social contract, contextualizes issues often experienced by women-as-mothers. Their work provides a platform to identify and articulate factors that contribute to the contradictory nature of the dynamics. An experience, characterized by Bittman and Pixley (1997) as cognitive dissonance, was evident in my research through the participants’ ambivalences. Critical work from within feminism continues to contest the public–private divide, with the

current emphasis being on interconnections between macrosocial and microsocial factors (Irwin 2005; Smart and Neale 1999; Jamieson 1999). This claim is exemplified in this chapter by evidence of a reinforcement of gendered roles within families by workplace practices. Evidence of this disavowance is replicated through studies of women-as-mothers where these tensions are individualized, as demonstrated in chapter two.

The family as a social institution has proven difficult to access and analyse. For decades feminists have drawn attention to the interconnections between the so-called public and private realms, often encountering difficulties in conceptualizing the links. When a woman becomes a first-time mother she is confronted with the most entrenched aspect of our patriarchal history, the relegation of dependency to the privatized family unit. This takes her to the heart of the feminist debate between equity and difference that arose from feminist critiques of philosophy such as the landmark work by Genevieve Lloyd's (1984) *The man of reason*. This work exposed phallogocentric notions, based on a masculine norm, that inform our philosophic heritage. As moves towards achieving a form of gender equity within the workplace and education progressed, a body of critical work arose, particularly within philosophy notably: Elizabeth Grosz, Moyra Gatens, Lucy Irigaray, Teresa Brennan, Rosi Braidotti, Julia Kristeva, Drucilla Cornell and Judith Butler. Much of this work has been concerned to explain sexual difference and has often set the maternal subject at the centre of concern. Is gender equity possible? Is gender equity desirable within families? In order to interrogate these questions it is useful to locate the family as a unit within our social and political history.

The family as a social unit within the wider institutionalized framework has become entrenched in the twentieth century through images and representations. The political dimension of workings within families is identifiable through procedures, techniques and relations between institutions of the state such as health, education and the welfare infrastructure as well as workplace policies that reinforce social norms through everyday practice (Donzelot 1977; Jamieson 1999; Irwin 2005). Both liberal and libertarian conceptions of an unwritten social contract incorporate a division between the private and the public realms. This is a notion that links the autonomous individual, the state and the market with the public, and the family, including dependency, with the private (Fineman 2001; Thornton 1995). This is a claim that was also defended by Patrizia Longo (2001), who highlights links between current social and sexual relations embedded in institutional practice with consequent and proscribed identities. The result has been that our social institutions have been built on a false premise, both at a conceptual and a practical level. These artificial public–private divides have effectively partitioned consideration of equity, justice and citizenship to the so-called public realms.

Our inherited understandings are inadequate because they leave out the relations of reproduction from political consideration (Pateman 1988). The traditional, gendered nature of the family cast women as the nurturers, mothers of the nation. The family is seen as a ‘quintessentially private institution, yet it has a decidedly public role in our ideology’ and thus accommodates dependency (Fineman 2001, 1428). Traditional gendered scripts, underwritten by ideologies that sentimentalize and naturalize relations within families, coupled with policies and practices of the state and the market perpetuate obligations and expectations that feed into norms. The public–private divide

has been shown to be an ideological device that has acted as a smokescreen (O'Connor, Orloff and Shaver 1999, 14). Joan Landes set out the contours of the divide:

The term 'public' suggests the opposite of 'private': that which pertains to the people as a whole, the community, the common good, things open to sight, and those things that are accessible and shared by all. Conversely, 'the private' signifies something closed and exclusive, as in the admonition 'private property – no trespassing'. (Landes 1998, 1–2)

The social structure can be broadly divided into the categories of the state, the market and the family (O'Connor, Orloff and Shaver 1999; Fineman 2004). The current western state informed by liberal ideology, evident in Australian political philosophy, is reliant on the family as a social unit for the everyday needs of the citizenry. The collective good is dependent on the workings of an increasingly privatized social unit. While moving away from the ideal of the breadwinner model that relies on gendered roles, the trend is towards an 'adult worker model' of wage-fixing that either relies on family networks or a commodification of care (Lewis and Giullari 2005; O'Connor, Orloff and Shaver 1999; Craig 2007). The issues are framed in terms of choice, the search for a work–life balance. The consequence in Australia has been a 'one-and-a-half earner' model whereby there is a high proportion of part-time employment for women with children. Women are most often disproportionately attending to dual roles in both the workplace and the home.

Research demonstrating overlapping economic, class and gender factors presented in chapter two shows how the dynamics are played out through identity. These norms of behaviour are implied by an unwritten social contract embedded through marriage and gendered conventions. Notions of choice or responsibility as justification for conditions

fail to account for these unanticipated consequences. The expectations are individualized, as earlier stated, through our inherited notions of autonomy and rights, and yet the structuring of care is lodged within these wider social and economic networks. A woman's choice to have a child does not imply adherence to a maternal role; these factors need to be separated and examined. Furthermore, what of the women who have not chosen to become a mother but nevertheless become pregnant and continue with the pregnancy regardless of circumstance? These are questions relevant to the experience of first-time mothers that have an impact on their sense of self, or their identity.

Throughout the 1990s important lines of debate drawn between post-structuralist and modernist analysis led to insights and theoretical developments. But, according to Kathy Weeks (1998, 158), there is a continuing need to 'rethink the categories of the economic and the cultural in ways that can better account for the complexity of their intersections and thus call them into question as clearly distinct realms'. Numerous research studies highlight a critical link between gendered practices of child care and domestic duties that disadvantage women economically, socially and politically, thus distancing them as a group from contributing to and enjoying the advantages of citizenship (Lister 1997; Dietz 1998). Women generally are time poor and thus constrained socially, through employment options, and politically, through an inability to participate in social movements (Craig 2007; Pascall and Lewis 2004). The primary care-giver is generally responsible for fulfilling caring and servicing requirements within families, for example, childcare, shopping, cooking and cleaning. There are clear divides that either enable or disadvantage groups of women according to class or ethnicity; women with access to finance, education or employment can buy exemptions.

The studies that fall under the category of TtoP represent research from fields such as child health and welfare, family relations and nursing practice. All but one¹⁶ of the projects are concerned with the health of the woman-as-mother in relation to outcomes either for the child or for the family as a social unit. This relational context of the issues that arise in the early stages of parenting has become the focus of research. This bias thus highlights the gendered dependencies that are an outcome of the social structuring of care that is depicted by both Fineman and Kittay.

The Transition to Parenthood (TtoP)

The relationship between reproduction and production is starkly highlighted by the economic consequences of the declining fertility rate (Barnes 2001; Beck and Beck-Gernsheim 2002, 76). There are tensions between the drive to bring more women into the workforce, and the need to promote growth in rates of fertility. The research on the TtoP shows that attempts by many couples to achieve a form of gender equal or egalitarian families after the birth of an infant are being stifled by a 'logic of gendered choice' (Singley and Hynes 2005, 395). Tensions between gender equity and the requirement to care are most often played out through the maternal sense of self.

There was a decline in the postnatal health and well-being for approximately one-third of the women¹⁷ interviewed for the thesis, a figure consistent with findings from research on the TtoP (McHale et al. 2004). Accordingly the first years of parenthood were found to be associated with maternal stress, depression, marital dissatisfaction and issues related to identity. Links between stress, depression and

¹⁶ Golberg and Perry-Jenkins (2004)

¹⁷ Jessica, Beverley, Marina, Lesley and Hilary

unfulfilled expectations regarding roles and responsibilities were recognized by Glade, Bean and Vira (2005) in their review of fifty-nine studies on Family Therapy and the TtoP. Nystrom and Ohrling's (2004, 328) analysis of thirty-three studies by nurses argued that there was an association between maternal self-efficacy, depression and social/marital supports, while Cowan and Cowan (1998) found links between a failed expectation of gender equity¹⁸ and depression. Golberg and Perry-Jenkins (2004, 233) linked this outcome to an incongruence between the expectations and the experience, and an ambivalence between a right to express discontent and the status quo. The researchers often went on to reflect on a need to review expectations and/or strengthen the couple relationship by way of overcoming these shortfalls, individual rather than structural change.

While there has been little research on the TtoP in Australia a significant 10 to 15 per cent of women¹⁹ have been documented as suffering with ante- and/or postnatal depression²⁰ (Williamson and McCutcheon 2004; beyondblue 2008²¹). The Australian Perinatal Mental Health National Action Plan (2008) and Buultjens and Liamputtong (2007) identified the social context²² of birth as an important contributing factor, however research has most often continued to focus on the pathological rather than the contributing social factors (Nicholson 1998; Ussher 2006). Buultjens and Liamputtong (2007) extended this emphasis to the cultural and political context of birth, including unrealistic expectations and stigmatization, as important contributing factors to depression after childbirth. These issues are indicative of a serious health problem and yet this continued pathology individualizes the effect and contributes to a conspiracy of

¹⁸ There was some evidence (McHale et al. 2004) of 'maternal gate-keeping' whereby there were higher levels of depression if the husband/father took on too much of the care/domestic work.

¹⁹ This figure is drawn from a review of the current literature by Williamson and McCutcheon (2004) though based on a study carried out in 1983. The authors noted that the percentage may be greater.

²⁰ An extensive definition for PND is set out by Williamson and McCutcheon (2004).

²¹ Note: the rate of perinatal emotional distress and mental illness is believed to be high and the burden of care significant for Aboriginal and Torres Strait Islander women (PMHC 2008, 13).

²² The father/partner, family, friendships, community and environment (PMHC 2008, 7).

silence around the effects of motherhood on maternal health (le Blanc 1999). Drawing from interviews with focus groups and individuals, Le Blanc detailed evidence of maternal fatigue, stress, depression, isolation, frustration, anger and guilt. Ante- and postnatal depression may well be an expression of rage that women turn on themselves in response to a continuing and gendered structuring of care that effectively seals off change for many (Ussher 2006).

The social context of birth and early parenting, the social structuring of dependency, clearly has a significant effect over the experience of first-time parents, an emphasis recognized in a Swiss study by Perron, Von Wyl, Burgin, Simoni and Klitzing (2005). Because the family is an embedded unit within the larger social system, social factors such as a small apartment and/or low income have a serious effect on parental feelings and behaviour. Couples need to negotiate financial and caring requirements within a gendered structural framework. A major European study on work–family boundaries concluded that ‘gender shapes parenthood and makes motherhood different from fatherhood both in everyday family life and in the workplace’ (Nilsen and Brannen 2005, 9), a finding that is echoed in the assertion by McHale et al. (2004, 725) that ‘mothers, but not fathers, see themselves as ultimately responsible for child care’. The ‘transition to parenthood’ was identified by Nilsen and Brannen as critical in attempts to achieve gender equal outcomes. A claim substantiated by Australian research by Baxter, Hewitt and Haynes (2008) in relation to the development of a gender wage gap, which has been labelled ‘the motherhood wage penalty’; a topic I speak to in chapter four. The TtoP was also identified by Dixon and Wetherell (2004, 184) as a key point in the ‘transformation in the material circumstances of domestic life’ and a site for exploration.

The TtoP is a social psychology term to describe the adjustments that both men and women negotiate when they become first-time parents. These adjustments are said to begin during the nine months before the birth and carry on into the first two years afterwards (Cowan and Cowan 1998, 175).²³ The indicators generally fall under the categories of: changes to identity; changes to life course; changes to relationships; including partner, friends and family (Cowan and Cowan 1998, 175); and negotiating more housework. A further and central element in this transition is in the developing relationship between the mother²⁴ and her infant/child, the interpersonal dimension of care.²⁵

An impetus for the study of issues related to TtoP has been gender equity within the household but in addition Cowan and Cowan (1998) stated that they were concerned to strengthen the couple relationship and support children. Herein is a key tension between the requirements of care and gender equity. The TtoP most often occurs within families, and the couple relationship is central to family dynamics. Couples negotiate issues related to equity and care within a social and economic system that has been built on an assumption of the male breadwinner model. These tensions and dynamics are often dramatically played out through dispositions that are socially and culturally constructed.

²³ The dynamics related to adjustments after this period change.

²⁴ These dynamics can be complex and fraught, depending on a multitude of factors including life experience and maternal health, the birth experience (including non-birthing mothers), social support and cultural expectations. Furthermore, the relationship between the father and the infant/child is similarly developing but in the context of the bodily nature of pregnancy, birth and breastfeeding along with the historical association between women and children through the maternal role, there are clear gender differences that impact on these early years after the birth.

²⁵ The experience of pregnancy and birth carries with it emotional and psychological effects which continue through intersubjective dynamics. These dynamics are associated with complex interactions between mother and infant/child that are related to beliefs, identifications and representations, themes that are developed in chapters three, five and six.

The birth of a child is 'a critical life stage' that is often experienced as overwhelming (Perren, Von Wyl et al. 2005; Goldberg and Perry-Jenkins 2004; Glade, Bean and Vira 2005; Nystrom and Ohrling 2004). This period has been said to be followed by a trend towards 'traditional' gender roles whereas there is evidence to suggest that the use of traditional as an analytic category is in question. The basis for this characterization has been that men often work longer hours and the vast majority of women take on a greater load of the household and childcare duties, even if they too are working full time (Singley and Hynes 2005; McHale et al. 2004; Cowan and Cowan 1998; Maher and Singleton 2004; Goldberg and Perry-Jenkins 2004; and Glade, Bean, and Vira 2005). This assertion is descriptive rather than analytical. There is a vast array of literature to show that women are doing more housework than men, even if they have children and are working full time, but this is generally followed by evidence of raised levels of stress and/or depression; an unfulfilled expectation that they would have shared both the care and the housework.

A distinction between childcare and housework is useful in this case. The quantity of housework expands during this period, with many of the tasks related to the care of the infant/child. The negotiation of this work coupled with the prime responsibility for care contributes to maternal stress. The women interviewed for the thesis were not taking time out from the workforce to attend to the housework and conform to traditional roles, but because they are concerned with the health and well-being of their infants. There has often been a reliance on 'traditional' to hold together an array of characteristics that have been associated with gendered roles, whereas in this period of change it is critical to break down and examine the constitute parts. Dempsey (1997) argues that there is a common acceptance by women of this gender difference, but as Dixon and Wetherell (2004) point out, there is a need to locate

analysis within the framework of subjectivity, power and social interaction. A reliance on the notion of the traditional within the TtoP research has masked alterations to practice and changing expectations. Furthermore, Dempsey's (2002) finding that men need to surrender power and privilege within families is upheld in the thesis by a recognition of the role of the male gatekeeper (see chapter two).

Of the eighteen married couples interviewed by Singley and Hynes (2005) there were found to be two main groupings. The first committed to a parenting role ideology, be it traditional or egalitarian, and the second set were couples who made decisions based on workplace options, be they work–family policies or other structural factors. The basis on which the authors grouped participants into the traditional category, however, is problematic. They said it was couples who ‘tended to express strong beliefs about having one parent at home when their child was very young’ (Singley and Hynes 2005, 386). Traditional gender roles were associated with assigned domestic and childcare tasks, and foregoing workplace attachments. However, the fact that these couples chose to have one parent at home in the early years of infancy does not necessarily mean that they are committed to gendered roles. When asked about the rationalization for the woman being the primary care-giver, the respondents referred to ‘normal’ practice, or their own gendered expectations, preferences or traits, rather than pragmatic factors such as higher wages. The authors argued that this was the basis on which clear gender boundaries were set between the meanings associated with mother and father. One of the statements used to substantiate this claim was that the ‘baby’s first year should be with mom’ (Singley and Hynes 2005, 387). This assertion, however, demonstrates an important link between mother and baby but not necessarily a commitment to gendered roles. In this study there was also evidence of breadwinner fathers arranging for flexible hours so they could spend more time with family and provide for the care of

their children. The negotiated nature of the decision-making associated with the care of dependents is highlighted, but there is also evidence of a relationship between the sense of self and care-giving in these comments made by participants describing themselves or their partners:

I'm the major caregiver and he's the breadwinner ... more career oriented ... a little more driven ... More of a worker ... I just had more of the 'parent instinct' than he did ... (Singley and Hynes 2005, 387)

The authors brought attention to interactional processes 'such as couples' joint approach to parenting and their developing constructions of themselves as mothers and fathers' (Singley and Hynes 2005, 392). There was evidence of a threefold process in action that included cultural, interactional and institutional factors, but there was also indications of people fitting themselves into moulds that related to selves, whether mother, father, or worker; in some ways distinctive, but in other ways overlapping.

These overlaps are indicative of change. Couples are negotiating tasks that are generally associated with traditional gender roles, for example childcare, housework, shopping and/or workplace attachments, and thus breaking down the categories. Goldberg and Perry-Jenkins (2004) made an important distinction between childcare and housework in their study of working class women²⁶ and the division of labour across the TtoP. They were looking for differences in the implications for women's well-being in response to their husbands' involvement with childcare or housework. They found that the division of domestic labour is one of the most important factors affecting women's mental health in dual-earning couples, particularly those with

²⁶ Working class was defined by restricted educational level.

infants, and that women typically perform two to three times more daily repetitive and necessary household tasks than men. The effect on well-being was accentuated when there were issues related to the division of childcare more than the division of housework.

Golberg and Perry-Jenkins interviewed ninety-seven dual-earning heterosexual working class couples about the division of labour, the perceived fairness or satisfaction, and links with women's well-being. The authors used the categories of traditional and egalitarian to separate the dispositions of participants. They argued that they found evidence of class differences between working class and middle class women²⁷ and their adherence to gendered expectations regarding the division of domestic labour and the division of childcare. Comparing their findings with earlier studies, they argued that career based women, who tended to be middle class, expected equal sharing of domestic work and childcare, and they experienced higher levels of stress if this was not achieved, whereas they argued that working class women experienced higher levels of stress if the gendered roles broke down and their husbands took on too much of the domestic work. However, it is noteworthy that only one-third of the ninety-two working class women interviewed for the study identified with traditional gender roles,²⁸ whereas two-thirds held to egalitarian gender roles (Golberg and Perry-Jenkins 2004, 232). Furthermore, as shown above, there was also evidence of raised levels of stress linked to unfulfilled expectations of egalitarianism among these working class women.

While this chain of stresses was also identified by Cowan and Cowan (1998), they stated that their target group was drawn from:

²⁷ Identified by contrast to earlier referenced studies with middle class women (Golberg and Perry-Jenkins 2004, 233).

²⁸ Defined by a belief that the male is the main breadwinner.

... a social movement and social policies to promote 'family values' that emphasize nuclear families with two married monogamous parents who want to have children and are willing to devote themselves to caring for them.

These are the families we have been studying. (Cowan and Cowan 1998, 173)

The authors clearly indicate here that their prime concern is with family functioning and the care of children rather than trying to explain these poor health outcomes for women. In this context of change, the notion that some groups of women can be simply described as 'traditional' is of little use. This is because there is an overwhelming emphasis by women on negotiation and an emerging accent on the child rather than on adherence to gendered roles.

The vast majority of couples are seeking to establish a form of gender equity within their families after the birth. This significant trend is evident in the results of two waves of the National Survey of Families and Households in the USA cited by Kaufman (2000, 135) whereby 76 per cent of women held an egalitarian attitude to family formation²⁹. This trend towards egalitarianism is, however, implied in most of the referenced studies by the largest proportion of participants ascribing to equal or egalitarian arrangements within their families. The study by McHale et al. (2004) is an intervention in a field of 'co-parenting studies', and while they were concerned with the effect of the infant on family dynamics, they note a link between a failed expectation of gender equity for women and marital dissatisfaction (also noted by Glade, Bean and Vira 2005, 715). Cowdery and Knudson-Martin (2005, 343) found evidence of inequitable gender outcomes with couples who had children under five

²⁹ Gender roles, housework and employment are explored from U.S. figures by Sanchez and Thomson (1997).

years of age ‘despite ideals to the contrary’ which they said were perpetuated through an ‘idealization of motherhood’ that became a ‘self-perpetuating cycle’.

Stratification processes begin in the early years of parenting and economic issues have a determining effect on parenting styles. Nystrom and Ohrling (2004), for example, showed that a common reliance on men to be the economic providers for families had the effect of distancing them from the children and their families and that this, more than gender, was a major source of perceived differing styles between mothers and fathers. This finding is substantiated by the work of Singley and Hynes (2005) who demonstrated that differences are entrenched through employment practices that begin in the TtoP. This second study focused on the strategies that couples employed to take advantage of work–family policies. Their findings are indicative of complex transactions and thus challenge simplified, values or choice based arguments. The majority of women were in the workforce before the birth of their first child, and afterwards their negotiated arrangements often resulted in foregoing workplace attachments, whereas men’s workplace arrangements were steady, or increased after the birth. This finding is replicated in my study, as set out in chapter four.

The emphasis here is on the contradictory nature of a society that purports to promote equity while at the same time upholding familial relations that are gendered and inevitably disadvantage dependency workers, who are primarily women. Kittay’s (1999, 44) theory of dependency ascribes a relation of ‘cooperative conflict’ within families that is balanced in favour of the provider, the person with access to economic capital. This is the case because the distribution of resources is dependent on the provider’s sense of fairness. While the family, as a social unit, is contained within an artificially divided private realm, and while dependency and care is privatized and gendered, gender equity will prove to be illusive. Women, or ‘dependency workers’, as

a group, are deprived of both justice and rights associated with citizenship as a consequence of their social positioning. Kittay and Okin emphasize that the 'exit options' of the dependency worker are less viable than those of the provider. There is a power imbalance, an inequality of situation that most often disadvantages women. Familial relations are negotiated within a social framework that economically advantages the independent, autonomous individual and yet, an emergent emphasis on negotiation within families is indicative of ruptures and tensions with the potential for a consequent economic or social impact. There is an altering expectation by both men and women that workplaces will accommodate the requirement to care.

The result of decisions about childcare include significant compromises for the primary care-giver regarding access to equity as currently structured in western nations. The development of a strong social structure to support caring responsibilities in Scandinavian countries demonstrates the effect through lower rates of female poverty and disadvantage whilst at the same time highlighting the need for far-reaching change; a reconceptualization and reworking of interactions between families, states and markets (Nystrom and Ohrling 2004; Orloff 2006; see also: Korpi 2000 for international comparison on gender and class outcomes).

These studies testify that the birth of the first child often unleashes tensions within individuals, within couples, and within society, along with the potentialities inherent with a new life. The move from the male breadwinner to the more recent adult worker model of employment has been a significant contributing factor in changing relations between the workplace and the family. This development has brought forth persistent calls for institutional change so as to accommodate a disjuncture between policy and practice, in particular for recognition of the caring work that takes place

within families (Jagger and Wright 1999; McDowell 2005; Folbe 2006; Irwin 1999; Silva and Smart 1999; Grace 2004). This has been accompanied by a recognition of the gendered economic outcomes of birth, the health consequences, and effects on the sense of self, and yet the emphasis on child health and family functioning remains. This continuing failure to respond to the outcomes of care for the primary care-giver is emblematic of what Barbara Pocock (2003) has depicted as the 'work-life collision', or Arlie Hochschild (1989) 'the second shift' whereby the vast majority of men do not become primary care-givers and women most often struggle to combine employment with care. In the next section I bring attention to feminist sociology of the family that highlights the interrelationship between the family as a repository for dependency, the state and the market, so as to contextualize these issues that are often experienced as individual and related to identity.

Sociology, Feminism and the Family

In the 1990s there was a shift in focus among feminist theorists away from social institutions such as the family towards subjectivity, the body and sexuality. However, a renewal is evidenced by the publication of key texts including *Family Fragments?*, Smart and Neale (1999); *Changing Family Values*, Jagger and Wright (1999); *The New Family?*, Silva and Smart (1999); and *Reshaping Social life*, Sarah Irwin (2005). Much of this work continues to focus on interconnections between families and the social and economic context including key studies by McDowell et al. (2005), Ribbens, McCarthy and Edwards (2002) and Jamieson (1999). The challenge by Fineman and Kittay to conceptions of the autonomous individual who does not require care, along with the thesis on the social structuring of dependency, complements feminist critiques but does not act as a model to access these

intersecting factors. There has been some recognition of the complexity of these overlays within the wider sociological discourse with attempts to overcome the impasse.

The work by Giddens (1994), Beck and Beck-Gernsheim (2002), McNay (2000) and Adkins (2002) is representative of endeavours by sociologists to identify interrelationships between subjective, life course choices and the socio-economic framework; and how these interact between microsocial and macrosocial factors. This wider framework is relevant and useful to a study of women-as-mothers because of the complexity of these intersections as they are played out through everyday lives. Detraditionalization or post-traditional practices have resulted from a shift in authority from society over individuals to self-regulating practices which have flowed from a decline in a belief in a pre-given, or a natural order of things (Heelas, Lash and Morris 1996). The outcome, which is reflected in workplace and institutional change, has had the effect of breaking down, or reconfiguring class, race, gender and sexuality groupings. Nevertheless, within this framework, the same authors propose that contemporary marriages are based on emotional support as opposed to earlier models which were driven by economic imperatives (Heelas, Lash and Morris 1996, 71). In the *Normal Chaos of Love* Beck and Beck-Gernsheim (1995, 1–20) expanded the dyadic relationship between a couple to triadic connections between the parents and the child/ren but their thesis is based on the premise that love, which they say is replacing religious beliefs and traditional practices, binds them together. This assertion fails to account for gendered structural issues related to dependency/care and is challenged by the literature on the TtoP as well as this feminist sociology of the family. Furthermore, a trend depicted as the ‘feminization of poverty’, a phenomenon prevalent when couples break up and the

living standard of women and children fall below the poverty line, is testament to continuing economic factors that accompany family formation (Hays 2003; Silva and Smart 1999, 12).

There is a continuing inability within the sociological method to explain or account for the part that children play in family dynamics. Giddens' (1992, 202) notion of the 'pure relationship' – depicting affluent, dual earning couples, mistakenly assumes that if the relationship breaks down the couple will separate regardless of considerations relevant to economics and/or the care of a child/ren (Jamieson 1999). This puts into question Giddens' proposition that the pure relationship will have a consequent effect on the democratization of society. The research demonstrates that the effect is the other way around. Gender inequalities in the social structure reinforce inequalities within couple relationships. This proposition is substantiated by Smart and Neale (1999), Irwin (2005) and Jamieson (1999), and upholds the premise that processes of reproduction and production are congruent aspects of a single system. A contemporary study of tensions and interconnections between the workplace and the home carried out by McDowell et al. (2005) argues that:

One of the major long-standing achievements of contemporary feminist scholarship has been to demonstrate that a key element of gender inequality lies in the interconnections between the gendered divisions of labour in both the labour market and in domestic work (e.g. Okin 1989; Pateman 1988) now finally reflected in contemporary labour market policies. (McDowell et al. 2005, 220)

This research substantiates findings on the TtoP that many couples are struggling to find new ways to negotiate gendered divisions between workplaces that privilege

autonomy, and the requirements of care. These economic factors are being amplified by governments and bureaucratic policies that often follow parallel authoritarian processes whereby everyday practices are regulated both in employment and family functioning (Irwin 2005; O'Connor, Rodger 2003; Orloff and Shaver 1999; Orloff 2006). Dominant assumptions embedded in the workplace, health and educational institutions, churches and community groups structure and constrain women-as-mothers. The male head of the house is a dictum that some church groups continue to hold on to in the face of evidence of attitudinal change in the community (see: Shalev 2008). Messages in popular culture and the media often serve to reinforce traditional gendered practices. This is evident in the Australian context by a common portrayal of women as homemakers by advertisers. Solutions often rely on access to family support, or are outsourced if there is sufficient access to finance, and thus there are class divisions in the ability to choose. McDowell et al. (2005) nevertheless found little empirical research relevant to the experience of women-as-mothers and the extensive findings available through studies of TtoP provide for valuable insight. The outcomes render a touchstone with women when they become first-time mothers. The material clearly demonstrates complexities in interactions between structure and agency and how these are constituted through identity that can be usefully explored while mindful of these micro and macro relations. It is in this regard that a falling back on values or ethics based arguments becomes problematic, in that they do not account for these macrosocial factors.

Problematic values/ethics based analysis

A values based approach is visible in renewed versions of both left and right wing political positions which assume a contestable level of choice (Jagger and Wright 1999,

2; Gillies 2003, 16). Appeals to the preservation of traditional gendered roles or arguments that emphasize the centrality of values to family decision-making are representative of positions on the right of politics. And a new left, or progressive liberalism is evident in assertions of individualization that emphasise personal obligation and moral tolerance (Gillies 2003, 12). While feminist theorists talk about the moral agency of women (Silva and Smart 1999, 9) or have turned to a relational ethics that calls for a public ethics of care (Sevenhuijsen 2003; Kittay 2002, 54). The first two positions are unable to account for structural inequalities that reinforce racism, classism and patriarchal power relations. These are gender based inequalities that accompany a construction of the nuclear family form as natural, normal and ideal.

Focusing on the relationship between mothers and their children is central to overcoming gender blind outcomes of the current sociological interest in intimacy. A relational view of the self is part of this project while drawing out complex interactions between the public and private spheres. There are historical processes at work that have constructed notions of childhood and womanhood that contribute to a characterization of the good mother. These have facilitated the development of a 'time regulated individualism' that is conducive to contemporary industrial society (Ribbens, McCarthy and Edwards 2002; Craig 2007; Lawler 2000; Skeggs 2004).

As opposed to arguments presented by Hakim (2000) in preference theory which emphasizes choice, patterns of care are a result of a negotiated response to constraint. While contesting Hakim's position, however, McDowell et al. went on to draw from moral arguments about mothering and care, speaking about 'moral geographies of mothering', while the authors emphasize a need for situated understandings, recognizing:

.... that women not only make decision within a set of competing discourses of appropriate forms of mothering but that they also modify and renegotiate their values over time in interplay with their changing experiences and their web of social relationships through which their self-identity is constituted. (McDowell et al. 2005, 224)

Furthermore, while referencing problematic ‘moral economies of care’, Irwin (2005, 231) identified a gap between normative processes and social structural practices, between norms and social relations. Current theories, however, have often proven inadequate in explaining everyday dynamics that affect social development and change. In regard to negotiated outcomes and agency, authors have drawn from an understanding of post-structuralist accounts of identity that suggest:

... that agency can be conceptualized as a consequence of simultaneous acts of free will and submission to the prevailing regulatory order (Butler 1995). Thus, through the repetition of everyday acts of self-regulation, women conform to or reject the version of ‘good mothering’ embodied in the dominant gender regime and expressed in social policy initiatives (Gillies 2003). (McDowell et al. 2005, 224)

This account provides for an understanding of movement and change but not the mechanisms or touchstones between the individual and the social. There is evidence of a coherence between subjective perceptions and evaluations of social location and social structures that is often missed by social theory. This happens because social structures have been written out, say in the work on individualization, responsibilization or resistance. Furthermore, problems arise with arguments that draw

from ideological, or value based understandings of action. Evidence of social change, particularly in relation to women, work and family, is indicative of complex processes of adjustment that have proven difficult to explain. Theory needs to catch up with practice and, as Irwin demonstrates, cast an eye on the ‘practitioners of the everyday’ so as to flesh out the dynamics, asking why people perceive their situation as unjust and how and when they act upon this perception (Irwin 2005, 183).

My account brings attention to the associated practices that sustain beliefs and identifications and have the effect of upholding identity positions. The effect has been a silencing of discordance, whereby the sense of self has often been subsumed within an assumed maternal role, while everyday practice evidences change. I have focused on intersubjective dynamics between mother and infant in light of a historic failure to account for the maternal subject and tensions between identifications and ambivalences held by women as new mothers, a focus that is in concert with a current interest in subjective meanings:

A major change in the concept of family is that it has come to signify the subjective meaning of intimate connections rather than formal, objective blood or marriage ties. (Smart and Silva 1999, 7)

In the context of fluid and changing definitions of families, a basic core refers to the sharing of resources, caring responsibilities and obligations. It is essential to ‘look very closely at the interiority of family life to understand how these relationships are shifting’ (Smart and Silva 1999, 7-8). There are critical links between changes at the legal and institutional level and changes at the level of individual identity and it is necessary to identify how these are played out through the construction of meaning and desire (Jagger and Wright 1999, 7). There have been historic changes regarding social

class and gender in relation to who does domestic work, but a continuing social devaluation of care perpetuates gendered patterns that are reflected in TtoP studies when couples become parents. While mindful of newly emerging patterns, there is ample material demonstrating that the level of male participation in housework has not increased markedly. The TtoP has been identified as a critical intersection between continuity and change therefore it is necessary to look more closely at the related dynamics and meanings. More attention must be paid to issues of responsibility, who takes it and how these matters are played out through identity.

Women have historically facilitated the development of social and cultural capital through the work of care within families, and these negotiations are evident in data collected for the thesis. The dependency worker generally transfers individual economic advantage through benefits to the family (social capital) or the child (cultural capital), and research cited above draws out class differences in the ability of women to do so. An important difference between contemporary women and earlier generations is a self-consciousness that is altering dynamics within families, breaking down the patriarchal nature of the family and forcing issues related to care into the public arena. Therefore, in order to interrogate these everyday negotiations, it is necessary to focus on the associated meanings: what women are making of their work as mothers, and how information imparted by the related health services informs practice.

Conclusions

There are clearly tensions between individualizing trends that are breaking down gender roles and the social structuring of care that are being played out within families. The requirement to provide for the everyday needs of infants and children has been

historically associated with women-as-mothers, and therefore the pressures are formulated in terms of identity or identification and played out through the associated and gendered meanings.

The evidence for this claim is in studies related to the TtoP, highlighting issues to do with identity and associated maternal depression and marital dissatisfaction. These findings are in concert with feminist literature on the family which brings attention to intersections between production and reproduction and how these are played out through identity and meanings associated with care, motherhood and fatherhood. These trends contribute to contradictions and ambivalences, particularly for women:

True, it is still women who bear the brunt of family tasks, but they more and more display expectations and wishes that extend beyond the family. (Beck and Beck-Gernsheim 2002, 56)

The economic cost of care for many women is perpetuating an accompanying expectation of a form of gender equal or egalitarian family; a breaking down of the patriarchal nature of the family. A claim that is substantiated in chapter two which brings attention to the sociological discourse on women-as-mothers while demonstrating the workings of class and narrative through identity. It is also evident that there are continuing challenges for theory to hold together social structural factors and determinants of individual behaviour without falling back onto individualized notions of values, morals or ethics.

Many individuals are breaking away from traditional expectations, patterns of life and routines and creating life biographies. These trends contribute to contradictions and ambivalences for women, particularly when they become a first-time mother.

The next chapter discusses trends within sociology whereby intersections between microsocial and macrosocial processes are being increasingly recognized with a renewal of interest in locating workings between women within families and the wider socio-economic framework. The discrete nature of the family is called into question with research demonstrating how workplace practices reinforce gendered roles. The concern has turned to how tensions between these wider social and cultural factors are being played out through a knowledge/power nexus or through meanings, an avenue of investigation that is followed through in the thesis.

The sociological method has been shown to be heavily implicated in the outcomes of feminist work on the family (Gillies 2003). Therefore, there is a need for grounded, contextualized studies of family intimacy. There is widespread recognition of a need for new theoretical models to interrogate the related dynamics (Jagger and Wright 1999; Silva and Smart 1999; and Smart and Neale 1999; Irwin 1999) and in the final section of chapter two, I set out the conceptual framework that has informed this study.

CHAPTER TWO

Identity as structure: moving towards a new theoretical framework

Throughout the twentieth century, dependency has been relegated to a gendered family form, and the workings of the state and the market have been structured around gendered roles and responsibilities. Furthermore, western notions of citizenship and autonomy are derived from an assumed division between public and private realms that do not accommodate rights associated with dependency; within families there is an inequality between the dependency worker and the breadwinner. Australian social policy both in the workplace and throughout social institutions such as education, health, housing and welfare has been historically built on the assumption of privatized care through the family. Yet over recent decades there have been continuing changes in form and function within families, and this has been accompanied by a commodification of care through market-based and/or government services. However, as I have outlined in the previous chapter the breadwinner ideal of the family is more recently giving way to a male full-time, and a female half-time worker family. These changes have been accompanied by rising levels of divorce, a substantial proportion of sole parent families, and high levels of cohabitation, with tensions between care and equity played out within families.

We are at a historic moment in relation to changes in gender norms. Social agents are required to bridge gaps between the so-called traditional and post-traditional eras. We need to find new ways to think about and quantify the work of care, which link up everyday practices within families and a reconceptualization of care at an institutional

level. What appears to be a return to ‘traditional gender scripts’ is more accurately new ways of doing things, a revaluing of care. In the context of these changes becoming a mother is generally a profound and life-changing experience of important social, cultural and personal consequence. The birth of an infant raises issues to do with the social structuring of care. Cultural traditions and beliefs about what it means to be a mother are also in flux and are played out through the sense of self. Furthermore there are the interpersonal dynamics between the woman-as-mother and her infant. These three levels come together through the meanings and the practices associated with being a mother and are often experienced in relation to identity. In light of propositions that have linked agency with reflexivity, the critical reflection on the self, studies cited in this chapter demonstrate an interlinking between stratification and identity, and how these are played out through families or mother–infant interactions. The production of both social and cultural capital, whereby the woman-as-mother is drawn in through identification, is perpetuated through information that is passed on through association and tradition. These factors are caught up with intersubjective dynamics between mothers and their infants.

Within sociological discourse, earlier claims that reflexivity was undercutting the formations of class, sex role and the nuclear family were qualified by Giddens (2005) when he acknowledged massive intersections between class and identity. He continued that he would now further stress class differences in stratification processes. Simplified and individualized notions of identity do not account for these intermeshing factors, while a falling back to morals or values is reliant on this individualized response. A focus on values and/or moralities as a critical motivating factor to maternal practice locates agency within the individual and furthermore detracts from practical action. There is currently a refashioning of motherhood being played out through norms

associated with values; to do otherwise is to be a bad mother (Bottero and Irwin 2003, 479).

The stress and depression evident in reports on the Transition to Parenthood are linked to gender (Strazdins and Broom 2004). Further, studies by Duncan (2005), McDermott and Graham (2005), Skeggs (2004) Lawler (2000) and Bottero and Irwin (2003) demonstrate intersections between social and cultural factors played out through the identity of women-as-mothers. McDermott and Graham show how the 'good mother' discourse informed their respondents' lives, providing a basis for action while reinforcing norms. Duncan's comparison of working class and middle class mothers demonstrates a breaking down of class through career options but further to this, there was evidence of overlaps between gender cultures and class cultures that operated through nuanced social identities.

All of these above-mentioned studies were also concerned with connections between mother and child, the interpersonal dimension of mothering. McDermott and Graham linked connections between mother and child to the identity of the woman-as-mother, and Duncan through the moral identity and a relational commitment. Strazdins and Broom argued that women's emotional responsibility for care was viewed as natural and thus beyond question. Interestingly, their definition of emotional work referenced an empathy with the feelings of others that can be accounted for by an understanding of intersubjective dynamics (Strazdins and Broom 2004, 357). Both Skeggs and Lawler, however, were concerned to analyze dynamics between mothers and children and how these are constituted through the developing child. They problematized the work that women do as mothers and formulate this in terms of the negotiation of cultural capital. Skeggs argues that there are class differences in terms of outcomes, exchange or use

value, and Lawler highlights the workings of power through knowledge in the constitution of class.

These complexities were further fleshed out by Lucy Bailey (1999), JaneMaree Maher (2005), and Vanessa May (2003) as they are related to the Transition to Motherhood (TtoM) through a narrative perspective. Links between gender and identity are explored through cultural formulations and the interpretation of tradition through historical, social and individual contexts. This was a refashioning that Maher found to be flexible and transitory, held together through narrative in time, while also noting that men were freer to make choices in regard to care.

Identity plays a mediating role between social and cultural factors in relation to class and narrative and these above mentioned studies highlight links between norms and social structures. However, a theoretical reliance on narrative, individualization, rationalities, the play of knowledge and power, and the problematic experience of women-as-mothers can not explicate structural factors. It has become essential to identify a theoretical base from which to access and analyse this tripartite of factors – the social, the cultural and the interpersonal – how they come together and how they inform the everyday lives of women. The women I interviewed for the thesis were sometimes torn and at other times bemused by the ambivalences that arose from their experience of becoming a mother and their desire to care for their infants. Reflexivity can be difficult when all roads lead to the maternal role. Scott Lash (Beck, Giddens and Lash 1994, 120) lamented the reflexivity that accompanies the position of the single mother in the ghetto and Lois McNay (1999, 103) argues that maternal feelings often operate at a pre-reflexive level. My study has broken down factors that contribute to a privatization and individualization of care whereby women are frequently confronted

with dilemmas in relation to identity and argue that the tensions can be re-thought, while enhancing reflexivity and facilitating negotiation.

Privatization of care through the family is individualized through gendered roles and responsibilities, and culturally represented through the mother/carer and the father/provider. Tensions between social and cultural factors are evident to women after the birth of their first child and are reflected in the common retort 'no one can tell you what it's like'. There is a growing movement calling for transformational change in regard to the social structuring of care, referenced in chapter six. But the substance of the thesis is concerned with the workings of structural/macrosocial factors and how these manifest through identity and the microsocial, while mindful of avenues in which agency may be at play. The theoretical framework I have developed provides avenues to engage with issues related to structure and agency and how these are constituted through the everyday lives of women-as-mothers. By structure I mean a mix of social, institutional, and cultural factors that compel action, and by agency, I am referring to outcomes that are indicative of creativity, new ways of doing things. I am asking to what extent is the experience of women-as-mothers determined by structure and is there evidence of agency or mobility?

The first section of this chapter examines research on women-as-mothers, highlighting links between identity, class and gender in light of propositions on reflexive modernity. This emphasis on the individual is covering over the gendered options that are played out within families. Proponents of a narrative approach to analysis have located a continuity of the self through identity, with critical research centrally concerned with problematizing dynamics between mothers and their infants/child in terms of child outcomes. There are continuing problems, however, in accounting for the macrosocial

context, along with an association between an emotional connection between mother and infant and a moral identity. These issues alert the reader to continuing difficulties with accounting for social/structural influences over reflexivity and choice. The second section sets out the conceptual framework that has informed this study. An approach that has taken up the challenge of interpretation through links with meanings that are associated with practices of the self for women-as-mothers while mindful of intersections between these macrosocial and microsocial factors, in the workings of structure and agency.

The structuring of identity

What it means to be a mother is in flux. There is a coming together of historical associations, social structuring and cultural expectations in the life experience of women-as-mothers. While family forms and practices are tied in with this change, a divide in the sociological work on women-as-mothers has included a move away from the family as an analytical category with an emphasis on the mediating role of identity. Class, narrative, rationality and the promotion of cultural capital are themes in this research on women-as-mothers though there has been a lack of attention to gender as a structuring factor. While there has been an emphasis on the limitations of the thesis on reflexivity and individualization as explanatory devices there has been a reliance on them as analytical tools. This research on the workings of narrative, class and power, nevertheless, points to a congruence between structural factors and gendered choice. Therefore I present findings from these studies by way of introduction to the conceptual framework that informs my study, which focuses on the microsocial, while holding in place macrosocial factors that frame choice.

There is evidence of a taking-up of identity as strategy throughout these research findings that is indicative of a coherence between microsocial and macrosocial factors. The gendered outcomes of identifications associated with identity are played out through the home and the family. There was found to be a reliance by young single mothers on established kin relations as strategy (McDermott and Graham 2005), demonstrating the gendered welfare role that families have carried out throughout the twentieth century. Identity, kinship relations and links between mother and infant were found to be resources that were drawn upon to overcome disadvantage. The effect was, however, a normalization of behaviour, distinguishing the self from the other. The other in this case were young women who were either unable or unwilling to subscribe to the 'good mother' ethos. Women who identified as 'good mothers' generally took on gendered roles within the home (Duncan 2005) this is a finding that is also evident in the research on the TtoP. However, research on the TtoP and one of the few Australian studies (Strazdins and Broom 2004) show an associated effect on maternal health and well-being. Differences were entrenched through rationalizations about gender, embedded practices, and an inability to change the circumstances which fed a vicious cycle.

There is evidence of a mix of classed and gendered rationalities in the everyday lives of women-as-mothers along with indications of a class mobility that is at work through 'nuanced social identities' (Duncan 2005). Intersections between social and cultural factors through identity impact on rationality and/or choice. A second and related strategy used to analyse these dynamics is through the workings of power through knowledge in the lives of women-as-mothers. The focus in these studies is on how understandings of the self are perpetuated through child outcomes (Skeggs 2004; Lawler 2000). The good mother fosters independent autonomous children and in turn

promotes class advantage. Such studies demonstrate an appreciation of the multiple components that come together through the lives of women-as-mothers. Women are implicated in these processes through practice and belief.

The research by Duncan (2005) demonstrates both continuity and change through class outcomes but most importantly how these are being played out through identity. He found clear patterned associations. There was evidence of class and gender based differences linked to social identity in the choices women made about their mothering; mixes of choice and constraint. There was evidence of a crossover between class based groups, for example the 'central working class women' and the 'gentrified partner group' who worked long hours and identified as work-centered. The 'peripheral working class' and 'suburban middle class' mothers identified with the good mother ethos, often foregoing workplace attachments for what they believed was the good of their child. These identities were linked to careers, biography, relations with partners, and the development of a normative view in social networks. This is a finding that was said to be indicative of women negotiating possibilities, mobility through identification.

This, so called mobility, however, was exemplified in the case of Carrie. She was atypical of the suburban wives' group in that she identified as being both career and family focused. A key contributing factor to the so called 'social morality' was the 'relations with partner' (Duncan 2005, 70). A working relationship between women with children and their husbands/partners was critical if the women wanted to pursue a career. At the intersection between the social structuring of care within the family and gendered mobility is the male gatekeeper. After all, the couple relationship is the core unit of the family and if this breaks down, there are competing priorities or dispositions

regardless of the 'morality' of the woman. If the marriage/partnership breaks down, Carrie's social position and career options become tenuous.

Giddens cites a fluidity of class and gender to exemplify individuals overcoming structural determinants that is contributing to a breaking down of the nuclear family. He referred to the study by Judith Stacey (Giddens 1991, 176), evidencing strategies often employed through multiple family forms. The women Stacy tracked were redefining the contours of their everyday lives but the possibilities were highly gendered. The family ties and caring routines that are replacing the so-called traditional models are gendered, depending on women as primary care givers to negotiate and transfer forms of capital, generally at a cost to the self. These findings in tandem, Duncan, Giddens and Stacey, point to gendered factors that mediate change and/or sanction against it.

Studies by Skeggs (2004) and Lawler (2000) are valuable in that they both quantify the outcomes of care in terms of capital. Their emphasis was, however, on class rather than gender. Skeggs highlighted class differences between women in the work that they did as mothers and related this to identity. When mothers promote skills or arts based activities, with their children they are negotiating cultural capital, a category that is used in the thesis. Skeggs cast this in terms of a distinction between exchange or use value. Middle and upper class women promote exchange value through the development of cultural capital while she argued, working class women experience anger, outrage and frustration at a continuing emphasis on self-production. This is a finding that was not sustained in my research, but could be explained by class differences between Australia and the United Kingdom. The outcome of care for working class women was said by Skeggs to represent use value, potential that was not

developed. Lawler, on the other hand, tracks the workings of power through knowledge, while bringing together class and narrative, she locates an ideology of autonomous individualism at work through mothering practice. The outcome quantified in terms of cultural capital through promoting rationalities and dispositions in the child that are conducive to economic development.

While studies drawing from narrative (McDermott and Graham 2005; Bailey 1999; Maher 2005 and May 2003) are insightful in terms of understanding continuity through identity, the framework is limited because it does not provide the tools for analyzing social-economic factors. The proposition by Giddens that individuals negotiate and transgress structural influences through life narratives, in the case of women-as-mothers, is contested by links between economic determinants and continuing practice.

Maher's study drew from interviews with women whose children were of all ages and thus the requirements of care were not as pronounced as in the early years after the birth. This is a factor that points to a need to frame this kind of research within the life stage. While both Maher and May identified reconfigurations of the self through narrative the related notion of strategy is indicative of the workings of structure through identity. May's study compares and contrasts the life stories of Finnish women from the 1940s and the 1990s. She finds an overlapping of traditional and contemporary narratives denoting the extent to which life stories are embedded in the social context, both past and present. The differences that were found between the older and the more recent accounts were shown to be a product of historical, social and individual contexts. These were stories that demonstrate how gender relations do not develop uniformly and in one direction.

Maher made a distinction between ‘being’ identity and ‘doing’ function. She found her interviewees ‘used the concept of work to construct, contain and dissolve maternal identities’ (Maher 2005, 26). She drew from a notion of ‘the continuity of the self in time’ using narrative as a means by which individuals constituted selves through stories both to themselves and to others. Interviewees noted economic and cultural pressures on their choices and activities, but their narratives were to define many different types of activity as work, without great conflict. This led Maher to conclude that ‘many of the attributes of mothering are, in fact, transitory, temporally defined and activity based, rather than essential’ (Maher 2005, 26). She focused on the flexibility and adaptability of maternal practice while noting that the cultural articulation of motherhood does not reflect the diversity of women’s experience of mothering work. May also proposed that traditions are reinterpreted, while mindful of contemporary expectations or conditions, highlighting elements of continuity and change. As opposed to Maher’s findings, however, my evidence shows that identity has become a contested site for many, particularly in the early years after the birth. While the maintenance of workplace attachments can play a mediating role, my thesis explores identifications as a consolidating factor for identity and ambivalences by way of discrepancies. While Maher’s insights highlight fluidity through identity, her reliance on narrative as a conceptual device is limited. She noted that issues related to women-as-mothers are not unproblematic, saying that women often have no choice about accepting responsibility for children, whereas men are freer to negotiate their place. This is an assertion that references a gendered context³⁰ that is produced by a mix of macrosocial and microsocial factors that cannot be accommodated within this narrative approach.

³⁰ There is a growing awareness of a need to include a focus on men, or fathers. Condon, Boyce and Corkindale (2004) found that the TtoP for men was a relatively neglected area, with the focus overwhelmingly on the mother. Crowder and Knudson-Martin (2005, 343) also noted this need for more research.

The focus that both Maher and Bailey gave to practice, however, is substantiated by the thesis. Gender follows rather than precedes practice and the early years of mothering are saturated with gendered associations that are connected to the pregnancy and birth. Bailey's informants indicated a sense of having entered, or being on the edge, of, a 'whole new world' bringing out different facets of their personalities (Bailey 1999, 346). She describes the ways in which women interpreted their experiences as a re-conceptualization of self; the self refracted through a prism of pregnancy. An occasion that presents an opportunity for change and for agency, however, the pregnant woman's experience of her body prompted a newly gendered identity. Gender is produced through the process of acquiring a conception of self. Bailey's conclusions were, nevertheless, also based on Giddens' notion of reflexive biography which easily slips into the problematic public-private divide with Bailey suggesting that women can retreat to a private realm that is somehow divorced from the public.

Like much of the work on the TtoP, Bailey interviewed participants in the last trimester before the birth of their first child. Though there is value in raising these topics before the birth, there is a belief common amongst midwives and from anecdotal evidence that antenatal women most often focus on the birth, and the early months afterwards, rather than the long term. The greater tie between mother and infant than the father-infant connection that Bailey found is also evident in the TtoP literature. The experience of being a first-time mother is generally profound which is indicative of a link between desire and meaning. These are topics developed in the thesis, however, explained in light of psychoanalytic conceptions of intersubjective dynamics.

A focus on discourse provides a basis from which to draw a picture of the expectations of women before the birth as well as identifying intersections between knowledge and

power. McDermott and Graham drew from and critiqued propositions about reflexivity and individualization, arguing that there was evidence of the dynamics, and yet the women's choices were framed by both social and cultural constraint. The women drew from the 'good mother' discourse to establish a sense of self, a judicious response to the current social setting. Bailey used discourses related to professionalism³¹ to interrogate interrelationships between careers and motherhood and found that the good mother was said to be less selfish, also a proposition taken up in the thesis. Maher, however, critiqued discourse, while setting out new models of identity based on practice. Activities associated with being a mother, she said, arose from the relationship to the child within the cultural and social context. I too have taken up this focus on practice and, like Maher emphasise the relationship rather than the role.

The problematic links between morals and identity came up in this field of literature with Duncan referring to social moralities. I have, nevertheless, steered away from this trend, bringing attention to unaccounted practices that accompany mother–infant interactions that impact on the sense of self. To speak of decision-making that is based on moral considerations suggests that there is a universal and abstract code that guides choice, for example, a code that informs actions related to the good or the bad mother. In fact, there is something much more practical taking place between mother and infant that can be usefully understood in terms of intersubjective dynamics. Identities, relationships, workplace attachments and life course feed into these dynamics and become evident particularly when there are contradictions or clashes of interest. The moral imperative is on institutional practice to provide conditions conducive to the welfare of mother and baby, the social structuring of dependency, a social ethics of care, a topic I discuss in chapter six. The current privatization and gendered structuring

³¹ Medical, 'psy' disorders, individualism, ownership and privacy, and gender equity.

of dependency through the family as a social unit, often with prescribed roles, individualizes and genders the moral imperative, most often associated with the good mother. For this reason, women feel guilty if they believe they are not fulfilling their duty of care and thus embody this displacement (Fortin 2005).

The fact that many women grapple with issues related to identity, particularly when they become first-time mothers, suggests a coming together of individual and social determinants that flow on to the sense of self. An ideology of ‘intensive mothering’ (Hays 1996) has pervaded our culture and provides a justification for women to forgo claims to gender equity. However, a mix of social and cultural practices and beliefs, along with unaccounted intersubjective dynamics between women and their infants, serves to reinforce the maternal role, which clearly associates women with care. This is where the research on TtoP can be enlightening. Many couples are clearly struggling. What are the constraints? What are the possibilities? Fundamental to the issues raised in the TtoP or the TtoM is a reappraisal of identity – or subjectivity – when one becomes a mother for the first time. This phenomenon is evident in the proliferation of popular and academic material on these topics. Beck and Beck-Gernsheim (2002) argue that ‘traditional inequalities’ between men and women have become increasingly apparent as advances have taken place both in the law and in the workplace. These changes have been effected through ‘many little steps’ in education, work and the family. They continued:

For these little steps have been creating an awareness of traditional inequalities which – measured by society’s own principles of equality – can hardly be legitimate and are therefore politically explosive. ... True, it is still women who bear the brunt of family tasks, but they more and more display expectations and wishes that extend beyond the family. (Beck and Beck-Gernsheim 2002, 55–6)

There are significant tensions between the 'breadwinner' heritage with a focus on gendered roles and responsibilities and a common expectation of gender equal outcomes. This impasse, as it is related to first-time mothers, has arisen because of unexamined assumptions about dependency that are built into policy and practice through notions of autonomy in law and carried over through practices between mothers and their children. The working of some kind of family form is fundamental to the operations of both the market and the state and yet, in law there is an assumed divide between the public and the private realms that has become increasingly contested (Thornton 1995; Landes 1998). When women become first-time mothers, they are required to negotiate contradictions between their life experience and a social system that is drawing from prescribed and gendered roles. Traction for the self is structured by class (ethnicity/race) and change is an outcome of the ability and/or willingness of couples to work together to overcome structural constraint.

There is a pattern of gender re-differentiation in the contemporary social structuring of the family (Bottero and Irwin 2003). This represents an amalgam of interests between men and women and the social relations of care, a repositioning whereby their interdependence is being restructured from the gendered positions in the breadwinner era to a 'broader restructuring of difference' (Bottero and Irwin 2003, 479). These dynamics are, however, entwined with values that are carried over through assumptions that are embedded in norms, a conclusion that was also reached by Lawler. This dynamic goes to the heart of the current drive by women to articulate and reflect on their experience as mothers (for example: Fox 2003; Hanigsberg and Ruddick 1999; Buchanan and Hudock 2006; Power 2008; and Douglas and Michaels 2004). Lawler concluded:

A politicization of self and subjectivity would entail, I suggest, continuing attention to the ways in which selves are made through the workings of power; how some selves are marked as 'better' than others; how the 'good society' is assumed to be an amalgam of 'good selves'; and how mothers are understood as producing these selves. (Lawler 2000, 172)

The outcomes cited by Lawler are evident in my analysis of capitals, however, she was concerned with the work that women do as mothers in terms of the child whereas I am taking up these questions in relation to the maternal subject. What are women doing when they are mothering in terms of their sense of self? How does knowledge, or information disseminated through the health services intersect with the woman's sense of self and how is this played out through culture? I too talk about the work of care in terms of negotiating capitals, ascribing value, while highlighting the cost. This development of both social and cultural capital is indicative of the intersubjectivity between the woman-as-mother and child, and provides for a form of identification that can sustain a continuity of the self within constrained circumstances. For the benefits and insights to be gained from Lawler's analysis of knowledge and power, her thesis is in need of a context, the social structuring of dependency through the family. The processes have proven difficult to articulate because of overlapping social, cultural and interpersonal factors that include a revaluing of children and an accompanying re-evaluation of motherhood. Because the work of care, mothering, continues to be structured through the family as a social unit, there is a need for a theoretical model that can hold together both the macrosocial, including the family as a social unit, and these microsocial elements. Individualizing tendencies do not adequately capture gendered processes that are evidenced within families, and how these factors are related to identities.

Interpretation is of critical importance when looking at data. These above-referenced studies highlight a complex of factors at work in the everyday lives of women-as-mothers. These studies provide evidence of reformulations of class and gender at work through identity, and thus the value of focusing on the microsocial level of practice. My thesis has, however, bypassed morals and ethics by focusing on quantifiable processes and practices, rethinking meanings and negotiating capitals. It furthermore identifies ambivalences in response to the privatization and individualization of care through the role of women-as-mothers, and proposes new ways of seeing what women are doing when they are mothering. It brings attention to complexities that frame action, while highlighting a reliance on a naturalization of roles that bring together gender and care, dynamics that are accompanied by a lack of opportunity for reflection.

These continuing problems thus highlight the value of an alternative Bourdieusian /Castoriadian approach to interpreting the relevant understandings and dynamics.

These issues and topics, related to meaning and desire, can be usefully explored by focusing on tensions between the social and the cultural, factors that work at both the macrosocial and the microsocial levels. My study is in some ways an extension of the work set out by Lawler where she critiqued knowledge but is also critical of the associated limitations. Lawler was concerned with gender, class and power in relation to child outcomes whereas my study looks at interactions between structure and agency in processes of change.

My aim has been to put on new glasses by engaging theoretical understandings that have the effect of fleshing out relations that structure the everyday lives of women as mothers. Further to this I identify ways of interpreting decisions that women make

when they are mothering so as to shed light on avenues in which agency may be at play. I am concerned with meanings, in particular those to do with mother and family, and understandings of mother–infant dynamics, and how these intersect with agency.

Therefore, there is a need for theoretical models that can bring together the social/structural with individual identity factors that impact on the everyday decision-making of women-as-mothers. Such a model could potentially identify mechanisms that mediate these complex factors and in turn avenues in which agency may be at play. My thesis interrogates the practices and understandings of women as first-time mothers so as to get at the tripartite of factors that are played out through identity. The approach that underpins the thesis offers a framework to interrogate intersections between continuity and change.

New Theoretical Framework

I have put together a methodology drawing from the work of Pierre Bourdieu (1992, 1996, 1997, 1998, 2001, 2007), Cornelius Castoriadis (1987, 1994, 1997, 2001), Lois McNay (1999, 2000, 2003) and Lisa Adkins (2002, 2003, 2004, 2005). I have set up a framework to interrogate interrelating dynamics between macrosocial and microsocial factors as these are constituted through reflections of women on topics related to their sense of self in the early years after the birth of their first child. The thesis focuses on the practices and beliefs associated with being a mother while identifying processes by which the maternal identity is upheld through identification, or broken down through ambivalence.

The recognition of dependency as central to the human condition challenges foundational notions that inform our institutional heritage, in particular a rethinking of autonomy (Fineman 2004; Elliott 2002; Castoriadis 1997). The project to recast a relational perspective from within psychoanalysis is contributing to this endeavour through the recognition of the critical role of social and cultural factors in the constitution of the self. (Elliott 1999, 2004; Mitchell and Anon 1999; Benjamin 1995, 1998; Hollway 2006; Parker 2005; Baraitser 2009). Cornelius Castoriadis was both a psychoanalyst and a social theorist and makes an important contribution to links between the psyche and society and how these are played out through significations and their related meanings. What it means to be a mother is highly contested in contemporary society, and psychoanalytic understanding of the intersubjective dynamics between mother and infant is a critical factor because when these go unnamed, women can be drawn into prescribed roles in what is seen as the interests of the child.

Through the research process I have sought to identify if and how social agents are contributing to a breakdown of structural determinants through cultural practices, and thus reconfiguring gendered norms. This breaking out of gendered norms is most evident in what is often expressed as a gap between the expectations and the experience. When women become new mothers they are often surprised by the bond that they feel with their infant and feel responsible for both the health and the long-term well-being of their child. The same women reflect on a sense of a displaced self and the difficulties that they encounter in what is often spoken of as transition or adjustment. The tensions that arise from this juncture are most often formulated in terms of identity, with a consequent effect on maternal health and well-being that goes much further than the prescribed six-week recovery period. Ambivalences arise from tensions between

expectations that inform practice and the social structuring of care and yet ante- and postnatal services continue to be highly medicalized and focused on roles, adjustment and transition.

The debate between Lois McNay and Lisa Adkins on the workings of social and/or cultural factors in processes of change or mobility of gender goes to the heart of the thesis. Both authors are critical of the emphasis given to reflexivity by Giddens and Beck. McNay (2000, 28–9) argues that the reflexive self-transformation thesis fails to consider issues concerning gender identity, and furthermore the radical position on detraditionalization runs the risk of reinstating the disembodied and disembedded subject of masculine thought. McNay emphasizes the embedded and embodied aspects of identity whereas Adkins (2003, 36) maintains that subjects never fully occupy, or identify with norms; there is an ambivalence at the heart of inclination. She furthermore argues that it is critical to identify relations between social and cultural factors to determine sites for mobility. McNay identifies unconscious investments in conventional images of masculinity and femininity, but Adkins proposes that processes of reflexivity need to be broken down and interpreted. Because agents are actively engaged with reflection, they cannot be disentangled, and therefore one aim of reflexivity must be an undertaking to uncover unconscious categories of thought, which include ‘corporealized pre-conditions of our more self-conscious practices’ (Adkins 2003, 25).

The thesis highlights the workings between social and cultural factors and how these are played out through identity. Contradictions are evident in the conflicting relations that accompany mother–infant interactions. These are exemplified by workplace policies and practices, accompanied by gendered caring routines within families that

work against aspirations for gender equity. I have demonstrated that this mix is being played out through the identity of women-as-mothers, for while class and narrative are mediating factors, the potential for mobility is evident through an amplification of the processes. Therefore, in the contemporary Australian context, time and place, I have set out to interrogate the related dynamics, seeking to identify what women are making of motherhood, the practices and the meanings and how these are played out through identity. I have chosen a theoretical approach that can explicate structuring factors while also providing a means to identify avenues in which agency may be at play.

The social and the individual come together in the social agent (Bourdieu 1997; Castoriadis 1997). We are socialized beings and yet never fully socialized; creativity and the new emerge from the individual and are given form in the social. This is the realm in which meaning, which is abstract and fluid, comes up against signification, which is static though always contested and exemplified by the altered meanings in language through time. Bourdieu's concepts of 'field' and 'habitus' are useful mechanisms for accessing these interactions and how they are understood and played out through everyday lives. As set out in the introduction the habitus is representative of microsocial factors and the field representative of the macrosocial.

Within sociology, the family has been considered to be patriarchal and passive to the wider social system, the state and the market. In chapter one I have set out an understanding that emphasizes interrelationships, whereby care has been structured within a gendered family form for the benefit of both the state and the market. This formulation is based on an understanding of the autonomous citizen who does not require care; the autonomy myth (Fineman 2004). However, further evidence presented in this chapter indicates that the structuring of care is being played out through the

gendered identity of women, whereby there is a cultural association between gender and care, through motherhood. The notions of habitus and field provide mechanisms for interrogating overlapping factors, whereby the social is formulated through the individual. Negotiations associated with what it means to be a mother incorporate the social structuring of care, privatized roles with an unmistakable public outcome (Fineman 2004). Social relations that are established through regulated behaviours incorporate institutionalized notions of family form and function, including the role of women-as-mothers. Bodies are socialized through practical knowledge that incorporates beliefs about behaviour through techniques, training, social sanctions such as the good and the bad mother. Beyond common beliefs about the family form and function, there are conceptions of what it means to be a mother which are also highly naturalized;³² this is what women do when they become mothers.

Individuals determine action through dispositions that are constituted in the realm overlapping between the habitus and the field. These are formed through socialization, with a propensity to act in a prescribed manner. Behaviour is moderated nonetheless through a feel for the game, weighing up the possibilities and determining practical action. All of these factors are relevant to decisions made by women after the birth of an infant. In earlier, breadwinner times when care was highly gendered, women generally had little choice but to take on the maternal role, however, in this period of change, factors such as these are relevant and provide windows onto an interlocking array of elements, individual and social.

Identification plays a part in my analysis of identity (Castoriadis 1997; Elliott 2004; Benjamin 1998). Depending on who or what one identifies with, be they traits, values

³² This is related to what is depicted as the nature/nurture debate and is not a topic for my thesis.

or personalities, this informs decisions and consequent action. Birthing a child often links generations of women, mothers to daughters. Many women recognize their experience of being mothered as an influencing factor over their own mothering. Identification is also critical to inherence whereby it acts in binding individuals to identities (McNay 2000). Identification with one's mother is complicated by significant generational changes in expectations in both workplace involvement and child development, often requiring considerable adjustments or alterations. For this reason, an identification that has become critical in recent years is the interests of the child. The burgeoning field of literature on the meanings and practices associated with mothering is indicative of attempts to reflect on these identifications with the potential to find new forms. This is amongst the themes I have explored through the interviews with new mothers.

The role played by women within families has historically acted as a conduit in the transmission of non-economic capitals. The Bourdieusian (2007) 'capitals framework' provides a means for describing the negotiation of interest by women as social agents; transferring personal economic gain for the benefit of social and/or cultural capital. This is an expanded understanding of resources. These categories of capital, accumulated resources, fall into place under the wider capitalist system, although the economic is at the root of all other capitals. This expanded notion of capital is productive in explaining negotiations that women traverse when they become new mothers, while also providing a means for quantifying the outcome of care.

A breaking down of the patriarchal nature of the family is evidenced in the individualized and gendered nature of the options. While many women continue to facilitate both social and cultural capital through their role within the family, there is

evidence of a self-consciousness that was not previously possible. Care continues to be structured through a gendered family form despite the breaking down of the patriarchal nature of the family. The circumstances are both constraining and liberating for women in that there is the potential for greater choice but this brings with it greater responsibility, the consequence of action individualized. Within this realm there is also a 'principle of transformation' (Bourdieu 1997) whereby there are operations between time and aspirations. The extent to which aspirations inform action is indicative of the social agent's connection with time.

Bourdieu's (1997, 208) notion of time is useful because of his focus on the development and transference of non-economic forms of capital. Players make investments in the hope of returns, though the benefits cannot be guaranteed. Power is enacted through time, the mechanical passing of moments in time, say, waiting for something or someone, in itself does not engage with power, or actualization. It is when time and intention meet, when power over one's becoming interacts with the moment that time comes into play. This is where interactions between time and identification are relevant. The sense of self can be drawn into the future through aspirations for the child. Unrecognized intersubjective dynamics between the woman-as-mother and the infant/child conflate the outcome whereby the interests of the child are critically connected to the interests of the mother. In a context where time is experienced in relation to the practical expectations, hopes, investment in a game, the tendencies immanent to the game, and the probabilities of fulfilment, there is an easy slippage from self to other.

Knowledge and signification are important in this regard, in terms of how we think about what it means to be a mother, whether it is a role with the related responsibilities

for care and all that entails, or a relationship between two social subjects. The first of these is heavily influenced by social structuring and cultural expectations with associated beliefs drawn from life experience. 'Symbolic violence' (Bourdieu 1997, 170) is relevant here and is evident when the actions of social agents are determined by factors outside of the self. This kind of violence is apparent when social agents feel compelled to act out prescribed roles to evaluate and express themselves; the dominated represent themselves in the form characterized by externalized authority, for example, by acting out social norms that are based on racist or sexist beliefs. Mothering as a relationship provides a basis for fluidity whereby the connections are negotiated through aspirations in time.

The concepts of radical and social imaginaries (Castoriadis 1987) are also formulations of interactions between social agents and the social structure; microsocial and macrosocial factors. Social agents have a capacity for phantasm, the radical imaginary. Creativity or new ways of seeing things emerges from the singular but takes form through the social in new ways of understanding or new ways of doing things. These formulations provide for a touchstone between the psyche and the social. Signification which is static becomes important in this regard, whereby meanings are represented. However, understanding is fluid and thus knowledge is always contested in the social imaginary. There is always a gap between the society as instituting and that which is instituted. To be meaningful, all social relations must pass through symbolization. Societies are not simply functional but are permeated with meanings. The symbolic refers to the way in which aspects of social life are invested with meaning, not solely dedicated to function. There are different forms of symbolization, and language is primary.

An understanding of interactions between radical and social imaginaries focuses on relations between significations, in this case motherhood, and their supports, women-as-mothers (Castoriadis 1987, 1994). The social imaginary must pass through the symbolic to express itself; there is an intermeshing. The symbolic cannot exist without the human capacity for phantasm; there is an interdependence between the two. The symbolic is dynamic and contested and operates at a collective, rather than an individual level. The imaginary defines social identity, the specific orientation, a unity to gesture, meaning, content and style; a system of significations. The individual is a product of the social, which is a collective category. The other is always present in the discourse of the self, and autonomy is cast as a social relation and a collective enterprise. This is where significations for what it means to be a mother are critical. They are represented socially through prescribed roles and responsibilities and are enforced through law and convention but are also conveyed through tradition and belief and provide a basis for a common understanding, a collective subjectification.

When contemporary women prioritize the care of their infants over personal economic gain, say by negotiating capitals, this can be interpreted as ascribing to traditional gendered roles. And yet the disjunctures and ambivalences indicate something quite different; there is a gap in meaning. Therefore the interpretation of meaning becomes a site for investigation. What are contemporary women doing when they are mothering? Are they reflecting on the roles and meanings associated with mothering? Is there a lack of fit and if so, is it giving way to a critical reflexive stance? These are questions that have informed my study. There is evidence of fluidity between structure and agency through identity. Processes of change work through meanings, however, it is critical to locate tensions between factors that work through culture and the wider social structures.

Reflexivity is understood to be present when there is a self-conscious shaping of action; a reflexive awareness (Bourdieu 1997). Reflexivity plays a central role in my analysis of intersections between fields. An increasing sense that ‘something is not right’ is informing much of the ambivalence about contemporary mothering. Women are generally having children later in life and therefore bring with them an expectation of gender equity born from experience. These expectations are fuelling a discontent, and yet these same women often feel an intense connection with their infants. The working through of these disjunctures has led to a recognition of the critical role of ambivalence both in asserting the self but also determining new knowledge, new ways of understanding. This is where the psychoanalytic work on intersubjective dynamics between mother and infant, but also intrapsychic processes of the self, are relevant and useful both in explaining critical connections between women-as-mothers and their infants but also by way of locating the maternal self.

Conclusions

The first two chapters have brought attention to the outcomes of the social structuring of dependency/care for women-as-mothers in terms of the sense of self. The first chapter looked at this in terms of the social structuring of the family and the second in light of outcomes that are evident through identity. Chapter two highlights a coherence between the macrosocial and the microsocial that is indicative of a colonization of identity positions through moral associations with motherhood that can have the effect of disciplining behaviour. Amongst this research, however, there is also evidence of a fluidity that can come into play through workplace attachments and/or cooperative relationships with the husband/partner. There are both social and cultural factors that

are gendered, nevertheless there is evidence that women are negotiating these factors and effecting change to practices and to meanings. I have set out to interrogate the related dynamics, seeking to identify what women in contemporary Australia are making of motherhood, its practices and meanings. I question the efficacy of propositions regarding reflexive modernity to account for a disentanglement between gender and social reproduction. Citing evidence of interactions between narrative and identity that structure possibilities for women after the birth of a child, I have brought attention to the limitations of this approach. I have furthermore given examples of the value of setting out the workings of power through knowledge while highlighting limitations in the approach. I am challenging a continuing reliance on values or morals as a means of understanding action. I am arguing that it is possible to identify tensions between cultural practices and social structuring through an analysis of practical action.

The next chapter highlights a continuing medicalization of birth with an emphasis on the maternal role, adaption or transition in postnatal services that feeds the association between selflessness and motherhood. These insights are brought together with understandings derived from psychoanalytic work on intersubjective dynamics between mother and infant to provide a means for locating the maternal subject through these interpersonal relations.

CHAPTER THREE

Ante- and Postnatal Services:

Maternal Role Attainment to Intersubjectivity

Women's capacity to reproduce is subject to different interpretations. Biology is not destiny. But its very importance lies in the fact that it must enter in some form into the logic of every social system and every cultural ideology. (Oakley 1993, 19)

An enduring characteristic of post-industrial society is changes to gendered practices. The birth of an infant marks for many women a gap between their expectations and their experience that challenges their sense of self. There are clearly socio-economic factors that contribute to the perpetuation of gendered roles after the birth of an infant. Large numbers of women do not have access to maternity provisions and many couples are not entitled to family-friendly workplace conditions. Nonetheless, government concern with a declining fertility rate in the early twenty-first century is testament to critical links between social reproduction and economic growth (Beck and Beck-Gernsheim 2002, 76). The privatization of care forces issues related to gender equity back onto the family, and these are often played out through maternal identity. In addition to continuing inequalities in the gender division of domestic labour and the reality of negotiating work–family tensions, there are important intersubjective dynamics between women-as-mothers and their infants. A lack of recognition of the emotional and psychological effects of pregnancy, birth and mothering within the related health services effectively reinforces the breadwinner heritage by relying on naturalized and gendered associations between women, motherhood and care.

Motherhood has historically been associated with altruism and moral virtue. Debates about the welfare of the child often fall back onto moralized expectations of mothers and arguments for the primacy of mother care. The bio-medical model of maternity that is concerned with quantifiable health outcomes for mother and baby, to the exclusion of the social and cultural context of birth, has the effect of augmenting views of the 'good mother' and women as natural carers (Oakley 1993; Niven and Walker 1998; Kitzinger 2005; Miller 2005; Buultjens and Liamputtong 2007). This strategy is reinforced through the associated privatization of care, as noted in earlier chapters, whereby practices within families have been understood as separate from the public realm.

Because the family has been historically gendered, the purpose and the fulfillment of women-as-mothers have been closely linked to the achievements of the child.

Continuing debates about 'intensive mothering' initiated by Sharon Hays (1996) are relevant to an ideology that holds women responsible for the care and the well-being of children. The needs and interests of the woman-as-mother are closely tied to the needs and interests of the infant/child but my concern is why and how women are drawn into mothering as a career. Why does the discourse on the 'good mother' carry such weight? How is the good mother discourse related to the negative impact of the birth of an infant on maternal health and subjectivity, as identified by the TtoP research?

Pregnancy and birth are unique events. They are clearly biological with potential for medical complications, yet they are importantly social with significant cultural import (Oakley, 1993; Thomas 2000; Kitzinger 2005). The effect of pregnancy, birth and mothering is often profound and life-changing for many women, unearthing 'a continuing and troubled relationship between maternal embodiment, choice and

freedom' (Kevin 2005). Landmark work by Anne Oakley (1980) found a considerable gap between the expectations of women and the reality. This issue is of continuing concern and yet health services have generally retained uniform practices (Miller 2005, 113).

Meanwhile, medical and psychoanalytic discourse has been scrutinized precisely because of an essential divide between body and mind, often played out through notions of femininity and masculinity that inform everyday practice. In the thesis, this is formulated in terms of an overlay between the habitus and the field whereby the sense of self is conflated with a social role. Studies by Margrit Shildrich (1997) and Jane Ussher (2006) are touchstones for ways of thinking about mechanisms or techniques for regulating the maternal body.

This chapter considers ante- and postnatal services as a conduit between social structuring and cultural trends. While mindful that pregnancy, birth and early mothering are predominantly social events, the health services are central to the milieu in which the social relations of reproduction are played out. An articulation of the associated social and cultural representations of care takes place through messages conveyed in unspoken assumptions to the clientele, the women who are birthing, and are identifiable through the training manuals of midwives. Because the subject of the woman has been historically brought together with the infant/child through care and a naturalization of the role of woman-as-mother, women are often left to grapple with meaning. In 1993 Oakley identified medical science as implicit to the perpetuation of the social relations of reproduction:

In the contemporary industrialized world, medical science and allied disciplines, in claiming specialist jurisdiction over all aspects of reproduction,

have become the predominant source of social constructs of the culture of childbirth. The professional obstetrical view that childbirth is a pathological process and women are passive objects of clinical attention has become an integral part of the way in which the community as a whole sees childbirth. Science is in this sense itself ideology; it is certainly not a matter of objective 'fact'. (Oakley 1993, 20)

These health services remain heavily medicalized (Reiger 2006, 338; Thomas 2000). The vast majority of births occur in hospitals with a reliance on a technological response to variance. There has been a recognition in the international research on the lack of both services and research on the postnatal phase (Henderson 2001; Marchant 2004) while the emphasis continues to be heavily focused on the well-being of the infant and the physical recovery of the mother.³³ Denis Walsh (2004) accentuated the lack of midwife-initiated and -led research on pregnancy, birth and maternal care, with an absence of focus on women's experience.

This chapter highlights tensions between cultural practices and social structures through the related health outcomes. Entrenched divides between a maternity movement and the medical profession have resulted in a continuing failure to attend to these concerns. When movements for change insist on 'woman-led care' and/or 'continuity of care', their demands are individualized and enhance the interest of groups of women at the expense of the recognition of social determinants and institutional change. The chapter goes on to locate practices carried out by nurses, midwives and postnatal services as a form of social structuring, drawing from an array of techniques and discourses to manage the conduct of individuals. An objective that is

³³ A Mother and Child Health Research Centre established by the Victorian government is conducting research on postnatal issues. These studies have been primarily hospital based and thus concerned with the early months after the birth but have more recently expanded the focus up to four years afterwards.

most often formulated is in terms of the well-being of the woman-as-mother and family functioning (Borjesson, Paperin and Lindell 2004; Killoran Ross 2001; Haggman-Laitila 2003; Leahy Warren 2005) or maintaining a sense of identity (Earle 2000). This generally happens through a common reliance on an assumed maternal role in the perinatal services that characterizes the good mother as naturally devoted to care. This is perpetuated through social and cultural practices (Rogan et al.1997) that have historically conflated the woman-as-mother with the maternal role in references to ‘maternal role attainment’, adjustment and/or transition to motherhood, a naturalization of motherhood that links women with the requirement to care in midwifery literature.

Practices and assumptions built into the related health services need to be considered in light of a continuing, gendered association between the work-of-care and selflessness (Williams 2001; Rubenstein 1998). This proposition is conveyed through a continuation of associations between gender and care. The message carries with it a profound contradiction whereby the good mother does not put her needs first but she sees the world in terms of her child/ren’s needs (Oakley 1993, 24). The women interviewed for this project prioritized the care of their infants, however, they did so within a context that conflates the interests of the mother with the child. Therefore, women often project themselves into the future through their role as mother, as a role model, with an associated assertion of selflessness.

The chapter links this emphasis with what informants spoke of as the need to become selfless when you are a mother; a belief that is evident in the literature (Hays 1996, x; Nivan and Walker 1998, 4). This belief informed the decision-making of the interviewees; their sense of self was tied to their role as mother. This was clear when discussing the required adjustments after becoming a mother that fed into long-term

employment prospects. In regard to this Hilary (12) said ‘when you are faced with some sort of crisis, like being a mother, and suddenly you are trying to redefine yourself’. Tamara (4) continued ‘you just don’t think about yourself any more, you’ve got your baby to look after because they are so dependent on you’. Marine (6) commented in regard to identity ‘oh its gone out the window’ and Barbara (7) ‘It changes how you look at yourself, motherhood has made me constantly question myself’. Carol (7) remarked ‘it’s a wonderful and rewarding experience but it is very hard to lose the sense of who you are’.

Quandaries related to the self were explained by some of the participants in terms of their life course, and being discouraged from pursuing chosen goals; they were determined to not do the same with their child/ren. But motherhood was often thought about in terms of a career with a job description that focused on enhancing their child’s life experience. The meaningfulness and/or the associated guilt that came with the care of infants are indicative of intersubjective dynamics. The chapter introduces work from within psychoanalysis that can inform these services while locating a subject position of the woman-as-mother. It argues that a psychoanalytic perspective on intersubjectivity can incorporate women’s experience into the health services in a sensitive and unprogrammable way rather than an exclusive concern with infant outcomes and a taken for granted acceptance of privatized care. This approach understands practices and assumptions built into the related health services as touchstones between wider macrosocial factors and internal microsocial formulations that bring together the self and society.

Changing midwifery practice

In the later decades of the twentieth century critical battles have been fought between midwives the ‘organics’ and obstetricians the ‘mechanics’ (MacColl 2008) over birthing practices. The maternity movement has championed the right of women to adopt their birth preference (Tew 1998). This polarization has often been cast in terms of gender difference, for example the patriarchal bio-medical technocratic model, and a female midwifery, woman-centered approach. These propositions, nevertheless, rely on faulty conceptions of gender difference and thus fall into the trap of binary thinking and essentialism (Walsh 2004, 67). In the 1990s the homebirth movement came to represent the range of issues related to a de-medicalization of birth, and when this was marginalized because of indemnity issues, so was much that the movement stood for, including calls for improvements to postnatal care. The focus of postnatal research has been most often confined to the early months postpartum and thus generally bypasses this social perspective. The homebirth strategy has been to empower women, and/or couples in their birth decisions. Yet an entrenchment of these polar positions is evident through an increasingly privatized and medicalized model (Marchant 2004; Thomas 2000; Reiger 2006; Tew 1998; Kitzinger 2005) which in Australia has forced midwifery services into hospital settings (Tew 1998, 23) or resulted in increasing numbers of doulas³⁴ going into private practice.

At the same time, issues and topics related to women-as-mothers have proven difficult to access and analyze within the wider feminist movement. Critical touchstones are evident through work on the family (Silva and Smart 1999; Irwin 2005; Jagger and Wright 1999), the social structuring of care (Kittay 1999, 2002; Folbre 2006),

³⁴ A doula is an assistant who provides various forms of non-medical and non-midwifery support (physical and emotional) in the childbirth process.

embodiment and the maternal body (Davis and Walker 2008; Betterton 2002; Webster 2002), and cultural and philosophic critiques of motherhood (Hays 1996; Kristeva 2007). Oakley (1980, 1993), and Fox and Worts (1999) provide an important sociological or psychological (Niven and Walker 1998) context to issues raised for women-as-mothers, emphasizing links with social reproduction and a privatization of care, and Miller (2005, 98) reproduces a public–private divide through an emphasis on narrative. While Walsh (2004) calls for a holistic approach to birth, bringing together the physiological, psychological, emotional and the social. He joins Reiger (2001, 7), MacColl (2008) and Marchant (2004) when they speak about a lack of feminist academic engagement with issues and topics related to maternity and birthing practices. This outcome results from a segmentation of critique through disciplinary boundaries. Within the field of midwifery an important study by Hunt and Symonds (1995, 139) provides a critique of cultural practices within two hospitals in Britain. Embedded within this is the public/private divide that has plagued the wider field. Rafferty (1996), Holmes and Gastaldo (2002),³⁵ McKeever (1996) and Rudolfsdottir (2000) are concerned with the workings of knowledge and/or power and how these are constituted through nursing practices.

Midwifery is a cultural and historical practice that differs through culture and time. The recognition by Oakley (1980, 1993) of a health system concerned with childbearing rather than childrearing continues to be evident through ante- and postnatal services that are heavily focused on the medical aspects of pregnancy, birth and early mothering, seemingly to the exclusion of the social or cultural effects. The medicalization of birth psychologically characterizes women as reproducers, confusing the individual with the social. This continuing emphasis is increasingly out of step with

³⁵ Note: Holmes and Gastaldo (2002, 560) referenced Foucault (1990) saying that epidemics, fertility, and life expectancy are at the core of the rationalities of government.

cultural trends towards ideals of gender equality and companionate relationships (in the TtoP literature, for example: Cowan and Cowan 1998; and in the sociological discourse Giddens 1991) and/or the expanding diversity of family forms (Woollett and Nicholson 1998). Trends towards shared responsibility for care between couples have not been supported by government policy and women were seriously disadvantaged by the failure of health services to recognize these shifts (Marchant 2004, 73). The disjuncture, evident in the health and well-being outcomes for women after the birth of an infant, is often played out through issues related to identity.

A definition of the midwife's role includes an ability 'to give the necessary supervision, care and advice to women during pregnancy, labour and the post partum period' (Thomas 2000, 181). The abovementioned trends are taking place while the emphasis in midwifery has moved to 'continuity of care' and/or 'woman-led care' whereby the relationship between the midwife and the woman who is birthing has become paramount (Page 2000, 1; Thomas 2000, 178). Through strategies such as these, midwives seek to empower women, providing access to knowledge and support so as to enhance their birth experience. The determination of 'what is necessary', however, is a moot point, in light of the complex social and psychic dimensions to the experience. Women and their babies have been historically brought together through care. This is evident in the social structuring of welfare through the gendered family form but further to this from a psychoanalytic perspective, in the first weeks and months after the birth, the mother and infant 'does almost realize a psychical system' through care (Elliott 2004, 84). In response to this intermeshing of self with other, through social structuring and the psychic experience of birth and early mothering, the midwifery project 'to be with women' is limited in two ways. The first is the disciplinary framework in which nurses work. The professional boundaries of nurses and medical

practitioners are framed by quantifiable health outcomes that are held apart from the wider social structures through a divide between a medical and a social model of health (Thomas 2000, 174). The emphasis of the Australian Women's Health Network has more recently highlighted the need for gender analysis to be included with a social model of health (AWHN 2008, 16) in recognition of significant social influences over health outcomes. The second limitation is a bringing together of the subject of the woman-as-mother with the child through care, with a slippage through an assumed maternal role that informs midwifery practice, evident in references to maternal role attainment, adjustment and transition.

Nurses as social practitioners

Critiques of nursing raise issues to do with the political role of the discipline. They explore tensions between the medical and the nursing professions and question the role of the nurse within the framework of social divides such as gender and class. Anne Marie Rafferty (1996, 187) sees the dilemma for nurses being that they are charged to care in a society that refuses to value caring. This is fuelled by a 'cult of domesticity' (Williams 2001) whereby the character of the nurse is essentially tied in with the caring role of women within the private realm of the family; and therein is the source of her subordination and her supremacy. Nurses operate within a web of power relations producing knowledges that are conveyed through expectations. Assumptions are embedded within the healthcare system that are indicative of a knowledge and power nexus (McKeever 1996; Oakley 1993, 20). Essentialist beliefs that underlie the curricula are passed on, often without comment, something known by association. This institutionalization of knowledge informs individual women, the micro-social, and is thus harmonized with the external social environment, the macro-social.

This focus is evident in a study carried out by Holmes and Gastaldo (2002), who analyze the role of midwives as a form of governmentality. Midwifery practices are understood as a means of governing individuals through techniques and discourses which affect the management of subjects, effectively promoting desirable subjectivities. The aim of policy is to establish standards of the 'good patient', the 'healthy citizen', or the 'caring mother'. 'What remains', say Holmes and Gastaldo (2002, 564) in this project, 'is the need to articulate power exercises with political rationalities to which groups of nurses subscribe and to analyze the governmental technologies we develop and support'. Their focus is on the social location of nurses, competing discourses within the discipline, and the relations between social and health policy, whereas my study is concerned with the women who are birthing, the clientele. What of the social relations of care? To what extent do women-as-mothers have agency, and what part do the health services play?

This project is formulated in terms of overlapping relations between notions of the habitus and the field. The habitus is representative of the socialized body, an embodied history that is internalized through dispositions, practical knowledge and identification while incorporating the potential for transformation that lies in the gap between the expectations and the experience. The field includes broad classifications such as the state and the economy but also social categories such as the families, social class, gender and race. This formulation provides a means for accessing touchstones between the self and society through overlapping dynamics. The ante- and postnatal services move with women through pregnancy, birth and early mothering and are thus formulated on the basis of government policy that includes social categories such as the family, motherhood and fatherhood. Therefore there is a need to critically evaluate

social and cultural understandings, the knowledge base that informs practice that is passed on to women who are birthing. Midwives,³⁶ maternity and child nurses, postnatal practitioners play a crucial role, and thus analyzing understandings and assumptions that inform their work is important. Textbooks are a useful resource for interrogating this embedded knowledge.

Through the services related to pregnancy, birth and early mothering, nurses move with women through their experience. Through care, the focus of their attention is concerned with alleviating suffering for mother and baby, while assisting women with the everyday caring needs of their infants. These regulatory practices generally place emphasis on the child and there is an assumption of gendered behaviour, that women will be the primary care-givers. Rudolfsdittir furthermore noted implications whereby judgments are made:

Implicit in the regulation of the health of mothers-to-be are normative ideas or 'certain expectations' about proper motherhood such as who should be a mother, who should not, who should be given extra care, what qualities new mothers should have and so on. (Rudolfsdittir 2000, 339)

What are considered to be norms of behaviour are, however, an evaluation and interviews carried out by Rudolfsdittir (2000) with young women about their experience of pregnancy and childbirth found numerous examples of resistance to the knowledge and truths produced by the medical, healthcare discourses.

³⁶ When I refer to Midwifery this can be read to include Maternal and Child Health Nurses generally, both ante- and postnatal care for pregnancy, birth and early mothering.

This critical stance was also evident in my data. Many of the research participants described the Maternal and Child Services (MCS) as being child focused, with little opportunity, or expectation for women to raise broader social, cultural or personal issues. One of the respondents, Beverley, broke out at her eighteen-month check-up with the nurse, saying that she was filled with ‘frustration and emotion’. Barbara used her wiles to identify the nurse best equipped to talk through the many issues she confronted. Because the nurses were not trained to engage with the social and cultural aspects of birth and early parenting, she sought out nurses who brought these life skills to the job. Hilary avoided the services ‘like the plague’ (Hilary, 15), while others spoke of the services as ad hoc, or unhelpful.

The literature recognizes that women suffer ill-health beyond the twenty-eight day period after giving birth (Henderson 2001). Marchant (2004, 81) described the divide between the intention and the provision of postpartum care as a ‘yawning gap’ with a significant discord between the services and the postpartum need:

Women voiced a need for more information and support in order to make the best choices in their new role as a mother, for themselves, their infants, and the family as a whole. (Marchant 2004, 81)

Note here that even the critiques of the midwifery discourse fall back on the notion of a maternal role.

Extensive findings, evident through the TtoP research, demonstrates the negative effect of pregnancy and birth on the health and well-being of women. This trend is also evident in the midwifery literature in Sweden, Norway and Finland, countries often held up as models of social support (Borjesson, Paperin and Lindell 2004; Haggman-

Laitila 2003). Previously mentioned links between mothering and depression, fatigue and disorientation were also evident. Rogan et al. (1997, 877) spoke about a profound change for women-as-mothers that was accompanied by a strong sense of loss, isolation and tiredness. Research by Jan Taylor (2008) quantifies the fatigue that is associated with mothering after the birth, trends also evident in my research.

Jessica explained how she was in a demanding workplace position before the birth. In the earlier stages of the pregnancy she held the expectation that she would take off a maximum of twelve months and then resume her full-time position. Whereas towards the end of the pregnancy she was admitted to hospital for stress related issues and continued 'I think that was the first alarm bell - hang on - there is a bit more than me now to worry about (Jessica 4). The birth for Jessica was traumatic and she said that she carried some of the effect eighteen months later. Her baby suffered with chronic sleep problems through this time and she said she wanted to write to the medical authorities to complain about her experience of the birth but, Jessica continued, she had been in 'survival mode' for most of this time. Hilary also experienced a traumatic birth and carried the effect well into the second year. She said 'I've had to work hard to differentiate between the good parts of the birth and the medical problems because it really got clouded' (Hilary 3). Hilary (5) continued 'you are left with a twenty-four hour job that is absolutely exhausting (laughing) and you don't get any sleep and you're completely lost and don't know how to do it'.

Seven³⁷ of the interviewees suffered seriously with fatigue over a long period, one³⁸ of these women was treated for postnatal depression, and another for depression in the

³⁷ Jessica, Carol, Marina, Lesley, Peta, Hilary and Julia.

³⁸ Marina.

second year after the birth.³⁹ Another participant⁴⁰ was in counselling for an extended period due to stresses related to managing finances and relationship difficulties. Hilary said she was still recovering from trauma arising from the birth. Of the sixteen participants, two⁴¹ suffered extensive blood loss after the birth that they said was life-threatening and traumatic and another⁴² interviewee was very dissatisfied with the management of her birth. This third participant's baby had chronic sleep problems that continued well into the second year after his birth, contributing to serious problems with fatigue for the mother. One of the babies was held back at the hospital for some weeks after his birth, which was traumatic for his mother⁴³ and another was born with a rare disability⁴⁴ that required a series of operations and continuing treatments.

Table 3.1 Health issues for mother and infant

Fatigue	7
Postnatal Depression	2
Other health issues mother	2*
Other health issues infant and family	3#

** Hilary was still grappling with the trauma that resulted from the birth.*

Julia's husband was diagnosed with cancer within the first weeks after the birth which meant extensive treatment. It was a very stressful time as the diagnosis had been that the cancer would be terminal. However, he recovered and was on light duties at work for four to five months after the treatment. The couple relied on Julia's mother and sister for extensive support with the child/ren.

There is an international trend towards a reliance on expert knowledge on childbirth (Miller 2005) with increasing rates of caesarean midsections and a high incidence of medical procedures (Tew 1998; Thomas 2000; Kitzinger 2005; Woollett and Nicholson 1998, 89). Four out of sixteen or one-quarter of the births for the thesis participants

³⁹ Hilary

⁴⁰ Beverley.

⁴¹ Hilary, Beverley.

⁴² Jessica.

⁴³ Lesley.

⁴⁴ Tamara.

were by caesarean midsection, reflecting the global trend documented by Thomas (2000). These figures are of grave concern to midwives often because of the postnatal consequences for the birth mother:

As childbirth has been increasingly medicalized, obstetricians have increasingly taken control of the care provision for women in pregnancy and labour (but have actually had little interest in the puerperium, leaving the adjustment to parenthood primarily to others, including midwives). (Thomas 2000, 176)

This continuing failure by obstetricians to engage with the social, cultural and personal impact of the birth leaves many women to grapple with the after-effects without information and/or support. Despite these documented health issues, staffing levels remain inordinately low, particularly for postnatal care. One of my participants, Marina said that she had not understood that she might encounter difficulties in the recovery, and it was a 'shock', while Tamara said that she was devastated that a caesarian section had become necessary. Nine of the sixteen women were birthed by obstetricians, who do not attend to postnatal care, and yet women with greater medical intervention are those who often need postnatal support. There is ample evidence (Walsh 2004) that the obstetric profession is male dominated and yet normal births, outside of consultant obstetric delivery suites, have better health outcomes for mother and baby. The vast body of research stresses the primacy of support services in affecting the birth experience and yet the trend towards interventionist, obstetric-led care continues.

The social relations associated with privatized social reproduction construct childbirth as isolated, medicalized and removed from the social context. There are indicators of class differences between women in maintaining a sense of control over the birth and evidence that many women welcome medical intervention because of a lack of

postnatal support. Bonnie Fox and Diana Wort found that this social support may be a critical factor, which influenced decisions made by women towards medical interventions:

What is problematic about medical management is not that it offers too much 'care' but that it substitutes for more general social support of women in labor and after the birth, and offers instead a very limited kind of help – mostly geared to the baby's delivery (Fox and Worts 1999, 338).

While it has been argued that the 'women-led model' of midwifery is linked to the changing role of women in society (Page 2000), the strategy is built on problematic liberal assumptions which individualize the birth experience. Embedded and unexplored in this agenda are contestable notions of motherhood and of family that individualize and privatize care. The burgeoning literature, predominantly carried out by relatively new Maternity Research Centres,⁴⁵ is often surprisingly out of touch with contemporary feminist theory. There is little midwifery research that acknowledges the diversity of family forms and contemporary practices.⁴⁶ An inherent problem with a woman-led approach to care is that women may not know or understand the breadth of the issues they may well confront after the birth of a child, or the social relations of reproduction.

The attention to 'continuity of care' by midwives has been as a means of alleviating the 'shock' of becoming a mother and thus, as Sarah Earle (2000) has noted, contributes to the maintenance of a satisfactory self-identity. However, like the preponderance in the research on the TtoP the prime concern of much of the relevant literature is on the

⁴⁵ For example: Centre for Midwifery, Child and Family Health, University of Technology, Sydney; The Royal College of Midwives, London; Otago Polytechnic School of Midwifery, New Zealand; Florence Nightingale School of Nursing and Midwifery, Kings College, London.

⁴⁶ By way of an exception, Tina Miller (2005).

mental and physical health of the infant/child (Borjesson et al. 2004; Haggman-Laitila 2003; and Rogan et al. 1997). Two of these reports assert that midwives and maternity nurses are well placed to provide information and facilitate support networks, while Haggman-Laitila (2003) concludes that the overall analysis of the family situation by maternity and child welfare clinics is inadequate. A concern evident in much of the literature is in smoothing women into their new life as a mother, with an assumed and gendered association between women and care.

Emphasis on Maternal Role Attainment, Adjustment or Transition

There has been an emphasis on transition within midwifery and postnatal research and this is evident in five extensive studies.⁴⁷ The experience of first-time mothers was generally spoken about in terms of a ‘rite of passage’ that initially impacted on the mother’s identity (Pairman et al. 2006, 153). The historical and gendered structuring of care brings with it contestable associations between motherhood and gendered caring routines that detach many women from the workplace and is strongly associated with prescribed roles within these health care services (Oakley 1993, 25).

Nursing research has been heavily influenced by medical and psychological approaches to understanding the experience of new mothers. For example Reva Rubin’s (1967, 1984) work on ‘maternal role attainment’ and the bonding theories of Kalus, Bowlby and Ainsworth commonly fall back on concepts such as adjustment and transition to motherhood. Nurses and midwives have been grappling with issues related to the identity of women-as-mothers for some years. Rubin’s ‘maternal role attainment’

⁴⁷ Two studies from the United Kingdom drew from interviews with 17 participants (Miller 2005), and 19 participants (Earle 2000); a Swedish project (Borjesson et al. 2004) circulated a questionnaire with 122 mothers; an Irish study (Leahy Warren 2005) circulated a questionnaire with 135 first-time mothers; and a large Finnish program (Haggman-Laitila 2003) included 1619 families (1000 supported with group activities and 551 families given support in their homes).

evolved into what she referred to as ‘maternal identity’, though Rubin spoke about the process in terms of ‘binding’ whereby the woman’s mother became the strongest model. This was challenged more recently by Ramona Mercer (2004) who offered an amended version of what she called ‘becoming a mother’. Some of the studies refer to a reciprocal relationship between mothers and infants (Walker, Crain and Thompson 1986) and what was spoken of as ‘engaged mothering’ in the case of African-American women (Sawyer 1999) or incorporating motherhood into one’s sense of self (Nelson 2003) whereby some emphasis was given to interaction, evocative of the intersubjectivity spoken of by Jessica Benjamin. A fellow practitioner of Benjamin’s, Daniel Stern (1998), derived the term ‘the motherhood constellation’ to depict intersubjective dynamics between mother and infant. He sets out the beginning of this new sense of self during pregnancy, and moves through phases from the birth into the early months postpartum. Central aspects of these ‘adjustments’ are thoughts about being a mother, changes to relationships, the sense of self, the life course, and thoughts about the baby, much like the TtoP literature. But, as with the midwifery literature, Stern emphasizes motherhood as a role and he says ‘Even if you share the tasks with your mate, as you will undoubtedly do, society has designated you the true task owner’ (Stern 1998, 16). The stages of a non-reflective doing, living in the shadows, and moving on to a reclamation of the self, as set out by Hartrick (1997) of the self-definition for women-as-mothers with children aged 3 to 16, is more emblematic of processes of interaction that women engage with, rather than this earlier referenced notion of preordained roles.

The midwifery literature rarely moves beyond an identification of these social, cultural, political factors or attempts to explain these adjustments or transitions. TtoP literature emphasizes the behavioural and psychological aspects of new parenthood and

associated identity issues that are exemplified in chapters one and two but also highlighted in the midwifery literature by an Australian study carried out by Rogan et al. (1997). This research, using a Grounded Theoretical Approach to a study of fifty-five first-time mothers, identified a significant gap between the expectations and the experience of women when they became a first-time mother. The women were interviewed between two and twenty-six weeks postpartum, a mean of 11.8 weeks, a weakness identified by the authors. Even critiques such as this, while they concluded that there was a need to identify socio-political and cultural factors that influence the experience of women-as-mothers, continued to speak about early mothering in terms of adjustment, or transition:

... the analysis suggests that preoccupation with individual women rather than their social context prevents full comprehension of their problems and limits the assistance provided to women in adjusting to new motherhood. (Rogan et al. 1997, 884)

Two simple and clear values for new midwifery set out by Lesley Page (2000, 3) in a recently published textbook for midwives were that firstly, the birth is a fundamental life transition in which the experience may influence the whole life of the baby, the family, and future generations; it is entry to the world and to all the possibilities of a new life. And secondly, for the mother and the father, 'it is a journey to a new life of different roles and responsibilities, a new life requiring adaptation and sacrifice'. A further example of this prescriptive approach is to be found in *Midwifery Preparation for Practice*, Pairman, Pincombe, Thorogood and Tracy (2006). This text provides an excellent historical overview of theoretical approaches to the study of medicine and midwifery, concluding with the most recent postmodern work on reflexivity, subjectivity and difference. The chapter called *Transitions*, by contrast, draws on

theoretical underpinnings from Bowlby's attachment theory to maternal role attainment and behavioural and psychosocial aspects of transition and care giving systems. It looks at the issues from an individual psychological perspective and fails to engage with the wider sociological critiques. The most disappointing aspect is the discussion of transition to motherhood where the author quickly moves on to topics and issues relevant to child development rather than acknowledging, or addressing, key issues of concern for contemporary women.

References to woman-centered care are hollow in light of this continuing lack of attention to assumed and gendered divides that informs practice whereby the woman and infant are held together through care. These tensions are individualized and carried over to the meanings and practices associated with being a mother and, in turn, played out through identity. The standard antenatal services in Australia conclude at six weeks after the birth and the focus of the Maternity and Child Health Nurses is predominantly on infant health and the physical recovery of the woman-as-mother. This following section highlights a continuing belief in the selflessness that is conveyed when there is little place for the subject of the woman-as-mother and how this can be both explained and overcome through understandings on intersubjectivity between mother and infant.

Impact on women – ideal of selflessness

There have been continuing attempts to critique naturalized associations between women and femininity, and the mother-child relationship stands at the centre of this discourse. The maternal body represents an axis to the aforementioned paradox and access to rights. The interests of both mother and infant/child are generally held together through care with associated and naturalized roles and responsibilities.

However, feminist work within psychoanalysis provides for an understanding of intersubjective dynamics between mothers and their infant/child that locate the subject position of the woman-as-mother and facilitate reflexivity. This work overlaps with a wider critique of the social structuring of care. But further to this distinctions between care as practice (Abrams 2001; Beasley and Bacchi 2005; Pocock 2006; Lewis and Guillani 2005; Williams 2001; McClain 2001; Fineman 2004; and Folbre 2006) and care as an ethical or moral stance (Sevenhuijsen 1998; Kittay ; Held 2006; Duncan, Edwards and Reynolds 2003; Oliver 1997; White 2001; and McDowell, Ray and Perrons 2005) are embedded within the field. My research has led me to join the first group who advocate the practical nature of the work of care over moral associations.

In this section I draw from the work of Rozeka Parker (1997, 2005), Jessica Benjamin (1995, 1998), Wendy Hollway (1997, 2006) and Lisa Baraitser (2009) to argue that the intersubjectivity between mother and infant and the associated dynamics of recognition and negation precede the moral realm. Mother–infant interactions provide the conditions for a capacity to care, as argued by Hollway. However, within this particular historical context, ambivalence can promote reflexivity and in turn facilitate these self-other interactions. Like any relationship the dynamics are not morally based but can be enhanced through the social and cultural context.

The popular discourse on motherhood promotes a continuing association between women and the needs of children, gendered caring routines,⁴⁸ while work in intersubjectivity provides, in theory, a space for reflecting on interactions between self and other, as these are played out through mother–infant dynamics. I have integrated

⁴⁸ This association has been perpetuated through varying forms of maternal feminism. This is a topic, spoken to in a later chapter, which is importantly related to the paradoxical nature of the experience whereby an ethics of care has been located through maternal experience. Whereas I assert the obligation is collective rather than individual to facilitate the requirements of care.

some of this thinking with the interview data, including references to notions of the omnipotent mother, and/or the omnipotent child, in light of the knowledge base that informs midwifery practice.

Through care, women and infants/children are brought together, however the relationships are objectified through roles that serve to reify omnipotent dynamics. This work on critical processes of interaction between mother and infant has rarely been taken on by ante- and postnatal services while a continuing emphasis on transition and adaption reinforces roles. Women are generally sent home with little reference to the complexities of the experience between themselves and their infants in terms of the self. There is a continuing emphasis on the physical health of the infant which is coupled with a cultural predilection towards maternal attachment, bonding and maternal role attainment. This is based on an understanding of the well-being of the child that does not account for the subjective experience of the woman-as-mother. A necessary development in this regard is a reappraisal of these services to incorporate recognition of the separate subject position of the woman from a maternal role so as to promote reflexivity; this is in the interest of both mother and baby. The following section explores the meanings, including outcomes such as decisions regarding employment, that the interviewees associated with being a mother and how they are played out through the sense of self. I consider beliefs about mothering and experiences of women-as-mothers drawing on psychoanalytic accounts on intersubjectivity.

In this context of care, women's aspirations can easily slip from self to other, and there is often a conflation of the self with the other in the mother–infant dyad. Psychoanalytic theories of intersubjectivity provide a basis for both explaining this overlapping of interests but also render a means for distinguishing the mother self from the child self.

An understanding of differences between self and other through dynamics between recognition and negation provides a means for understanding necessary processes of connection and separation between mother and infant/child. These are dynamics that provide the basis for the ethical subjectivity in the infant/child but also the alterity, a separation of the psyche between mother and infant/child. The psychic work of care is concerned with reciprocal identification, which is drawn from a sense of shared reality and/or mutuality whereby the mother is separate from the infant, a centre of subjective experience. This is a sense of otherness that can facilitate reflexivity. The relational school of psychoanalysis, which includes the work of Hans Loewald, Thomas Ogden, Stephen Mitchell, Jessica Benjamin and Wendy Hollway, locates the psychic work which is at the centre of care within the wider biological, historical, structural and psychological context that influences and/or facilitates change.

This project to elucidate intersubjective dynamics between women-as-mothers and their infants links with the sociological critique through the associated meanings. What it means to be a mother in the contemporary context is caught up with tensions between drives towards gender equity, bringing more women into the workforce, and the requirements of care. Publications reflecting on this juxtaposition capture this disquiet in titles such as: *The Impossibility of Motherhood* (DiQuinzio 1999); *Weaving Work and Motherhood* (Garey 1999); *The Cultural Contradictions of Motherhood* (Hays 1996); and *Perfect Madness: Motherhood in the age of anxiety* (Warner 2005). These feminist works have been accompanied by multiple biographical accounts, women reflecting on the associated meanings and practices in their everyday lives (for example: Fox 2003).

When I asked interviewees about the meaning of mothering, some of them reflected with relief on the selflessness of the task. Their lives had taken on a meaning that was greater than personal gain and through their children they were contributing to the future. They saw this as a meaningful goal, which had the effect of trivializing issues that they had been concerned with before the baby came along. An objectification of relationships through roles, however, can slip over into omnipotent dynamics whereby the interests of the mother, or the interests of the infant/child, become paramount. This conflation of self with the other was evident between the women interviewed for the thesis and their infants. This was evident in that the interests of the child required the women to displace the ‘sense of self’; as Carol said:

I guess I had this fairytale ... It’s a wonderful and rewarding experience, but it is very hard to lose the sense of who you are because you just become this machine that is purely there to serve everyone’s needs and at times I don’t even remember what it is to just be a wife, let alone, just to be [Carol]⁴⁹ (Carol, 7)

Carol’s experience can be explained in terms of Lawler’s argument that the psychic work that women associate with care is to reproduce a sense of the autonomous self in their child. This forces her to navigate the contradiction between promoting the autonomous child and yet subjugating the autonomous self (Lawler 2000,158). In this quote Carol is clearly aware of a sense of self that is separate from her aspirations for her child/ren. As with the women interviewed by Lawler, Carol needs to determine a course for herself but, as Lawler argued, insofar as she is being a mother, ‘there is extraordinarily little space for manoeuvre’ (Lawler 2000, 171). Women most often want to be ‘good mothers’ but the social structuring of care in concert with the cultural discourse presents the issues in moral rather than practical terms. An association

⁴⁹ I have changed the actual name.

between mothering and selflessness lies in this juncture and is at the heart of Lawler's thesis. This belief and association holds currency today and was evident in the interview data.

Some of the women I interviewed experienced relief in terms of promoting themselves because, they said, they could pass on their life skills and knowledge to their offspring. The script implies that they were thus contributing to the greater good by promoting social and cultural capital, however they were often quietly grappling with a niggling sense of a displaced self. Barbara's experience of mothering illustrates this dilemma. She and her partner Terry had travelled and worked extensively overseas and this lifestyle had become a large part of Barbara's identity. They were living in a regional centre when they decided to marry and have children. She said 'most people were gob-smacked when we said that we were pregnant, yer, I'd always been, never get married, never have kids' (Barbara, 6). When the couple moved to Canberra, Barbara lost her claim to maternity leave and was disconnected from the workplace. They decided to buy a house and it became necessary for her husband to consolidate his earning capacity and comply with a workplace requirement of longer hours. Barbara was socially isolated but she was determined to provide a stimulating and engaging life for her children born from her own extensive and varied life experience. Both Barbara and Beverley had been nannies, or au pairs, in their former lives, which had given them an entree into contemporary child development expectations and practices, and both women engaged with their child/ren in an intensive way. Barbara said that her daughter:

... looks constantly for me to do things with her because I always have. I guess

I've just seen it as that is your role ... I wish I could feel less guilty. I feel guilty

almost every day but then I've met and I've spoken with other women who have also said, welcome to a lifetime of guilt. (Barbara, 25)

Beverley said in relation to interacting with her child:

I've always had a tendency to be a Pied Piper ... I think that's a great way of parenting because a lot of learning ... more important learning happens in the home ... I'm happy about that but I'm not happy about the organizing the house thing, keeping things in order - another big reason why I stopped the [business]. (Beverley, 25)

This juxtaposition between what both Barbara and Beverley saw as the interests of their child with their own pursuits is indicative of the conflicting relations between the workplace and care, a clash of interests, the children's and the mothers'. Barbara saw that in order to be the mother she wanted to be, she had to make changes to the person she had become. This was because Barbara had a preconceived, and possibly, unexamined view on motherhood as a certain identity.

When I asked Barbara, in terms of personal adjustment, the main ways that the baby had impacted on her life she laughingly said:

Can I go higher than ten? Ten plus, it's huge and I think anyone that says otherwise is just kidding themselves, definitely 10. You've got this old life, and we constantly reflect on it, not with regret, but it's just – it makes up such a huge part of our history as a couple together and it makes up a big part of who I am as well. (Barbara, 5)

Beverley talked about the meaningfulness associated with being a mother, experiences and understanding that blur the boundaries between self and other. She described being a mother as:

... meaningfulness, there is a lot of meaning that comes into your life; more meaning than ever. It's when all those little accomplishments, the growth, you see your son growing, kisses and hugs he brings to you and all of those things. And it brings meaningfulness to your life. (Beverley, 12)

Links between mothering and identity pervade the literature on motherhood and the empirical research on women-as-mothers and are at the centre of my study. The psychoanalytic discourse that has grown out of the feminist deconstructionist project within the discipline provides an explanation of this perpetuation of the maternal role through identity and identification. Essential to Chodorow's (1989, 148) argument on the 'reproduction of mothering' is a recognition that Freudian analysis is a dual theory that incorporates drives and object relations, and therefore the dynamics require 'by definition attention to the historically situated engagement with others as subjects'. The relational, or post-Kleinian branch of psychoanalysis within object relations, including the work of both Winnicott and Chodorow who contributed influential critiques of Freudian analysis, recognizes the subject position of the woman-as-mother, however their attention was most often fixed on the infant/child. The social and cultural context to the infant psychic drama has been developed within the field (Parker 1997, 19). Hollway (2006, 80) references the spectrum of biological, historical, structural and psychological conditions that perpetuate naturalized associations. Mitchell and Aron (1999, xv) say this wider perspective, or constructivism, within the discourse between social theory and psychoanalysis has proven to be a powerful conceptual tool in

exposing the implicit power operations in arguments that rely on essentialist or a naturalized associations.

Women have been historically brought together with their infants through the naturalization of gendered caring roles and this association was ever-present in the interview data. Carol had great expectations of her role as mother. At the time of the interview she had two children under three. She had left her job, friends and family in the city to support her husband's desire to take over his father's farm. She was the primary carer and she was socially isolated. The couple were living in their in-laws' house. They had moved away but Carol felt obliged to keep the main part of the house as it was and not make alterations. Furthermore, there were clearly defined and traditionally gendered patterns of behaviour on the farm with which Carol was expected to comply. When I asked Carol whether there was a role for a woman on the farm, she replied:

At the moment, no, because I have two kids and I can't get out to do anything which is extremely frustrating, but yes. See the men have their own way of doing things and they don't really – you know – you offer your help but they don't really like you to come out and work. They prefer for the women to – because they are old fashioned, the women should just look after the house and wash the clothes and keep the kids clean and quiet. (Carol, 6)

The other participants lived in Sydney or Canberra, and most of them were reconsidering their employment plans, generally cutting back on hours or involvement to facilitate family functioning. Both Celia and Peta were reconsidering their work as teachers. They both said that they used to be passionate about their chosen profession but the hours and commitment required meant that they could not engage in a

meaningful way on a part-time basis. Peta reflected on the alterations to both her experience and her perception of her work as a teacher. The disadvantages included the fact that she now, arrived just in time to start the day at 8.30 a.m. and left soon after 3 p.m. She reflected on the amount of time that she had previously spent on class preparations and that this would be impossible while her children were small. Peta was unable to engage with work in the way she had before having children, one of many adjustments whereby she was leaving behind an important part of her former identity.

The loss of career also came up with Anne and Julia. They had both previously worked in the finance industry. Anne had given it up completely while Julia was working at a much lower level because of her part-time status. Julia also reiterated that she had worked in the field for many years and had built up an expertise that had been stimulating and rewarding. When I spoke with Barbara about employment she reflected on options, including part-time work, and commented ‘sometimes I think I would have failed if I do that’ (Barbara, 24) and she spoke about this in terms of ‘personal choices’ (Barbara, 24). Barbara’s choices are, however, constrained within the social structuring of care, the accompanying workplace culture that results in a ‘motherhood penalty’, and the current ‘good mother’ discourse that promotes ‘intensive mothering’.

A way of making sense of this loss of professional identity was to focus on aspirations for the child. There was evidence in the interview data of informants grappling with the juncture between the self and the child. Carol, for example, complied with her husband and in-laws, and yet she had great expectations for her children. She wanted them to be passionate about something in life, to be able to express themselves emotionally, and to be fearless. Her expectations were couched within an account of her own life experience:

I was, sort of, very restricted and told that I probably couldn't achieve certain things that I should set my sights on the easier things that would be achievable; whereas I prefer to let my children think that they could do anything. (Carol, 11)

Celia was keenly aware of a need to find something for herself outside her family. However, she made this proposition in terms of being a role model for her daughter. Like Carol, she explained this in terms of her own childhood:

I think I was scared to do lots of things. There are things I probably should have done, when opportunities came up that I was frightened to do ... I would have liked someone to push me a bit I think. So, because of that, I think I'd like to push her a bit. (Celia, 24)

The interviewees often spoke about their experience of mothering in terms of a career with a job description that focused on enhancing their child's life experience. This takes place through engaging with the infant/child through play, for example, talking, stimulating, water play, music and social contacts. Keeping families together is an integral part of the everyday work that has been historically associated with motherhood, however in the contemporary context there has been an explosion of interest in providing for the development of the child. While these outcomes promote the social good, there is a continuing economic and health cost to the woman-as-mother that impacts on the sense of self. The nature of the tasks associated with motherhood means that the demands were often never-ending and the outcome difficult to determine, contributing to a confining discourse on what it means to be a mother. If women like Barbara were to relinquish claim to the sense of self attached to their former lives, it seems inevitable that the space would be filled by the practices and

beliefs associated with her current endeavour, mothering /motherhood. In the contemporary context, being a good mother means an emphasis on stimulation, engagement and sensitivity to child/ren's emotional and psychological well-being, which in many ways has become a source of maternal guilt. Am I doing enough? What if I get it wrong? These tensions are most often resolved in terms of what is seen as the best interest of the child/ren with some references to guilt by Barbara, to life experience by Carol or Celia, or meaningfulness by Beverley.

There was a continuing tension between this emphasis on the infant/child and household work such as cleaning and cooking. A recent Australian time-use study (Smith, Elwood and Craig 2006) of the first year after the birth of an infant, found that women commonly spend between 71 and 75 hours a week on a mix of: caring for their infants; unpaid domestic work; and some paid work. The care of infants is often conflated with these continuing domestic tasks. Women not only take on the care of their infants but often an expectation that they will take over what had previously been shared household tasks. A conflating of mother/housewife contributes to a blurring of expectations and meaning. The associated expectations generally by their husbands/partners often caused consternation, or ambivalences as exemplified in chapter five. A prime concern of the bulk of the interviewees was with the health and long-term well-being of their infant/child. Psychoanalytic accounts of these intersubjective dynamics can provide some explanation for these intense and abiding connections.

The infant in physical union with the mother is born and begins the journey to selfhood. Jessica Benjamin and Wendy Hollway account for interactions, the intersubjectivity between mother and infant throughout the pre- and post-Oedipal stages of

psychological development.⁵⁰ Benjamin brings attention to interactions between the maternal self and the infant as critical to infant psychic development, highlighting an inherent struggle for recognition that informs continuing processes of integration and separation. The dynamics are linked to narcissism, the covering over of imperfections so as to preserve a continuous, or desirous, sense of self. They are thus fraught because this can tip over into the omnipotent mother, whereby the child self becomes subject to the mother's will. It is at this point that connections with ethics or a moral assertion of the self come into play. Anne, for example, had a clear idea about how things should be and the role of women as mothers, she spoke about some local women that she knew 'a lot of them are going back to work and I find that I'm disagreeing with their reasons for wanting to go back . . . I really don't have a lot of sympathy for people who's only reason for going back to work, and dumping their children in childcare is because they need the stimulation, the adult company' (Anne 39). This good/bad mother in rhetoric and practice relies on an individualized moral base that plays into a sense of the omnipotent mother, whereby the subject of the woman-as-mother is conflated with a fantasy of maternal omnipotence (Benjamin 1995, 84; Benjamin 1998, 91).

Furthermore, the intersubjective dynamics can be played out whereby the subject of the woman-as-mother is subsumed to the needs and interests of the child, thus conflating the mother-self with the child-self (Benjamin 1995, 89). The interests and needs of the infant/child can take precedence for the woman-as-mother, at the expense of a self-directed course. Hilary and Lesley were torn in this regard. They experienced an intense connection with their child/ren, as did Anne, however Hilary grappled with the alterations to her relationship with her husband and her former life. She had previously been an archeologist. She found her work stimulating and rewarding; it brought with it

⁵⁰ This work has been predominantly focused on the child, with a growing emphasis on the woman-as-mother (Hollway and Parker).

status and recognition. However, Hilary held an unquestioned belief that it would not be possible to combine her career with mothering. She took on a part-time administrative position that provided contact with the outside world. When talking about childcare, Hilary said:

I've only ever left them with people I know and trust ... I just came away thinking I just couldn't do it ... I just had no idea of what the bond was going to be between me and my children (Hilary, 7).

What is being accentuated here is the connection between the mother and the baby. Even though the infants were in the second and third years, the mothers were engulfed by what they saw as the needs of their child. Through a naturalization of motherhood, that perpetuates an associated role, women frequently struggle to maintain a sense of self that is separate from their infant and can easily lose sight of these interactive dynamics. The interviewees encountered a sense of displaced self, in the present and as, their role as mother was projected, into the future.

Newborns are renowned for their neediness, so time is a critical factor in the dynamics between mothers and their infants. There is an overlapping of interests of the mother and the infant carried through the role of the woman-as-mother. This slippage from self to other is promoted through the health services and is projected in time through the mother's aspirations for her child. In caring for infants and toddlers in the Bourdieusian sense of aspirations through time, women are determined to advance the interests of their infants and families at substantive personal cost, both economic and in terms of time. These dynamics are indicative of a merging of aspirations for the self with aspirations for the child and/or family. These negotiations are complicated by the structuring of dependency, changing meanings of mother, child and family, and

intersubjective dynamics between mother and infant. These practices are perpetuated by structure and tradition rather than the best interest of both mother and child.

Intersubjectivity, alterity and the health services

The mother–infant bond is developed through an organic relationship constituted through day-to-day experience rather than a preconceived role perpetuated through structure and discourse. A mother–infant dynamic that does not provide for the recognition of the dual nature of encounters between woman-as-mother and infant can not provide the space for reflection, the ties solidified through the bond/or-not rather than the active–passive nature of recognition and negation as set out by Benjamin. This can be argued from the point of view of justice, equity and citizenship (as in chapter one) as well as the well-being of mother and infant (Baraitser 2009; Hollway 2006; Parker 2005; Benjamin 1998).

Concern about the emotional and psychological well-being of the infant has led to a range of birthing and child rearing practices and the blossoming of midwifery and parenting programs across the western world. But it is difficult for the mother to preserve a sense of self in the face of an overwhelming emphasis on the infant, and possibly a desire to be everything to the child. The reification of the relationship between the woman and her infant, represented through the abstract concept of the mother, in many ways disenfranchises women. Maternal subjectivity, traditional meanings and life course associations often place a barrier between necessary subject-to-subject dynamics between the mother and infant, the free flow of interchange that can accompany engaged and developing subjectivities. The struggle for recognition by both mother and infant/child inevitably breaks up the ideal and:

... brings forth aggression and separation, and so helps foster a symbolic space within the early maternal dyad between mother and child – a process previously conceptualized exclusively in terms of the oedipal father–son rivalry. (Benjamin 1995, 19)

This psychic dimension is at the centre of the work associated with care (Hollway 2006, 68; Benjamin 1998; Baraitser 2009; Parker 2005). A responsible adult can attend to the physical requirements of a baby. The feeding of an infant can be done by a ‘mother substitute’ depending on access to breast or other kinds of milk but these continuing and intimate connections draws the woman-as-mother to the infant/child. The literature on mothering/motherhood and autobiography whereby women describe and reflect on the associated meanings and practices (for example: Rich 1976; Chesler 1979, 1998; Lazarre 1997; Fox 2003; Buchanan and Hudock 2006; Gore 2000; Maushart 1997; Power 2009) is ever-expanding. The links with identity for women-as-mothers are evident through the power of the good/bad mother discourse. What is of interest here are the points of tension, and the part that an understanding of intersubjectivity can play in accounting for distinctions between self and other and formulating negotiated pathways (Hollway 2006; see: chapter six – intrapsychic dynamics).

Benjamin (1998, 92–93) formulated interactions between self and other through notions such as ‘reciprocal identification’ in ‘a third symbolic space’ whereby negotiated conflict can establish a sense of shared reality, reworking experiences of anger and abandonment through love, play and pleasure. Accordingly, it is critical for the woman-as-mother to hold on to a sense of self that is separate from her infant, whereby the infant/child can both recognize and in turn identify in this ‘third space’ that is created

through interactions between self and other. These negotiations necessarily take place on a daily basis between woman-as-mothers and their infants, but it is a recognition of the critical nature of this work that is missing from the related services that perpetuates notions of the ‘selflessness’ associated with mothering.

Subjectivity is fluid and is influenced by many and varied factors, therefore propositions that fix subjects according to normative ideas are by their very nature distorted. There is a continuing reassertion in the midwifery literature of a core requirement of the midwife to be with women and support them during child bearing followed by an emphasis on the need to revisit and renew postnatal care. Nevertheless, while the formulation of birth is so closely tied to the physical, medical model, wider issues related to the social structuring of care or cultural associations with the carer go under-theorized. Practices can be perpetuated through association and tradition and the critical psychic work that accompanies birth and mothering can be overlooked.

A debate about the gendering of this psychic work is relevant to an axis of the debate between rights and the maternal body. Benjamin (1998) and Hollway (2006, 80) challenge the gendered association with the related psychic work while mindful of significant historical and social conditions that perpetuate these naturalized connections. The argument made by Gal Gerson (2004) is important to a critique of gendered assumptions built into psychoanalytic theory⁵¹ although Hollway (2008, 9) contests the proposition that the public–private divide is integral to the work of Winnicott and Benjamin. The argument that is sustained in this thesis is that the work of care, considered as practice, is pertinent to a reconceptualization of ethics and a

⁵¹ Gerson draws out a public–private divide associated with the work of care through the work of Winnicott with the potential to be carried over by Benjamin that is said to take place through gendered roles and responsibilities, however, this is not a necessary outcome of the thinking.

rethinking of the social structuring of care.⁵² Hollway sets out an understanding of a ‘capacity to care’ that is developed through maternal subjectivity with the potential to transcend gender, as a model for all adult development. Even though there is a substantial body of literature asserting that men can nurture and care for children (see: Doucet 2006, 9) mothers and fathers cannot fill identical positions in early childcare in the current socio-historical and biological context because of the particularities that constitute the experience (Hollway 2006, 83). Maternal subjectivity is to be found in the dynamic tension between individuality and mother–infant intersubjective dynamics (Hollway 2006, 77) and ambivalence plays a productive part in this disentanglement (Parker 2005).

A movement to both accept and respect difference is a product of psychic agency and comes out of this dance between recognition and negation. Benjamin continues:

The critique of identity does not prevent us from postulating a psychic subjectivity that takes up various positions through identification, a kind of ‘identifier behind the identification’. (Benjamin 1998, 87)

The relational school of psychoanalysis has moved away from the Lacanian understanding of splitting, whereby the self (or ego) splits, sets boundaries, discriminates, setting up an oppositional truth. These dynamics are located within the historical context, and intersubjective theory begins with the possibility and necessity of ‘this relationship’ in the partially knowable history of the self:

If we return the subject to the position of self confronting an external other, actively engaging this transformation, we may then see how the shadow of the other (in

⁵² See: Selma Sevenhuijsen (1998) an argument developed in chapter six of the thesis.

contrast to the internalized object) falls upon the subject. To do this requires a distinction between the intrapsychic and intersubjective dimensions of psychoanalytic theory, not an elimination of one in favour of another. It requires upholding the double-sidedness of the relation to the other. (Benjamin 1998, 90)

In the course of recognizing difference, the other, it is necessary to make a distinction between the subject and the self, identity and identification. But further to this, the place of negation is a vital moment in the movement of recognition:

... the negativity that the other sets up for the self has its own possibilities, a productive irritation, heretofore insufficiently explored. (Benjamin 1998, 85)

The mother's body is more than a container. The early 'two-body' experience promotes the recognition of difference. Intersubjective dynamics provide for the emergence of something new, 'a third space', a symbolic space between self and other which feeds into symbolic representation and identification. This psychic work that is associated with care represents affect and assists in processing the pain of separation between the mother and her child (Benjamin 1998, 28). Accordingly, the mother, or primary care-giver attends to and thus recognizes this emergent self while representative of the other. There is a distinction between the woman-as-mother and the fantasy of the mother that operates in the symbolic (Benjamin 1995). A demystifying of the maternal relationship through ambivalence can reveal the double-sided nature of interactions between mother and infant/child. These dynamics are fleshed out in the work of Hollway (2006, 78) who highlights the critical role of differentiation between the maternal subject and the infant/child in the working through of these dynamics. Benjamin (1998, xiv–xv) emphasizes the associated tension between what she describes as 'complementarity and mutuality', in contrast to the continuing references to paradox and contradiction.

Complementarity describes an instrumental relationship between the 'doer' and the 'done to' which does not rely on a reflexive position, whereas the second mutuality draws on an understanding that the mother is not only separate but is also a centre of subjective experience. The dynamics are complex and fraught, however, they provide a basis from which to promote differentiation and creativity.

The adherence by the interviewees to care, in the face of substantial personal cost, is indicative of this close connection between the interests of the woman-as-mother and her infant, an assertion of the primacy of this work, particularly in these early years after the birth. These negotiations are distorted, however, through an over-emphasis on the role of the woman-as-mother at the expense of recognizing and embedding the subject of the woman; the work associated with care that is bound up with interactions between self and other. The current weight given to bonding between mother and child needs to be reconsidered in light of the material on intersubjectivity. Important processes of recognition and negation need to take place between mother and infant/child. The current emphasis does not acknowledge or take account of, critical psychological processes that the mother is traversing, and it accentuates the social side of the work of care at the expense of the psychic dimension.

Over recent years health departments in the United Kingdom and Australia have renewed and revised their early childhood strategies in line with the management of populations. The new emphasis includes, says Robert Nye (2003,123), a 'rearticulation of the notion of the citizen into an organic being conceptually inseparable from his or her family, neighbourhood, or society in general'. Thus midwives are being called upon to play a greater role in the public health strategy, which includes a raft of target areas such as: the promotion of effective parenting skills, healthy lifestyles, child protection,

relationship screening and sexual health (Bennett, Blundell, Malpass and Lavender 2001). A recently released edited collection of Australian papers (Barnes & Rowe, 2008) is indicative of this instrumental approach to policy, with many of the chapters looking at strengthening communities via child and family health services. The result of these trends has been a fragmentation of women's health into areas related to bodily function, for example, reproduction, maternal and family issues, and neonatal and baby health while there have been calls for a return to the holistic approach to research on birth which includes both the psychosocial as well as the physical aspects. The current challenge has been to restore agency to women (Marchant 2004, 80; Walsh 2004, 63) however the continuing lack of social support, or a commodification of care is contributing to divides amongst women: those who can, and those who cannot afford to pay.

An emerging and relevant field of Australian research is being conducted by the Healthy Mothers, Healthy Families Project.⁵³ A study conducted at Griffith University Gamble, Creedy & Teakle (2007) focused on women's expectations of maternity services, though it was concerned with postnatal care within the hospital framework and therefore focuses predominantly on the very early stages of new mothering. The care of infants can be usefully divided into stages, with the first three to six months concentrating on recovery and intensive caring routines. As demonstrated in chapters one and two, many of the studies on the TtoP or TtoM were completed in the first three to six months after the birth. However, Cowan and Cowan (1998), who have written extensively on issues related to the TtoP, cast the net as wide as a three-year period, beginning in the nine months before birth, and two years after. The few studies that extended into the first or second year postnatally found heightened levels of stress and

⁵³ Including: Yelland et al. (2007), Brown and Bruinsma (2006), Brown, Lumley, McDonald and Krastev (2006), Forster et al. (2008), and a Review of the Literature (Schmied, Homer, Kemp, Thomas, Fowler and Kruske 2008).

continuing issues related to identity and adjustment referencing socioeconomic issues and/or lack of support as key influencing factors. The first-born of the women interviewed for this project was most often between the ages of eighteen months and two and a half years old, and there was clear evidence of issues associated with the TtoP⁵⁴ in the data.

It is now standard practice in New South Wales and the Australian Capital Territory for maternity and child services to establish mothers' groups which provide an informal network between women who have birthed around the same time. There are often a series of speakers to address these gathering, though they are most often baby focused. Many of the participants commented on these groups, with one saying that they were fantastic because of the opportunity for informal discussion however the sensitive nature of topics that might reflect on one's ability to cope made for difficulties. Most of the participants established connections with other women through playgroups or these informal networks though the privacy that surrounds issues related to the self and relationships, along with the continuing need to attend to infants and toddlers, hampers these all-important conversations. It is clear from the experience of these sixteen women that a number were struggling with the effects of the birth, or other issues and there were few avenues for them to share or reflect. Their experience was generally veiled by naturalized or privatized associations. In this context, Kevin (2005) asserts the need to restore agency to women, and it is here that this cross-over between psychoanalysis and social theory is important.

Maternal engagement with infantile psychic development takes place within this wider social context and contributes to the outcomes for both infant and mother. The

⁵⁴ The five markers being: changes to identity, changes to life course, changes to relationships, negotiating more housework, and navigating differences between the self and other.

aspirations, values and expectations that women hold for themselves and for their infants are at play, taking from the past but also finding new ways for the future. Determining what is or is not relevant to the self or finding a line between self and baby can be difficult when the waters are muddied by so many competing and contradictory factors. Parker reformulated Winnicott's thinking about mother–infant dynamics from the point of view of the mother and said:

I want to suggest that a parallel but different process to the infant's is going on in the mother: a 'maternal use of infant-as-object'. Now it is the mother who has to cease experiencing the infant as part of herself and begin to acknowledge its separate reality. For the mother to do this, she has to go through a process of 'destroying' the infant-as-object. Here it is her ordinary phantasies of destroying her baby that are paradoxically helpful to the separation process. Only when she 'destroys' infant-as-object can she be said to have placed the baby outside her area of omnipotent control. Only via 'destroying her baby' can she be said to have achieved the full 'use of an infant', meaning the achievement of a relationship to the baby as a person separate from herself. For this process to remain benign and for the baby to survive, the mother's hate-inspired process of 'infant usage' needs to be accompanied by recognition of her ambivalence – hate being vital for destruction and love for keeping this on a psychic and not a physical level.

(Parker 1997, 30)

This psychic dimension to the work of care has been barely recognized or acknowledged within the midwifery field though it can be formulated intuitively. Under the breadwinner model of care, with clearly defined and gendered responsibilities, women usually attend to the care of their infants while also attending to domestic duties. The sense of self anchored through roles became the subject of much discussion in the second wave women's movement. Betty Friedan (1964) in

particular spoke of this as ‘the problem without a name’. Many women in post-war Australia experienced what was often referred to as a ‘mid-life crisis’ when their children, their *raison d’être*, left home. The work of care is represented in the contemporary context in terms of choice⁵⁵ and associated with motherhood, individualized and identity based. This work on intersubjectivity by contrast locates, in theory, the subject of the woman-as-mother and sets out a basis on which to negotiate mother–infant dynamics.

The psychic work associated with care is critically important for the child and provides a more convincing argument for an ethical base than the naturalized association between women as mothers and ethics. The work by Baraitser (2009) brings attention to the maternal process of holding the subject of the child in the face of their attacks on the mother (as subject). She contrasts Judith Butler’s thinking on Hegel and encounters with alterity⁵⁶ through processes of recognition and destruction; recognition and negation, both equally important. This reworking by Baraitser on destruction, alterity and otherness forms the basis for the ethical other in the infant/child. The emergence of the maternal subject is an achievement, and mother–infant/child interactions provide the conditions for the emergence of ethical subjectivity, though the result is not foregone, it depends on the emergence of something different (Baraitser 2009). This process of standing outside the role of the woman-as-mother through ambivalence provides for reflection on the self and thus enables freedom of action (Parker 2005). This is a context that is not forced as with the social structuring of dependency. The intersubjectivity between woman-as-mother and infant provides the conditions for renewal, reflexivity, new knowledge and for creativity⁵⁷ (Parker 2005). The experience

⁵⁵ Hakem (2000).

⁵⁶ Otherness – the recognition of difference.

⁵⁷ In fact Parker argues that the infant’s (child’s) autonomy and sense of self is reliant, to some extent, on the mother’s capacity to psychologically detach (Parker 1997, 11).

of alterity, of separation and yet connection, of recognition and negation provides the conditions for learning, identity and non-identity, the fluidity of subjectivity that can provide the basis for democratic interaction. These processes can not be sustained through obligation or constraint, but need to be freely chosen in a context that facilitates choice. The woman-as-mother needs to be enabled to make choices in her engagement, or non-engagement with her infant.

The links between ambivalence,⁵⁸ identity, meaning and fantasy as they are constituted by maternal experience are indicative of workings between the radical and social imaginaries that are suggested by Elliott (2003, 104). I am proposing that what it means to be a mother, and what it means to be a family are being redefined in contemporary western culture. The ruptures related to identity and subjectivity are indicative of tensions and mismatches at a socio-symbolic level.⁵⁹ The outpouring of interest in topics related to mothering and motherhood, including a recognition and documentation of the experience of maternal ambivalence, at both a popular and academic level, is indicative of attempts to articulate new meanings, and are evidence of a radical imaginary at work.

The ambivalences highlighted in the interview data, expanded on in chapter five, are indicative of tensions between continuity and change. This uneasiness is linked to a wider movement where feminists have been both reflecting on the experience of women as mothers and articulating new ways of conceptualizing care, well-being and human flourishing. The coalescence of these trends is emblematic of a reimagining of

⁵⁸ Freud, Laplanche and Castoriadis point to the existence of ambivalence as a consequence of interactions between the conscious and the unconscious. Freud argued that emotional investments bring with them self definition but also unconscious ambivalence and Laplanche linked ambivalence with processes of communication (Elliott 2004, 50–53).

⁵⁹ Note: the evidence of a mothers' movement in the USA and the critical nature of the TtoP, a tipping point on the road to gender equity.

both self and society, whereby the social relations of care are being decoupled from gender, and challenge social norms, while providing for new ways of being, and potentially unleashing creativity and the new. In this regard Parker developed a useful and relevant argument about the existence of a phenomenon of maternal ambivalence. She stated:

None of us find it easy to truly accept that we both love and hate our children. For maternal ambivalence constitutes not an anodyne condition of mixed feelings, but a complex and contradictory state of mind, shared variously by all mothers, in which loving and hating feelings for children exist side by side. However, much of the ubiquitous guilt mothers endure stems from difficulties in weathering the painful feelings evoked by experiencing maternal ambivalence in a culture that shies away from the very existence of something it has helped to produce. (Parker 1997, 17)

The current body of work on maternal ambivalence is heavily influenced by pathological explanations whereas it is necessary to place the experience within the social and historical context. Parker stated that:

... the extent to which any mother moves through developmental sequences, potentially generalisable yet unique and internal to her, tends to be ignored. Instead, mother and child are presented as misleadingly isomorphic when, in fact, there are differing psychosocial processes specific to each of them, as well as the mutuality and interaction on which psychoanalysis has focused. A mother experiences processes of separation, union and reciprocity just as the child does – but the psychological meanings of these moments are particular to her. (Parker 1997, 18)

As governments pull away from a commitment to the welfare state, the home and family have been reasserted as the most important site for health care, health promotion, and women are, by tradition and by gendered association, the main producers of these health services. The individual psychological burden of care giving has been stressed over social and economic issues such as class, ethnicity, occupational history, or power relations between family care-givers, care recipients, or professionals. Genderless health promotion campaigns assume a healthy diet will be cooked without asking by whom and current practices generally assume that women will do the caring of babies (Holmes and Gastaldo 2002, 560). Furthermore, essential to the social meaning of midwifery is the meaning of childbirth. The place of children in society has changed over time. The beginning of the twentieth century saw an expansion of services to mothers, predominantly for the welfare of the child. The recent trend towards low fertility has made children highly valued and they have in turn become the centre of medical health concerns (Hunt and Symonds 1995, 4). This emphasis perpetuates an understanding of the interests of the infant/child and family as separate from, and more important than the interests of the woman-as-mother; the autonomy myth.⁶⁰ These assumptions inform policy and practice and work through the symbolic, through signification.

Social imaginary significations are not something that individuals mould or negotiate but are always contested and reified through collective meanings, by groups making claim to particular understandings which form the basis for stereotypes. These processes are evidenced through the identity politics that followed second wave feminist movements when women began to see themselves differently, both individually and collectively. Anti-colonial, gay and lesbian, youth, black, liberal,

⁶⁰ See: Martha Fineman (2004).

conservative and fascist movements, amongst others, draw on a process of individuals identifying with a collective that they, in turn, create. The legitimacy of a movement is gained through an articulation of attributes and goals that are of central concern to the greatest number. This work on intersubjectivity provides a basis from which to understand a psychic dimension to the work of care that locates the subject of the woman-as-mother and thus challenge the long-held belief that mothering requires women to become selfless.

Conclusions

There is a serious lack of research and services in the postnatal phase of pregnancy and birth, particularly as this relates to the woman-as-mother. The standard for midwifery and obstetric practice in Australia concludes six weeks after the birth. The related health services through maternal and child health nurses are primarily focused on infant health outcomes, and the related physical recovery of the woman-as-mother. It is clear that the medicalization of ante- and post-natal services has resulted in an emphasis on the physical aspects of pregnancy, birth and mothering to the exclusion of the social and/or psychic dimension. These claims are substantiated through the respondents' reflections. The current trend is towards population management with an emphasis on parenting, healthy eating, and anti-smoking. Privatization of care through the family, which is individualized through gendered roles and responsibilities informs policy and practice, a governance carried forth through beliefs which often translates into an understanding that women-as-mothers need to become selfless. This trend is evidence of a nexus between knowledge and a working through of power whereby the sense of self is projected into the future through aspirations for the infant/child. The work on intersubjectivity provides a means for explaining a convergence of the self with the

other through omnipotent dynamics advancing the interests of the woman-as-mother through the associated role. This proposition is evident in the negotiation of capitals, social and cultural, as set out in the following chapter. The work on intersubjectivity, however, also provides a framework for locating the subject of the woman-as-mother that is associated with the psychic work of care, whereby dynamics between recognition and negation, are in play. This work in itself is not an ethical endeavour but facilitated by the social and cultural context; practices and meanings. While the outcome provides the conditions for an ethical base in the infant/child, the dynamics necessarily take place within the context of biological, historical, structural and psychological constructs that perpetuate gendered understandings through experience. Therefore the current challenge is to formulate a sociological perspective on the dynamics while mindful of a collective response to an ethics of care, the subject of chapter six.

CHAPTER FOUR

Mothers' negotiating capital(s)

The policy solution that moves us closer to gender and class equality is not to retreat to gender difference, understood as permanent differences between the sexes. Rather, we need to recognize the linkages between citizens' diverse positions in the labour market and their varying caring responsibilities in ways which allow men and women, parents and those without children, and people with different sorts of ties to friends, relatives and neighbours to participate as equals in both spheres. This will require some greater measure of politically mandated social support than a strict neo-liberal policy permits. If this is not present, we face a continuation, and perhaps a worsening, of the present situation in which those advantaged in labour market terms are the only ones allowed satisfactory solutions to their caregiving needs. (O'Connor, Orloff and Shaver 1999, 230)

Throughout the twentieth century the work of care has been structured through an idealized notion of the gendered family form; the breadwinner model. This social structuring has been accompanied by cultural practices, roles and responsibilities that associate fatherhood with the male breadwinner and motherhood with the female carer. Increasing levels of female participation in the workforce have, however, led to a form of adult worker wage-fixing (Lewis and Giullari 2005; Craig 2008) whereby the requirements for care depend on access to paid maternity/parental leave and family-friendly workplaces. These are provisions that are significantly supplemented by family and friends and/or a commodification of care that can facilitate pathways to accommodate both workplace responsibilities and the requirements of care. The lack of

universal access to these workplace conditions in conjunction with an institutionalization of care throughout a social structure that falls back onto gendered roles locates the requirement for care within the family. The family as a social unit is responsible for care and thus easily slips into gendered roles and responsibilities. Barbara Pocock (2003) charges that we are currently in the grip of a ‘work–life collision’ whereby there is a need to value and accommodate the work associated with care. This turn of events can be explained by dependency theory, as set out in chapter one, where the primary care-giver is socially structured by a ‘derivative dependency’. This capitals framework provides a means for quantifying the gendered cost of care while concurrently recognizing the intangibles associated with care; social and cultural capitals that are passed on through family networks. This chapter sets out tensions between access to rights, including gender equity and gender difference associated with the maternal body, in light of evidence of a ‘motherhood penalty’; the economic, health and well-being effect of pregnancy and birth for women-as-mothers. I set this alongside a Bourdieusian framework for quantifying the work of care in terms of both social and cultural capital. I am arguing that an emphasis on the development of dispositions, manners and social skills, promotes a slippage from self to other through time, and aspirations in the development of cultural capital and the role of the woman-as-mother. These dynamics are perpetuated through identifications, as set out in chapter five, while an experience of ambivalence by many women-as-mothers is being played out through the sense of self and unfulfilled expectations in regard to family functioning.

International evidence presented in this chapter of a ‘motherhood penalty’ is substantiated by findings of the Australian Bureau of Statistics and data from my research. Nevertheless, it is important to interpret these findings within the context of moves to reconceptualize the work of care. When women forego economic advantage

after the birth of an infant they are weighing up and negotiating other forms of capital, social and cultural. These resources can be accumulated through durable networks associated with families and/or the dispositions and skills that are passed on to the child/ren. In the development of cultural capital, the mother and infant are often held together through understandings of the associated maternal role. A belief in the ideal of the selfless mother persists in contemporary Australia and is contributing to a disjuncture between the expectations and experience of women-as-mothers. This, in conjunction with the historic structuring of care through a gendered family 'breadwinner' form, frustrates attempts by many couples to achieve gender equal families.

Representations of traditional values and gendered roles contribute to a privatization and individualization of the care for infants. The state and the market rely on the work of care, and the care-worker's position is constituted through a form of 'derivative dependency' (Kittay 1999, 42). The primary care-giver becomes reliant on the goodwill of the breadwinner to fairly distribute wages, a dynamic entrenched and amplified by a loss of workplace attachment. The position of the care-giver is characterized by their 'exit-options' (Kittay 1999, 45) and the question, would it be possible for them to exit the arrangement without incurring personal cost, becomes relevant.

Recent work on the family has fleshed out workings between families and wider social networks but there are continuing theoretical problems in explaining intersections between subjectivity and the social. Giddens' (1994) work on reflexive modernity and Bourdieu's categories of habitus and field emphasize the fluid nature of the interconnections between structure and agency, and complex processes of change. Bourdieu (1997, 209–11) talks about the practical sense, the feel for the game and

enlightened self-interest in the determination of action and he devised categories of capital that inform action; the calculation of advantage under the rubric of the capitalist system. Feminists have seen the value of these categories that can, in turn, overcome the entrenched public–private divide that effectively seals off the work of care from analysis (Adkins 2004; McNay 2000; Skeggs 2004; Lawler 2004; Reay 2004).

In this chapter the work of care has been set out in terms of three of Bourdieu's categories: economic, social and cultural capital. There is evidence that women value the social and cultural capital associated with care. However, notions of motherhood as identity perpetuate the transfer of women's economic capital to the social and cultural capital accumulated by the family. These dynamics take place in a 'post-traditional' age, an age of reflexive modernity, whereby gender as a social category is breaking down through education and the workplace. These processes are, however, stalled after the birth of an infant, a claim that informs Giddens' (1994, 56) proposition that '... tradition placed in stasis some core aspects of social life – not least the family and sexual identity which were left largely untouched so far as 'radicalizing Enlightenment' were concerned'. Care is being negotiated within the family that has, in turn, been gendered socially through the social structuring of dependency, and culturally through privatized and gendered associations with care. Beck and Beck-Gernsheim (2002) argue that 'traditional inequalities' between men and women have become increasingly apparent as advances have taken place in the law and in the workplace. These changes have been effected through 'many little steps' in education, work and the family. They continued:

... for these little steps have been creating an awareness of traditional inequalities which – measured by society's own principles of equality – can hardly be legitimated and are therefore politically explosive ... True, it is still

women who bear the brunt of family tasks, but they more and more display expectations and wishes that extend beyond the family (Beck and Beck-Gernsheim 2002, 56)

The practical action of the research participants shows that the economic status of the woman-as-mother is offset by other social and/or cultural advantages; preserving families and fostering the well-being of the child/ren, promoting dispositions. The bulk of the interviewees⁶¹ said that they saw their work as a mother as the most rewarding and challenging of their life. Many of the participants said they believed the care of children has been historically devalued but their personal commitment to the related tasks outweighed this effect. A divide between the public and private realms that informs neo-liberal policy and practice in Australia, however, assumes an autonomous and unencumbered individual. These understandings prompt durable and gendered networks that frame the decisions taken by women, or couples, a gendered rationale, after the birth of a child.

This chapter speaks about the work of care in terms of negotiating capitals, which represents a trade-off between individual and family advantage. Gender relations that are an outcome of structural factors are pushed back into the family through privatized care. Yet wage fixing systems are based on a notion of individual contract, the autonomous individual, indicative of trends towards individualized, non-gendered, methods (Lewis and Giullari 2005) or the Swedish model has been informed by a ‘maternalist’ perspective that provides state support for the work of care (Orloff 2006). The time that women give to care within this social and cultural context will necessarily have a gendered economic impact, a proposition substantiated by data presented in this chapter.

⁶¹ Peta, Barbara, Beverley, Renee, Jessica, Carol, Katelyn, Celia, Lesley, Anne, Julia, Hilary and Tamara.

Over time, the complex relations within families or between the family and the wider social system have proven difficult to access and analyze. There has often been a reliance on values as a means of explanation in both conservative and liberal streams of thought, the first appealing to family values and the second to an ethics of care (Gillies 2003). However, this study emphasizes the practices, processes and gendered relations that influence the everyday experience of women after the birth of an infant. Despite changes in gendered practices over recent decades in the workplace and education, a preoccupation with reflexivity, individualization and identity have obscured attempts to interrogate the associated relations both within families and between families and the wider social system.

Most of the women⁶² interviewed for the thesis said that they had experienced a new relationship with the world after the birth of their infant, in that everything took on a heightened importance, and with some, a related sense of purpose. Yet, the majority foresaw the most workable means of engaging with their child/ren would be to become a new and selfless person. Marina (14) said ‘I wasn’t realizing that I needed to take care of myself as an equal member of the family’ and Carol (7) reflected that ‘you just become this machine that is purely there to serve everyone’s needs’. Many babies can take a long time to establish extended sleeping patterns. Lesley (10) said up to nine months after the birth her infant ‘didn’t sleep more than four hours’ and even though she was highly committed to the care of her child/ren she felt that the extended lack of sleep, up to three years after the birth of her second child ‘must be doing something to your brain’ (Lesley 15).

⁶² Celia, Beverley, Barbara, Jessica, Carol, Katelyn, Renee, Lesley, Anne, Julia, Hilary, Tamara and Marina.

The findings demonstrate that when women choose to prioritize the care of their children over workplace or life course advantages, they are advancing other kinds of capitals. Though when considering the outcomes of promoting the family and the health and welfare of the child, we need to be mindful of the gendered context. The promotion of capitals, in the current context, requires women to trade off elements of their sense of self, a disjuncture between traditions and dispositions that are embodied in woman-as-mother and negotiated within families.

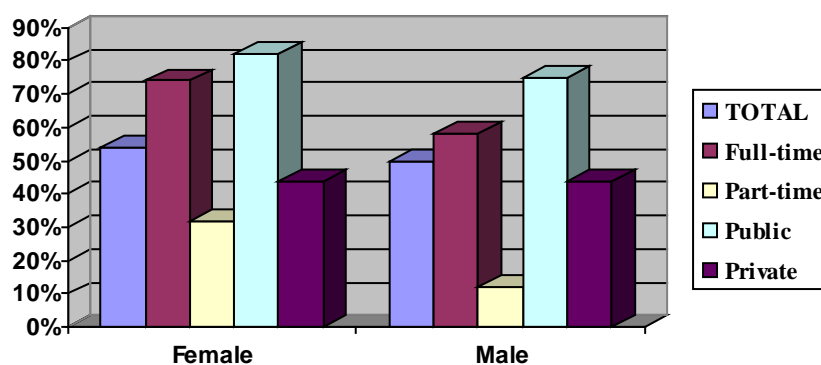
The chapter brings together an alternative framework for thinking about the work of care. These categories of capital and accumulated resources fall into place under the wider capitalist system. This conception of capital expands understandings of resources from the purely economic to the social and the cultural, mindful that economic capital is at the root of all other capitals. This expanded notion of capital helps explain the negotiations women traverse when they become new mothers. While caring for their infants, women are negotiating capitals and meanings. In this chapter I argue that a prioritization of the needs of care does not indicate a reassertion of ‘traditional’ gendered roles but can link up with a wider feminist call for transformational change in the social structuring of care.

The chapter is divided into four sections. The first sets out a framework for thinking about the work of care in terms a slippage from self to other through aspirations for the child/ren

evident in both social and cultural capitals. Bourdieu’s conception of habitus importantly focuses on everyday decision making while considering intersections between structure and agency. However, in this conception of agency, Bourdieu is

individualizing intent, and thus discounts the effect of structure, the social structuring of care. The negotiation of capital through the day-to-day life of women-as-mothers provides a window onto aspirations, projected through time, whereby structure overcomes agency. The following section presents demographic information drawn from the interviews in light of national and international trends in women's employment, while bringing attention to contributing health issues and employment intentions. The neo-liberal framework which advantages the adult, unencumbered worker evokes a stratified outcome, along the lines of gender, class, race and age, and also relies on gendered identities. These dynamics are played out through a policy regime⁶³ and intersecting practices between states, markets and families that are influenced by an underlying divide in theory between the public and the private, and a strong adherence to private over public provision (O'Connor, Orloff and Shaver 1999; Lewis and Campbell 2007). Therefore a lack of universal access to maternity/parental provisions, childcare, and family-friendly workplace conditions contributes to divides between women and families.

Access to Paid Maternity/Parental Leave by Gender

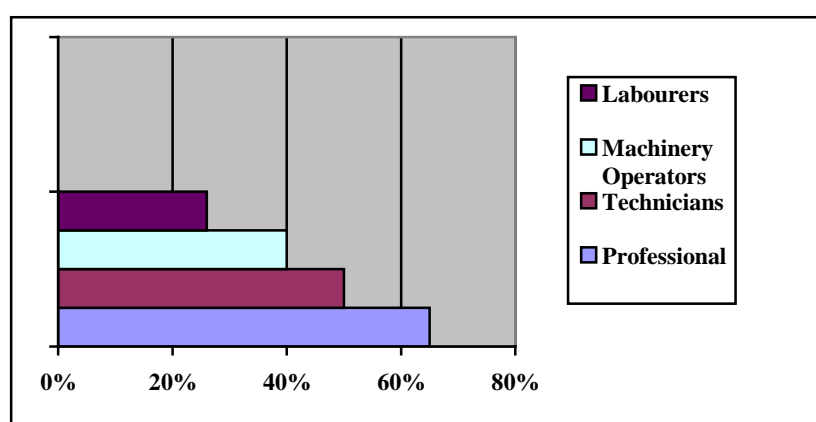


(Productivity Commission Report 2009)

⁶³ Institutionalized pattern of welfare state provisions establishing systematic relations between families, the state, and the market (O'Connor, Orloff and Shaver 1999, 223).

An earlier emphasis on access to paid maternity leave is giving way to a concern with paid parental leave. This is having the effect of breaking down entrenched associations between gender and care, however, particularly in the early weeks and months after the birth it is predominantly women who access the leave. Nevertheless, the more recent universal Paid Parental Leave Scheme (2011) in Australia can be accessed by the primary care-giver, man or a woman, leaving these kinds of decisions open to the couple to negotiate. In 2007 eleven per cent of women returned to work in the first three months, twenty six per cent within six months, fifty seven per cent within twelve months and seventy four per cent within eighteen months of the birth. The universal scheme can also have the effect of breaking down a class divide that was evident through an occupational bias and demonstrated in this following chart.

Access to Paid Maternity/Parental Leave by Occupation



(Productivity Commission Report 2009)

These trends have resulted in what has been depicted as a ‘motherhood penalty’, a significant earnings gap between women with dependent children and those without. This is represented by a current dual-earner model, which has effectively become a one-and-a-half earner family; commonly a full-time male worker and a part-time wife (Pocock 2007, 10). This outcome is evident in findings from my study whereby the advantages to the family through social capital, and the development of the infant/child,

the cultural capital, are advanced through an association with motherhood. The result has been a stalling of attempts to achieve gender equity both in the workplace and within families. Tensions between equity and care are contributing to maternal ambivalence, or unfulfilled expectations that perpetuate maternal stress and depression; the price of motherhood (Crittenden 2001).

Caring in time, the negotiation of capitals and slippage from self to other

There is an interplay between care, time and agency in the work women do as mothers. When I refer to agency, I mean the ability to act, when intention is expressed through action. Time is not unified but fragmentary, and time plays a key role in the development and transference of social and cultural capitals. The role played by women within families is a conduit in the transmission of these non-economic capitals (Bourdieu 1996, 22). Power is enacted through time, the mechanical passing of moments in time, say, waiting for something or someone, in themselves, does not engage with power, or actualization. Bourdieu (1997, 206–245) says that it is when time and intention meet, when power over one's becoming interacts with the moment that time comes into play. He continues that time is experienced in the relationship between practical expectations or hopes invested in a game, and the tendencies immanent to the game; the probabilities of fulfilment. Time is in the becoming. Time is played out in action through judgments, and the anticipation that both the habitus and the field will bring together what is required to fulfil the aim.

In the interview data there is evidence of an intense bodily connection between mother and infant. International research attests to accompanying sleep deprivation that often lasts for years; fatigue is a defining feature of motherhood (Taylor 2008; LeBlanc

1999), particularly with children under three. The breast feeding that generally accompanies the first three to six months of care left some of the participants feeling their bodies are open game; a sense of giving over bodily to their child. The primary care-giver, in particular, is most often required to be on call to respond to the needs of her infant 24 hours a day, 7 days a week. Most of the respondents' husbands/partners helped out with the infants/toddlers but in all cases these women were the primary care-givers.

Although there are huge variations and it is difficult to generalize, the first year of a baby's life calls for interactions including feeding, bathing, settling and changing nappies, taking up nine to ten hours a day, seven days a week. A recent Australian time-use study (Smith, Elwood and Craig 2006) of the first year after the birth of an infant found that women commonly spend between 71 and 75 hours a week on a mix of caring for their infants, unpaid domestic work and some paid work. There is also evidence (Craig 2006) of a gender divide between couples who had previously shared the domestic work. After the birth, mothers spend an average of 2 ½ hours a day more on productive activities than fathers. This formulation includes the time men spend in the workplace. Both these studies noted the effect of multitasking, generally practiced by women, whereby they attend to child care and housework simultaneously.

Recent figures from the Australian Bureau of Statistics (2009) indicate that women in couple families with children are doing around two-thirds of the household work, while men do two-thirds of paid work; an equal number of hours, though a clear gender divide. A comparison by work hours further demonstrates this association between women and household work. For example, among men and women who are not in the workforce, women spend about twice the time men spend on housework. The same

difference is evident between men and women who are working part-time, whereas women who work full-time perform around 8 hours a week more on household work than men. This difference, however, may be offset by a trend towards outsourcing laundry and domestic cleaning, which in 2006 occurred in around 10 per cent of households. The Bureau asserted that there has been a significant change in social expectations about gender roles. That is clear from comparative earlier figures, and the extent to which this division persists is dependent on a range of factors 'including institutional arrangements, economic conditions, social expectations and ultimately by the decisions individuals and families make based on their own circumstances and preferences' (Australian Bureau of Statistics 2009, 24).

A gap between an expectation of gender equity and the experience of women after the birth of an infant is often overshadowed by an assertion of the moral primacy of the unselfish woman as mother; a 'compulsory altruism' is associated with the work of care (Orloff 2006, 23). While this is questionable, the emphasis is now moving on to engaging with the infant/toddler, talking, playing and stimulating. There is ample evidence of this turn of events in the interview data. But this trend is also evident in findings by the Australian Bureau of Statistics (2009) where they reference a notable increase for both men and women in time spent caring for children as a primary activity, time spent in the promotion of cultural capital.

In the case of caring for infants and toddlers, negotiating capitals in time, Bourdieu referenced the importance of aspirations. The extent to which the aspirations were followed by action was a marker of a social agent being located in time. The women referenced in this chapter are in this sense engaging with time through their desire/aspiration to care for their infant/child. The formulation is, however,

individualized in that the aspirations are essentially tied in with Bourdieu's notion of the habitus, and are importantly located within the field.

The time commitment made by women in the care of infants is displacing aspirations for the self onto the child/family, and represents a continuation of the self through the role of mother. Aspirations for the self are merged with aspirations for the child and/or family. These negotiations are complicated by the structuring of dependency, changing meanings, and pertinent to these transactions is the intersubjective dynamics between mother and infant that has included an overemphasis on the maternal role. These practices are, nevertheless, perpetuated by structure and tradition rather than the best interest of both mother and infant/child.

There is some agreement between Bourdieu, Putnam, Coleman, Fukuyama and Newton that the family, as a durable social network, is a key to the advancement of social capital (Winter 2000, 5–7). However, the unit of analysis for both Bourdieu and Coleman in terms of transferring resources is the individual, whereas Putnam looks to the social outcomes in terms of regional and national settings. Bourdieu's is a critique of capitalism whereas Putnam's analysis locates the family as central to health and well-being within the capitalist framework. Bourdieu is concerned to demonstrate the reproduction of privilege through advantages associated with the transfer of resources through social networks and/or cultural dispositions and skills associated with class (Skeggs 2004, Lawler, 2000) and/or ethnicity. Interestingly, a number of the participants emphasized their desire to inculcate values and dispositions on their infant/children rather than giving them an advantage in education. Education was seen as important, but the emphasis on personal advancement through educational achievement was often seen to be crudely associated with economic goals rather than

becoming good citizens. None of the three theorists incorporate a gender critique of family functioning (Winter 2000) and therefore do not engage with the relations between production and reproduction and how these manifest within the family and/or between the family and the socio-economic framework. Nevertheless, this framework provides for a way of thinking about quantifiable outcomes from the work of care, while highlighting the play of gender and class.

A coming together of both economic and social determinates in the notion of social capital gives the impression of individual agency (Adkins 2005). This results in a celebration of traditional notions of the family as a core unit of social reproduction, particularly in the work of Putnam, although he fails to account for the gendered effect. The work that women continue to do within families in terms of the promotion of social and cultural capital perpetuates gendered disadvantage, as demonstrated in the following sections. The data nevertheless demonstrates that these women are determined to advance the interests of their infants and families at substantive personal cost, both economic and through time. This valuing of care links with a movement to reconceptualize the social structuring of care, rather than the perpetuation of gendered roles.

This capitals framework provides a means for quantifying the outcome of care as well as carrying over a gendered association with care now considered by Putnam to be a social good (Adkins 2005). The work of care provides for continuity and stability through family networks, while the economy privileges fluidity and flexibility. Social reproduction has proven to be intricately tied to production and the research demonstrates that workplace practices have an important effect over the reproduction of gendered routines within families. There has been, however, a concurrent expectation

of gender-equal or egalitarian relationships whereby contemporary families have been characterized as primarily ‘negotiated’; this is where meanings become important.

When women privilege their families and/or their children over workplace advancement they are reproducing gendered advantage. But further to this, notions of advancing the interests of the child/ren through skills and education, the development of cultural capital, perpetuate inheritance and the reproduction of norms.

Negotiating economic capital

In this section I present data from the interviews carried out for the thesis in light of wider workplace trends of women with children. The figures show that there have been increasing numbers of women with children in the workforce, with a significant proportion continuing to work part-time. This trend has been depicted as the ‘motherhood penalty’, whereby women with children forego independent economic income, indicative of the ‘derivative dependency’ as outlined by Kittay. The bulk of the respondents foresaw many years of part-time employment, often subsuming significant workplace skills, education and life experience to what they saw as the needs and interests of their families and child/ren. Particularly in these early years after the birth, the health of both the woman-as-mother and her infant/child plays an important part in this decision-making. But significant financial pressures contribute to a polarization of gendered roles as families search for a work-life balance.

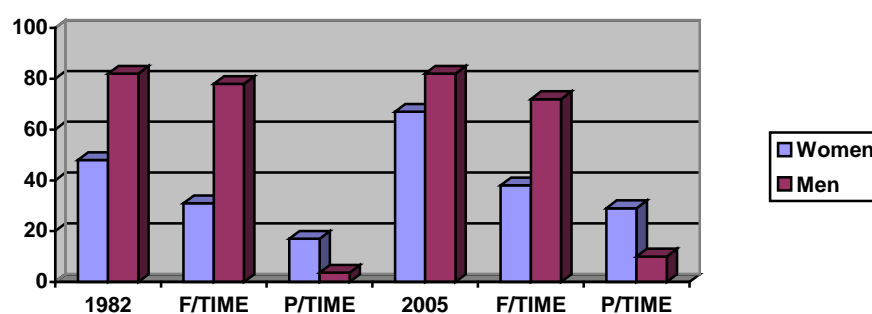
A comparative analysis of Australia, Canada, Great Britain and the United States carried out by Julia O’Connor, Ann Shola Orloff and Sheila Shaver (1999) argues that social provision in Australia was framed to support labour force participation in combination with childcare, particularly with children under five. Gender relations are

central to operations of the welfare state with outcomes that contribute to a gender divide between breadwinner and carer (O'Connor, Orloff and Shaver 1999, 234; Lewis and Giullari 2005). Increasing numbers of women with dependent children in the workforce result in a one-and-a-half-time worker structure whereby men maintain their breadwinner role and women provide a supplementary workplace role through casual and/or part-time positions (Pocock 2007; Baxter 2005; Baxter, Grey et al. 2007). These trends are evident in Australia where there is a shortfall in the earnings of women with infants/children, the 'motherhood penalty' spoken of across the literature (Baxter 2005; Baxter, Grey et al. 2007; Pocock 2000; Waldfogel 1997; Avellar and Smock 2003; Budig and Hodges 2009; Pascall and Lewis 2004; Lewis and Campbell 2007; van der Lippe and van Dijk 2002; and Grace 2004). Women with children are increasing their number of hours in the workforce, however this trend is not reflected in the hours men are spending on housework and childcare. The result has been what Hochschild (1989) called a 'second shift', a gender divide in the hours spent by women on unpaid domestic and carework in addition to hours spent in the workforce.

In Australia in 2005, 67 per cent of women aged between 18 and 64 were in the workforce⁶⁴. This proportion has moved from 48 per cent in 1982 (see Figure 4.1). In 1982 only 17 per cent of women worked part-time and in 2005/6 this rose to 29 per cent whereas the labour force participation rate for men in the same year was 10 per cent part-time and 73 per cent full-time (ABS Social Trends, Women's Incomes 2008). Most of the growth in employment for women between 1982 and 2005 can be explained by the increased involvement in paid work of partnered women with dependent children (see Figure 4.2).

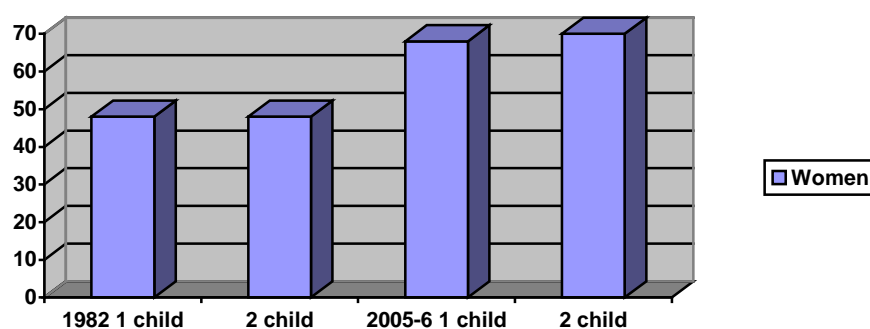
⁶⁴ A large proportion of the remainder would be in further education.

Figure 4.1: Labour force status of women and men aged 18–64



(Australian Bureau of Statistics, Australian Social Trends 2008, 4)

Figure 4.2: Partnered women with dependent children in the workforce



(Australian Bureau of Statistics, Australian Social Trends 2008, 6)

The proportion of partnered women with one child in the workforce increased from 48 per cent in 1982 to 68 per cent in 2005–6 while the number in the workforce with two children rose from 48 per cent to 70 per cent in 2005–6. The figures demonstrate that more women with children are working but most are working part-time. These trends are clearly evident in my research data, although I was unable to attract women with dependent children in the age range of 1 to 2½ who were working full-time, even with a targeted approach. There are numerous obstacles in combining work and family, particularly with infants and toddlers, and it is clear from these figures that large numbers of women are accommodating care by working shorter hours. The effect on income is reflected in comparative figures by the Australian Bureau of Statistics on male/female earnings.

The male to female ratio of hourly earnings shows the drop in salary for women of child-bearing age. An equilibrium is evident, with an almost 1:1 ratio for ages 20 to 24, which declined to 1:1.82 (male to female ratio for ages 45 to 49 hourly earnings) (ABS Social Trends 2005). Furthermore, the distribution of gross income for women aged 18 to 64 relative to men between 1982 and 2005–6 demonstrates that women remain over-represented in the lowest income quintile and under-represented in the highest quintile. In 2005–6, 25 per cent of women were in the lowest quintile compared to 13 per cent of men, and 11 per cent of women in the highest compared to 28 per cent of men (ABS Social Trends 2008). The Australian Bureau of Statistics concluded that this shortfall in women's personal earnings will become increasingly problematic given significant divorce rates and the consequence for the ability of women to support themselves and their dependents (ABS Social Trends 2008, 6). These trends mean that women are transferring forfeited wages and workplace attachments for other forms of gain. The dynamics being played out through a gendered use of time results in a clear gender divide that is significantly limiting attempts to achieve gender-equal outcomes (Pascall and Lewis 2004; Lewis and Campbell 2007). These trends are evident in data from my study whereby proponents generally described their intentions in terms of the interests of the family and or the child with little reference to the associated vulnerabilities they faced. In this next section I outline my definition of economic capital and go on to locate the employment experience and prospects of the interviewees.

Economic capital, fostering families and gendered vulnerabilities

I use economic capital to refer to individual economic status, both in the early years after the birth and long-term prospects. This includes access to benefits such as paid

maternity leave, holiday pay, and superannuation, plus career prospects through retaining workplace attachments.

Table 4.1 Employment status before children and employment intentions

	Occupations interviewees ¹	Managerial/ Professional	Age (at interview)	Initial intent to return to employment	Reconsidering employment prospects
Anne	Manager, Finance Ind.	X	42	X	X
Barbara	Tour Leader (Europe) Travel Agent / Nanny*		33	X	X
Beverley	Small Business	X	39	X	X
Carol	Clerical/Administrative (retraining)		32	X	
Celia	Primary School Teacher	X	35	X	X
Emily	PhD candidate, Full-time		late 20s	X	
Hilary	Archeologist	X	early 30s	X	X
Jessica	Manager, Public Service	X	27	X	
Joanna	College Student		early 20s		
Julia	Manager, Finance Industry	X	late 30s	X	X
Katelyn	Clerical/Administrative		late 30s	X	
Lesley	Childcare Industry		33		X
Marina	Clerical/Administrative Arts practice		34	X	X
Peta	Primary School Teacher	X	29	X	X
Renee	Clerical/Administrative, Banking Ind.		28	X	X
Tamara	Manager, Retail Industry	X	early 20s		X

1 ABS: 1300135070 Occupations: Community and Personal Services

Eight of the sixteen interviewees were in managerial or professional positions⁶⁵ before the birth of their first child. They generally spoke highly of their work experience and commitment to the workplace. Of the two younger participants, who both had three children at the time of the interview, Joanna said that she would like to return to study or to work, while Tamara, who had grown up with parents who worked full-time, was determined to 'be there' for her child/ren. Tamara wanted to avoid childcare and to be able to pick up her children from school. Both Celia and Peta were school teachers and

⁶⁵ Occupations as described by the participants in line with closest classification as per the Australian Bureau of Statistics, 1220.0 ANZSCO, 1st Edition, Revision 1.

after becoming a parent the realities of combining work with care made them see their jobs differently. Celia (8) said that the emotional and physical effort that she had previously put into the classroom was now turned to her family ‘and in some ways I’d like a job where I just turn the papers over’. Peta (5) said that she now arrives at school just in time for the class and leaves soon after 3 pm as her husband is working longer hours and she needs to ‘get the kids sorted’.

This was a theme that came through strongly throughout the interviews. As Figure 4.4 demonstrates, the vast majority of the interviewees were reconsidering their employment options so that they could accommodate the needs of their families and care for their children. The prospect of accommodating both school hours/holidays and workforce commitments was a reoccurring theme, and the interviewees most often assumed that it was their responsibility as the mother to breach the gaps. When they talked about this, participants often reflected on their own life experience, how they grew up, how their mother had been there for them, at times admiring their mother’s traits such as patience. This trend is evidence of women foregoing workplace attachments, individual economic gain, so as to facilitate what they saw as the needs of their child/ren. When they are doing so, women are negotiating other forms of capital, social and/or cultural. What often becomes a gendered division of labour within families can facilitate family functioning and consolidate bonds while attending to the everyday needs of infants and children; a pervasive and gendered rationale.

Of the sixteen interviewees, eight⁶⁶ had access to maternity leave (a higher proportion than the general population) six⁶⁷ received no maternity provisions due to varying workplace arrangements (two with their own businesses, another was at college, the

⁶⁶ Jessica, Peta, Celia, Anne, Emily, Katelyn, Julia, and Renee.

⁶⁷ Beverley, Joanna, Tamara, Marina, Lesley and Hilary.

further three worked with businesses or industries that did not provide maternity provisions). The remaining two⁶⁸ of the participants moved from their usual place of residence before the birth and were thus either disconnected from the workplace or were not entitled to maternity leave.

Table 4.2 Number of infants and employment status of interviewees (2006–7)

	No. of respondents	Back at work 1 st birthday	Back at work 2 nd birthday	Back at work 3 rd birthday	Not employed
One child	4	4 ¹			
Two children	10	3	2	2 ²	3
Three children	2				2
TOTAL	16	7	2	2	5

1 Beverley went back to work two months after the birth but finished up in her child's second year due to the related stresses.

2 Marina was looking for part-time employment at time of interview.

All the participants who went back to work, did so on a part-time basis (see Figure 4.3). Seven⁶⁹ of the interviewees returned around the time of their infant's first birthday. Two⁷⁰ went back to work before their infant's second birthday, and a further two either had returned, or were looking for part-time work after the birth of a second infant. At the time of the interview, while the majority of infants were 18 months to 2½ years old, five⁷¹ of the interviewees had not gone back to work, though all of these women had birthed a second, or a third child.

⁶⁸ Carol and Barbara – one out of state and the other to a country area.

⁶⁹ Jessica, Peta, Emily, Katelyn, Julia, Renee and Beverley.

⁷⁰ Celia and Carol (casual work and part-time study). Hilary went back to work part-time after the birth of a second infant and her child's third birthday, and Marina was starting to look for some part-time work (she also had a second child).

⁷¹ Anne, Joanne, Tamara, Lesley and Barbara.

Decisions about workforce participation are influenced by multiple factors, including the health of mother and child, often continuing into the second and/or third year after the birth. As noted in chapter three, fatigue is a defining characteristic of early motherhood (Taylor 2008). Two of the participants were treated for postnatal depression and another was in counseling for an extended period due to related stresses. Another participant's baby had chronic sleep problems that continued well into the second year after the birth and one of the infants was born with a rare disability that required a series of operations and continuing treatments that necessitated parental involvement.

There was no evidence of the participants considering full-time employment and furthermore, no-one talked about resuming full-time employment in the long term, though Carol was studying to become a teacher, and Emily was completing postgraduate work on a full-time basis. The vast majority of the interviewees foresaw many years of part-time employment to accommodate the needs of their families. Joanna, an Indigenous sole parent, said she would like to either return to study or, if possible, find a job sometime in the future, though she was relocating back to a country area to be closer to her extended family where access to employment could be difficult. Katelyn worked the longest hours in a four-day week. This trend is proportionately higher than the national average, which indicates that 35 per cent of women with children aged 10 to 14 work full-time and 35 per cent of this same group work part-time (Chalmers and Hill 2009).

Table 4.3 Employment prospects and financial pressures

	Financial pressures	Part-time employment	Studying
Anne		X ¹	
Barbara		X ²	
Beverley	X	X ³	
Carol	X	X	X part-time
Celia		X	
Emily			X full-time
Hilary	X	X	
Jessica	X	X	
Joanna		X ⁴	
Julia	X	X	
Katelyn	X	X	
Lesley	X	X ⁵	
Marina		X ⁶	
Peta	X	X	
Renee	X	X	
Tamara		X ⁷	

1 Anne was not currently working but foresaw part-time employment when the children were at school.

2 Barbara was not currently employed though she foresaw that she could return to the workforce at a later date.

3 Beverley was not currently employed though she foresaw that she would return to the workforce at a later date.

4 Joanna said that she would like to return to study or find employment when her children were older.

5 Lesley was not currently employed though foresaw further study or part-time employment when her children were older.

6 Marine was looking for part-time employment.

7 Tamara was not currently employed but foresaw part-time (school friendly) work in the future.

The rate of fertility in Australia rose from 1.7 births per woman to 1.9⁷² (NATSEM 2009) over recent years with research demonstrating that economic factors, including workplace attachment and career advancement, had a dampening effect (Qu 2004).

There is an emphasis across the western world on ‘work-family balance’ in attempts to address the gendered consequence of birth, testament to the need for institutional change across the board (Lewis and Campbell 2005).

Women are negotiating their economic status after the birth of an infant when they choose to advance the interest of both their infant and family at a cost to the self. These divides are entrenched over time through a disconnect with the workforce, a

⁷² Total fertility is the sum of age-specific fertility rates (live births at each age of mother per female population of that age). It represents the number of children a female would bear during her lifetime if she experienced current age-specific fertility rates at each age of her reproductive life. (Australian Historical Population Statistics, 2008, ABS Cat. No. 3105.0.65.001)

determination by many women to ‘be there’ for their children on a continuing basis, a long-term expectation of part-time employment. Julia (13) had previously worked in the finance industry in a position that required a full-time commitment that had now become unthinkable because she wanted to ‘be there’ for hat parades, the canteen and for reading at school. Anne said she had ‘little sympathy’ for women who were privileging their workplace commitments for stimulation and/or adult company over what she saw as the well-being of their child/ren. This came down to a commitment to the child for Anne, and she continued, ‘you have to adjust, so why not adjust, out of love, for this baby’ (Anne 40). The only option that Anne foresaw was for part-time employment so that she could be involved with her child/ren’s schools.

These choices were most often couched in terms of ‘being there’ both before and after school, or sometimes foreseeing voluntary support for the school. Often these decisions are framed in terms of mothering/motherhood, however, in these following sections I am quantifying the outcomes of care in terms of social and/or cultural capital.

Social capital

Social capital is an accumulated resource linked to durable networks of institutionalized relationships, often experienced as becoming a member of a group (Bourdieu, 1986, 248). Kinship networks form the basis for the most durable of all social connections, in particular, the relationship between mothers and their child/ren. The networks that are established through marriage and the birth of a child are a primary form of social capital (Winter 2000, 5–7). Taking on a name adds social capital, in the case of a wealthy or socially recognized family; it signifies potential alliances and bonds. In the thesis social capital depicts the often intangible resources that can be gained through the preservation

of durable relationships in the family as a social unit, the immediate and the extended, while mindful that families are no longer patriarchal in form but are characterized by negotiation. These resources include shelter, food and transport, the means for everyday life, with access to accumulated skills and assets. The social capital associated with the preservation and development of these kinship networks has the effect of consolidating and transferring privilege, and therefore intersects with class and ethnicity, as well as gender.

Women can enjoy a place in the community as a mother, as there are traditional associations and networks that can contribute to an enhanced sense of self. This can take place through a determination to assert the value of care, the work that women have done before them, mothers and grandmothers, and the formation of informal social networks. Often when women make decisions about work and family they are drawing from, and consolidating, their own connections with their mothers and families. When couples have children they can take their place amongst an extended family network, evoking relationships between siblings, parents, grandparents, and possibly aunts, uncles, and cousins (Baxter, Gray and Hayes 2007). The preservation and development of these kinship relations can contribute to the security of the dependent child/ren.

In this section I am talking about family, in terms of kinship relations, the immediate husband/partner and child/ren for most, but also for some of the participants, the extended family was very important. The vast majority of the interviewees were married,⁷³ the two youngest, who were not, had unplanned pregnancies. One interviewee, Anne, had been living with her partner for some years. During a previous

⁷³ Thirteen were married: Jessica, Beverley, Celia, Peta, Carol, Barbara, Katelyn, Marina, Lesley, Julia, Emily, Renee and Hilary.

marriage she had been through an in-vitro fertilization program twice and told that she was not able to conceive, so the pregnancy was a very happy surprise.

It almost goes without saying that family was important to the research participants. The meanings and practices associated with family are contested in the contemporary context, however. Families today are not patriarchal but are characterized by negotiation. Of the fifteen women who were either married or cohabitating with their partner, only one,⁷⁴ said that her husband was the head of the house, though the decisions were generally shared; he was the CEO and she the Operations Manager. Peta said she struggled with this in principle but was committed to it ideologically because of her Christian beliefs. She said 'I think there are times when I find it hard to let him make those decisions' (Peta, 24).

Most of the remainder spoke about an egalitarian style of relationship where decisions were made jointly and they had a joint bank account. Two participants said that they took the lead in decision-making, one⁷⁵ because there was an understanding between them that she was better at this than her husband, and the other⁷⁶ said her husband trusted her ability in this regard. The vulnerable economic status of women who have not maintained their workplace attachment and the derivative dependency referred to by Kittay enhances the need for stability and security through these family networks. Because the preservation of the core relationship within the family is critical to the longevity of the social unit as a durable social network, this 'cooperative conflict' (Sen 1988) that is a defining feature of these contemporary families can become a delicate balancing act.

⁷⁴ Peta.

⁷⁵ Carol.

⁷⁶ Emily.

The interviews most often took place in the few hours of the day when the baby or toddler was asleep. This was valued time. Primary care-givers do not get a lot of time to themselves, as demonstrated by the time surveys. Even though some of the participants spoke about on-going fatigue, health and relationship problems or financial strains, the vast majority of them were enthusiastic. The houses were, most often, in good order. Julia said that they had had another family staying with them for some weeks, due to a home renovation, evidencing community support. Most of the interviewees⁷⁷ were in playgroups, gatherings that provided social contact to both themselves and their child/ren, and others⁷⁸ were in close contact with their family of origin. Peta said that the children were an important source of pleasure to her extended family and, even though at times it was inconvenient or unsettling for the children, she was committed to maintaining the connections. Anne's parents lived in another state and she visited them regularly with the children. Her mother provided important support but, in turn, the children brought joy to both of her parents.

Most often the participants⁷⁹ were paying off mortgages, a financial strain, though they generally saw their homes and families as being inseparable. Beverley had fond memories associated with her family home whilst growing-up, and was very disappointed that she and her husband were not able to provide something similar for their child. The stability, the security and the familiarity that accompanied a family home were part of the package for many interviewees. This aspect of the work of the primary care-giver is most often overlooked, and yet, in many ways it is central to their role as they see it. They are rearing children but also creating a home. These homes and families are generally different to earlier forms. They are the product of a couple

⁷⁷ Peta, Barbara, Jessica, Beverley, Celia, Carol, Marina, Lesley, Anne, Tamara, Renee, and Hilary

⁷⁸ Peta, Katelyn, Marina, Julia, Anne and Hilary.

⁷⁹ Jessica, Celia, Peta, Barbara, Katelyn, Marina, Julia, Anne and Hilary.

working together, cooperating in a way not possible in earlier times. Today, most women drive, most are used to independent living, they are used to drawing on their initiative and their creativity and are doing so in their homes and/or their workplaces.

Tamara and Paul worked well as a couple and yet, in many ways, they were the most insecure. They were young. Paul was currently unemployed and he was involved with looking after their three children. Paul was there the day I visited, and he took the oldest child out fishing. The couple had started out in insecure circumstances, the baby unplanned. They were not sure how they would get along, and yet they had, over time, overcome many obstacles. The first of their children was found to have a rare disability that required specialist treatment and particular caring routines, and then two unplanned pregnancies followed. Tamara valued communication and negotiation so, she said, she and Paul sat down and talked through their decisions. They were renting a government ground-floor apartment and valued the stability and security that it offered. In Tamara's current situation, it was important for her to preserve and develop her relationship with Paul and, where possible, make time for each other. This aim was made more difficult because her mother did not like Paul and Tamara was torn between her family of origin and her partner. Paul had proven to 'be there' for her. He was her 'rock' (Tamara, 10) in those early days, after the birth of her son, the diagnosis and the treatment regime. She had not seen her mother, or her extended family, for some time. It had become one or the other, and Tamara chose to stand beside her partner at the expense of these wider family ties and relationships.

When it came to managing the children and the housework, Tamara said, 'it's all about making sure everyone has their part to play' (Tamara, 12). She spoke about departments, mine and his 'he does his bit but it's mainly the mum that knows ...

Really, he's been a big support. He's been helpful, his input and just being hands on' (Tamara, 12). But when I asked if she was interested in topics related to motherhood or fatherhood, Tamara said, 'I find it's mainly women that do it because you don't hear a lot of men coming out and talking about it. It's mainly mums, the mums' groups' (Tamara, 27). The gendering of roles within families is imprinted on the way we think and talk about these topics. Contradictions were, however, an essential part of Tamara's experience. Her expectation was that there would be some sort of equal or egalitarian arrangement between herself and Paul, and yet the way she spoke about his involvement fore-grounded reservations. 'He is a big support, he has been helpful, he is hands on' all indicate her central caring role and his supplementary part. Tamara is not alone in the way she spoke about these roles; her words reflected the status quo.

Tamara is potentially in a very vulnerable situation, and yet she was cementing the positives and working for stability and security for herself and her children, which were linked with preserving a good relationship with the father. Routines which included time not just for the baby but for them as a couple were important. 'You've got to remember you've still got your relationship to look after as well. Make sure your partner has all their wants and needs met' (Tamara, 12). Tamara depicts here an attitude that was evident with others⁸⁰ a willingness to prioritize the interests of their partner/husband so as to maintain the family as a social unit and they were thus contributing to social capital, albeit at a cost to the self.

The participants said that their husbands or partners often recognized and appreciated their contributions and were prepared to work with them to achieve common goals. The interviewees⁸¹ talked, to varying degrees, about the importance of the connections

⁸⁰ Julia and Katelyn (sport), Peta (male head of the house), Carol (moving to the farm), Barbara (relocating for her husband's employment), and Hilary (hobbies and work commitments).

⁸¹ Lesley, Marina, Jessica, Beverley, Celia, Peta, Carol, Barbara, Katelyn, Lesley, Julia, Emily, Tamara, and Hilary.

between their husbands and their children and the value that the father placed on the work associated with care. Lesley (16) said of this ‘he’s been supportive of my role as a mother, like, the stay at home mum, but when we have arguments ... he can, sort of, say well you stay home. I work so you can stay home all day’. Marina’s (17) husband cut back his work schedule from six to five days after the birth but she ‘ended up doing most of it’ which evoked a resentful response, but she said, her husband realized that he ‘didn’t help enough’. Jessica’s (19) husband ‘was a star’ she said in the early months after the birth ‘he washed and cleaned’ but into the second year after the birth the financial pressures increased and their relationship became much more tenuous.

In most cases there were issues in the working through, the ambivalences evident through unfulfilled expectations (expanded on in chapter five). The bulk of the interviewees were attempting, in principle, to share parenting with their husbands, though in practice, this was difficult, because they were the primary care-givers. This was particularly evident in the allocation of household duties and most of the participants⁸² grappled with this disjuncture. This point is relevant to the negotiation of social capital. The women were committed to the preservation of their relationships with their husbands, as a core unit of the family, and yet the practicality of negotiating a form of egalitarian family often meant a disconnect between their expectations and their experience. The home became the workplace of the primary care-givers and in order to preserve a sense of order, both through the week and on the weekends, the participants were sometimes⁸³ required to take on what they saw as an unequal share of the household tasks.

⁸² Peta, Carol, Jessica, Beverley, Katelyn, Marina, Lesley, Julia, Anne, Renee and Hilary.

⁸³ Peta, Renee, Katelyn, Jessica, Marina and Anne.

Julia used to earn more than her husband when she was in the workplace and she had become an astute money manager. She organized the finances for the family, paid the bills, and had ready access to cash. This was a responsibility she did not take lightly. After all, the home had become the centre of her new world. Problems, however, would arise for Julia if her marriage broke down. Her employment prospects and links to the workforce were loosened with the consequent effect on superannuation and other benefits. Julia's view of the future hinges on the stability and longevity of the relationship with her husband, particularly if she carries out her intention to work part-time into the future. Julia spoke about her husband as an excellent father. He is involved and engaged. He provides for the family, his wages go into the joint account, 'I don't think a man can appreciate the bond that you have with your baby. I think the bond between mother and baby is different to the love that you have for your husband' (Julia, 17). 'I don't care who it is' says Julia, 'that's just the woman's role' (Julia, 24) to provide for the standard of care, healthy food, doctors appointments, the myriad of details that accompany the day-to-day responsibilities. Earlier, however, Julia had expressed a desire for sharing the role of parenting with her husband 'I'm not going to do this on my own' (Julia, 10). Her husband turned out to be a better father than she expected. As she said, he is involved and engaged to a point. There were nevertheless 'lots of fights' (Julia, 24) about sharing, and Julia rationalized her expectations by the retort, 'it's never 50-50' (Julia, 24). Anne mirrored this thinking:

I thought it would be more 50-50 because I thought I was going back to work and I thought that that's the way it would be. But, then I thought I'd be a mum at home and that I would do most of the things around the home, although, it's like anything. I would like a hand without having to nag. I would like the toys picked up without having to say, would you mind picking up the toys. I think you want somebody to actually see something and go, I'll do that, without thought of what

will I get out of it, or I work all day so I shouldn't have to, or you're at home all day and you should do it. You know, it happens ... (Anne, 17)

These seemingly trivial negotiations are embedded within families; they take place on a day-to-day basis between couples and are a source of tension or ambivalence by women in their new social location. The extent to which either women or men are prepared to adhere to, or transgress, gendered roles has a significant affect on the couple relationship and thus their ability to preserve the family unit, the basis of social capital. Women with children are not in a strong bargaining position in this regard, a consequence of their derivative dependency, the dependence of their financial security on the couple relationship.

The preservation of the couple relationship was very difficult for Renee. Soon after she and her husband migrated to Australia, Renee unexpectedly became pregnant. She was very upset when she spoke to me because she was caught in a bind. Renee expected that she would have children, in the long term, but when she was growing up, her mother had employed a maid to help out with the day-to-day caring routines and she had expected to do the same. Her husband tried, she said, to help out but he was not trained in housework or cooking and he was resistant to change. Renee felt betrayed and resentful. She said 'It's obvious ... sometimes I feel betrayed because he brought me here (laughing with exasperation) and I'm here for the happiness of my children but ...' (Renee 7). Over time Renee's husband became more involved and loved to play with the child/ren but when it came to the housework she said 'like, last night I was doing the dishes at 11 o'clock and he was just watching television and I'm, please honey can you help me, and he'd go okay. But I don't go like, why don't you help me (angrily) I am tired – I just say it nice (Renee 9).

Marina was diagnosed with postnatal depression, which was related to negotiations between herself and her husband. She had been struggling with sharing the care with her husband for some time:

I think you just assume that you'll both know what to do, but probably because I took more control, he just maybe didn't know what to do in the end. I think, maybe – he's great – he's not – well there's some old fashioned ideas there and probably coming from how his mum (laughing) which is still nice if that is what you want to do but it's a bit impractical. You build up resentment I think, not knowing how to handle things, that's the first reaction, oh come on, do this, do that, and then you're looking after the baby and then that all snowballs. (Marina, 17)

After her diagnosis, Marina's husband began to take on a greater load with the children and housework. There were, however, still some tensions. Marina said 'He is really good now' (Marina, 17), but there were other times when she said, some of the old patterns were returning '... here we go again doing the same ... I just have to shuffle myself away' (Marina,18).

Mostly it was that I wasn't realizing that I needed to take care of myself as an equal member of the family. Everyone needs the same attention. You need the same attention. You can't let yourself go and sacrifice everything for other people, it just doesn't work. (Marina, 14)

Hilary was also torn in her relationship with her husband. She was very much committed to the primary care of the children, and yet the relationship had suffered in a very dramatic way. She was trying to understand her sense of unease:

I think everything just went on hold, in a sense. ... a lot of it is that, yes, we have this wonderful basis of ten years before our child was born, thank God for that (laughing) because we are extremely firm friends. We have a shared history. We know that we love each other and that is pretty much unshakable but since being parents it's been very exhausting and we haven't had much time to give one another much at all, emotionally, or physically, yes. It's almost on hold and it's sort of like, I keep thinking to myself in a few more years we'll be able to – I don't know – continue our relationship, but I'm just too – physically I feel I can't give anybody any more at the moment and by the end of the day we are just both exhausted... it has just been adjusting to our relationship taking almost a back seat to the primary care of the children. (Hilary, 5)

When Hilary's husband, Martin, was at home he was very much involved with the children and shared the housework, but he worked long hours. He was moving ahead in his career, with the associated rewards, and he felt entitled to indulge his interests at work and his recreational pursuits. Soon after the first baby was born, Martin was offered an overseas posting. Hilary tried to comply and she and the baby went to live with him, but it did not work. She was isolated and there were difficulties with the extreme climate and the culture that forced her back to Australia. Against her better judgment, she asked him to give up what was his dream job, but felt she had few options. Tensions were surfacing again. Should limited household finances be spent on his recreational activities, at this time of their lives?⁸⁴ These kinds of issues can arise for any couple, but when there are infants and toddlers, the 'derivative dependency' becomes a contributing factor. After all, the secondary carer retains responsibilities but

⁸⁴ Hilary told me that she was being treated for depression, but she also noted that depression ran in the family, and she thought that the cause was probably her genetic disposition, rather than the everyday concerns in her new life. I am not arguing with this, but point out factors that, on the face of it, may well be contributing.

is one step removed from the realities of day-to-day care. This distancing was also evident in comments made by Katelyn:

I think it's harder on the female than the male. ... Okay, my husband was great at bath-time and bed-time and he couldn't do anything else ... his life changes ... he was still able to go out if he wants to go out ... to play [sport] when he wants to and he was able to do whatever he wanted ... to me I didn't want to do that. I had a baby and being here for the child ... the six months ... the whole of my life. (Katelyn, 8)

Even though many of the women⁸⁵ were struggling with changes to their relationships, almost half of the couples were managing outcomes that they felt reasonably comfortable with. Four of these women⁸⁶ had received a form of maternity leave, or pay, and were back at work part-time; they were managing to balance a job, and their family responsibilities, and their husbands were contributing to a greater or lesser extent. Carol was studying at home to change careers and her husband was supporting her in her chosen course. He was also a 'hands-on dad' and took over, when he could, so that she could attend to her study and sometimes, she said, she slipped in a novel or a magazine. Barbara's husband earned enough to cover the family costs and he shared the responsibilities whenever possible. He often took over when he came home from work and sometimes Barbara relaxed in a bath if the day had been a stressful one. Emily also shared the care with her husband.

There is an emphasis on transformational change in relation to a restructuring of care, moving away from our breadwinner past, however, a central aspect of this project is the negotiated nature of contemporary families. Changes to the family form are a key

⁸⁵ Celia, Julia, Barbara, Carol ?, Katelyn, Tamara and Emily.

⁸⁶ Celia, Julia, Katelyn and Emily.

defining feature of the late twentieth century, as reflected in the titles of contemporary studies: *Brave New Families* (Stacey 1990); *The New Family* (Silva and Smart 1999); *New Times, New Families* (Carrington 2002); *Family Fragments* (Smart and Neale 1999); *Changing Family Values* (Jagger and Wright 1999); *Reshaping Social Life* (Irwin 2005); and *Reinventing the Family* (Beck-Gernsheim 2002). Social support services in Australia, which had been institutionally located under the Department of Social Security in the 1980s, moved to the Department of Family and Community Services in the mid-1990s. A policy framework providing a safety net to support struggling families moved to a focus on strengthening the family as a social unit, a trend emblematic of the intermeshing between the state, the market and the family. Attitudes and expectations are changing within families and yet the wider institutional framework⁸⁷ often defaults to gendered expectations. A harking back to tradition is also evident in the TtoP literature at the cost of delineating the new. Chesters, Baxter and Western (2008) talk about this in terms of ‘new traditional families’. My findings support the outcome in terms of time spent on housework and childcare, however, this gender divide is the cause of consternation for many women; it is not what they wanted. These trends are nonetheless accompanied by an international focus on work–family balance that is being played out within families, often at the expense of gender-equal outcomes. A large proportion of government spending is dedicated to supporting parents, for example, Family Allowance or Sole Parent Payments, yet while these tensions are apparent at an ideological level, the day-to-day realities of dependency require trade-offs. Women are generally the primary care-givers and even though they are financially penalized, they persist, often working with their husbands/partners to develop new family-based models of care that incorporate a form of gender equity, albeit often with inadequate outcomes.

⁸⁷ Including health, education, workplace practices and urban planning.

It is clear in many of the reflections from the interviewees that the basis for their relationship with their husbands/partners was altered after the birth. Yet, the participants saw that it was in the interest of both mother and child to preserve the family as a social unit; they were negotiating social capital. The literature on care talks about a need to develop new social forms (Williams 2001), new social institutions (Zollinger Giele 2006) and mutating gender dynamics (Segal 1999, 214). Gendered practices are changing, notwithstanding the slow pace within these new family forms. The work of care consolidates durable networks within the family, providing for a critical form of social capital, however workings within the family are central to accumulation and preservation (see: Duncan 2005). The shopping, the cleaning, the meals, the washing, the things that make the difference between a house and a home, the daily care of children, the playgroups, the connections with friends and family, and more, contribute to family functioning. Even though most of these couples were grappling with change, they were in many cases finding ways to adapt. They were attempting to share the care in a structural and cultural context that promotes gendered caring routines both through the lack of workplace options, and a falling back on gendered assumptions. The fact that they were managing is a testament to a determination to preserve the family unit and thus consolidate social capital.

The following section talks about the work of care in terms of cultural capital. Skeggs and Lawler both emphasize class difference. However, there are critical intersections between class and gender whereby an institutionalized conflation of women with a mothering role does not account for the maternal subject.

Cultural capital

Cultural capital is problematic in the contemporary context. Mothering has been historically associated with selflessness, as a moral imperative (Williams 2001, 1444), and this is at the centre of the paradoxical nature of the experience. Rosenberg (1987, 188) described this as a ‘deeply embedded contradiction’ between the low status of the work associated with care and the roles associated with motherhood captured in the common retort ‘it’s the most important job you’ll ever do’. The institutionalization of gendered caring routines has had the effect of complicating intersubjective dynamics between mother and infant. Thus, the early stages of mothering provide a focus for analyzing the associated meanings between the mother and infant, who are held together through care.

The literature on the Transition to Parenthood brought attention to gender differences between the parents in their response to their infant (Cowan 1985) that are said to contribute to ‘disequilibrium’ within the family (Cowan and Cowan 1998, 175). A continuing emphasis on bonding, rather than intersubjectivity between mother and infant is based on a historical objectification of the woman as mother through care. In line with this thinking, the research participants prioritized the care of their child in a different way from that of the fathers, and in many ways above their self-interest, often with an assumed linkage: the interest of the child is the interest of the mother.

Therefore, when I speak about cultural capital I am referring to child development, emotional, psychological and social, but also a reappraisal of the mother’s sense of self. Both of these areas are connected to the intersubjective dynamics between woman-as-mother and her infant/child. The well-being of the mother is tied in important ways, particularly in these early years, to the well-being of the child. A recognition and

response to the needs and interests of the woman-as-mother can facilitate smoother transitions for both mother and infant.

The majority of interviewees' ages fell between their late 20s to their mid-30s. They generally had extensive life experience, including education, travel and varied workplace experiences. Their jobs were most often important to them, some saying that they had loved their work⁸⁸ but others spoke about their competence and the satisfaction of achieving workplace goals. And yet a trading off of workplace attachments for what was perceived to be the well-being of the infant/child was spoken of as a requirement of motherhood. The well-being of the child was a given, but it is the well-being of the mother and/or the family that is in question. What had become a new and often constraining role brought forth ambivalences in relation to the self and the internal dynamics within their families. The three-hour interview became, for many of the participants, a rare opportunity to air their thoughts and feelings about mothering, the consequent effects on themselves, coupled with hopes for their child/ren.

It can be difficult to speak about aspirations for your child when you are bogged down in day-to-day routines, so this question sometimes came as a surprise, though all of the women had something to say, and their responses were often meaningful and significant. Generally, the women placed great value on the work that they were doing as a mother, though they commented on the lack of social acknowledgement that came with the task. When I asked Lesley what does being a mother mean to you, she said, 'I would say it's an all-consuming sort of passion, I guess, in one way. Having responsibility for these little beings who rely on you for everything and doing your best

⁸⁸ Peta, Celia, Julia and Katelyn.

to provide them with a good grounding for the future ... I think it's really under-rated, incredibly under-rated' (Lesley, 7).

Jessica had this to say about adjustment 'Well, if you were looking for a general impact I'd say to me it is significant. I'd favour that in a positive way. There are definitely some negative aspects and not negative, things that are more challenging, or tougher to deal with, but overall, most aspects, I'd say, you can't remember life without them [baby]. You wouldn't give them up for anything' (Jessica, 8). Anne was inspired by the influence she felt as a mother; nothing was too much trouble. There was an organic bond that she felt deeply and personal pride attached to sending a child out into the world. Anne said 'What I didn't expect was that I'd really want to stay at home and see them twenty-four hours a day, seven days a week, to enjoy that. I imagined that I would be balancing, get some childcare, three days, or five, have work, and do what I was before but I quickly came to the realization that, for me, it would be altogether too much and it would be altogether too much for the children. I want to bring my children up. I don't want to have someone else bringing my children up. You know the good, the bad and the ugly' (Anne, 6).

Hilary said 'I didn't know some of the positives. I didn't know how rewarding things were going to be just breastfeeding a baby, and just holding your child and watching them change week by week. But, I also had no idea of what it was – to try to function in complete separation, and that is something that you can never really get prepared for. I guess I also thought it would be easier to leave my child, you know. I thought, yes, I'll go back to work. I'll put my daughter in childcare that will be fine. And there was no way when it came to the crunch that I was going to do that and, in fact, I've never put either of them into any childcare. I've only ever left them with people I know and trust

... I just came away thinking I just couldn't do it ... I just had no idea of what the bond was going to be between me and my children' (Hilary, 7). Marina said compared to before having children 'I wasn't really happy to be honest and I'm much happier since I've had kids, much, much happier ... I'm more satisfied because I'm doing something of value as opposed to ... I guess, instead of just doing something to earn money, to pay the mortgage' (Marina, 7).

The participants spoke about the importance of social skills, socializing their children so that they would become good, caring, responsible people. Anne believed that because of the need for profit in the childcare industry the quality of care suffered, and furthermore she raised the problem of the developmental capacity of young children to deal with the associated stresses. Some of the participants' children⁸⁹ were in childcare on a part-time basis. Hilary said that she would not leave her children in childcare and would leave her job if her mother was not able to care for them. Others⁹⁰ used a mix of child care and babysitters and/or care with their mothers, falling back on the gendered structuring of care, through the family. The rest of the interviewees⁹¹ were at home with children full-time. Beverley's son had been in childcare but she had chosen to leave the workforce. Renee was doing some paid work while she was at home with the children, and Marina was looking for some part-time employment.

⁸⁹ Celia, Renee, Carol, and Katelyn.

⁹⁰ Peta, Jessica, Julia, and Emily.

⁹¹ Anne, Barbara, Lesley, Joanna, Beverley, Tamara, Marina and Renee (noting that all of these participants, except Beverley, had a second or a third child).

Table 4.4 Childcare arrangements of participants

	Childcare	Family care	Babysitter nanny	Full-time at home
Anne				X 2 nd child
Barbara				X 2 nd child
Beverley				X ¹
Carol	X			
Celia	X			
Emily	X			
Hilary		X		
Jessica	X	X		
Joanna				X 3 rd child
Julia	X			
Katelyn	X			
Lesley				X 2 nd child
Marina				X ² 2 nd child
Peta	X		X	
Renee				X ³ 2 nd child
Tamara				X 3 rd child

1 Beverley had been working but had given up due to the related stresses.

2 Marina was looking for part-time work.

3 Renee was working part-time at home

There was not a marked difference between the participants who were at home full-time and those who worked part-time in regard to their aspirations for their children. The commonality was apparent, particularly in the development of social skills. The women believed that they could influence their child by being there, to interact with them on a regular basis, by way of modelling and training. Peta spoke about her desire for her children to feel settled in their relationships and hoped that they would grow up to be happy and secure. She said that education was important to her, being a school teacher, and hoped that her children would pursue tertiary studies if they had the ability. Peta also emphasized the importance of teaching her children Christian values, and the centrality of family and community to their lives. Talking about aspirations brought out an emotional response from Lesley. She wanted her children to grow up healthy, happy, safe and well-adjusted. She hoped that they would develop a capacity for independent

thought and not just to be followers. The women took the opportunity to be with their child/ren seriously so as to offer a range of experiences. The children were taken swimming, to playgroups, the zoo, and the museum. Lesley had worked in the childcare industry and believed that she could provide a higher quality of care. She could offer her children spontaneity and flexibility, and be responsive to their health and daily disposition. Anne spoke about using opportunities while at the shops or everyday places like the park to expand their learning, talk about what they were seeing and doing. She emphasized the importance of appreciation and hoped that her children would grow up to value money, spend it wisely, and look after both their things and other people's.

A number of participants had determined to offer their children opportunities they had lacked, or marked out differences between their parenting and their experience of being parented. Carol, for instance, encouraged her children to follow their passion, as this had been lacking in her upbringing. Celia hoped that her children would have the ability to take risks, and that they would not choose the safe path, as she had done. Beverley believed that because she was a girl, she had been protected by her parents, a tendency that she believed contributed to her current vulnerable financial position. Though she felt that her mother had pushed ambition onto her, Beverley was determined not to do the same with her child. All the same she, amongst others,⁹² spoke about her own mother's fine example and aspired to do as well with her own children. 'I'm very similar to my mum' said Peta (13) 'in the way that I am bringing up my children. She did a beautiful job, so that's part of it. So I spend a lot of time with my children, like she did'. Julia's reliance on her mother was evident 'as soon as anything goes wrong the first thing I do is ring my mum'. Julia continued that the circumstances in which her mother had brought up her daughters was much tougher and had made her mother

⁹² Peta, Celia, Carol, Lesley, Anne, Hilary and Emily.

stronger. 'She'll come over here for a week, just to give me a break and then she'll stay and look after my son. It's the best thing ever. It's so good, so nice' (Julia 19).

All of the participants highly valued the work they were doing as mothers, while often recognizing the accompanying low social status. Care has been feminized, and thus devalued throughout the twentieth century; a claim that was inferred by some of the interviewees. Lesley (7) for instance said about mothering 'I think it's really under rated, incredibly under rated'. A sentiment that was held by Anne (9) when she said 'now that I'm in the position, I think it's an extremely important job. I don't think society, in general, puts as much importance on it as I think should be put on it.'

However, the association the participants had with the maternal role, coupled with unrecognized intersubjective dynamics, perpetuates what looks like 'traditional' practices, in what is often seen as the interests of the child/ren. In the early twenty-first century, high rates of postnatal depression, anxiety and isolation have come to characterize the experience of early motherhood for many women. The period is frequently accompanied by a loss of identity, with the focus being so closely tied to the fetus/child, while concurrently there has been a marked turn-around in the way we think about early childhood drawing, in particular, from research on brain development.

Declining fertility rates have led to competition between nations to provide for children, an increasingly scarce resource. Yet we continue to speak at cross purposes. The interests of the carer, generally the mother, are critically related to the interests of the child. The work on intersubjectivity by Benjamin (1995, 1998) and Baraitser (2009), in particular, brings attention to the central nature of the dynamics between mothers and their infants for both mother and child. Lawler's (2000, 81) association of Benjamin with the goal of autonomy calls for further analysis in light of this gendered context. The social structuring of care coupled with naturalized and gendered associations are

clouding effective policy development. Skeggs (2004b) saw value in the use of the concept of habitus to interrogate contradictions and conflicts, an aim of the thesis. The Vancouver Post-Partum Counselling Service Model (PPCS) highlighted social structural factors that had an effect on postnatal depression, which marked the experience with loss, and lack of social support (Rosenberg 1987, 184), factors that are generally a consequence of the isolated, naturalized and privatized nature of childrearing.

The interview data demonstrates that the care of the participants' child/ren frequently included attention to developmental and/or emotional goals associated with cultural capital. This dynamic is recognized in the literature and was quantified by Craig (2006, 132); mothers spent 3.5 times as many hours doing childcare activities as fathers. Lawler (2000, 106) argues that this cultural development is a middle-class preoccupation while Skeggs (2004, 90) says that working class women respond through 'affect', 'anger and resentment' to this cultural development. She associated these skills and dispositions with the concept of 'exchange value', while the work of care more generally fell under 'use value'. Class differences are clearly evident in the ability of women to commodify care, or access workplace entitlements, conditions that are associated with the professional rather than the unskilled labour market.

The interviewees for the thesis were an equal mix of working class and middle class women⁹³ and yet the data suggest that there was a common concern to consolidate family ties that contribute to social capital, and promote what they saw as the interests of the child/ren, developing cultural capital. This aim is, however, connected with gender, with the bulk of participants privileging both family and child outcomes over

⁹³ Determined by a mix of current workplace profession, geographic location, and family background.

their individual economic status. The core couple relationship within the family is related to the preservation of social and cultural capital. If the relationship breaks down, women are most often economically vulnerable, the associated social capital is threatened, and the cultural capital accumulated through child development in question. Attempts to achieve a form of gender equity can be easily sacrificed to what is often seen as the greater good.

Bourdieu devised a notion of symbolic violence which, he said, is apparent when social agents feel compelled to act out prescribed roles to evaluate and express themselves; the dominated represent themselves in the form characterized by externalized authority, for example, the acting out of social norms that are based on racist or sexist beliefs.

Drawing from this concept, Skeggs maintains that, in theory, working class people have been locked out, through an inability to play the game. This critique, however, can be equally applied to the social structuring of gender. The emphasis on the maternal role, in conjunction with the social structuring of care, fails to account for the subject position of the woman-as-mother, feeding the associated belief in selflessness. The divide between working and middle class women identified by Skeggs is relevant to a critique of cultural capital, but it is critical to view this in light of intersecting gender relations.

When I think about the interviews in terms of the well-being and sense of self of the woman as mother, it is clear that many of the respondents drew meaning and a sense of fulfillment from their care work. However, the social structuring of dependency coupled with gendered associations make it difficult for women to think of themselves apart from their child and/or their families. Thence it seems like the right thing to do, the natural course of events for them to throw themselves into sustaining their families

and attending to the interests of their child/ren. While these aims clearly contribute to their social and cultural capital, this gendering of care associated with a belief in the moral pre-eminence of the care-giver is problematic because it individualizes the responsibility to care. This trend is evident both in propositions and beliefs about the selfless mother and/or an ethics of care that has often been located, and individualized, in the experience of women (Held 2006, 37; Probert 2002, 16; Beasley and Bacchi 2005).

Conclusions

The capitals framework provides for a way of quantifying the work of care. As is clear in the thinking of the women interviewed there is a falling back on a gendered script that associates selflessness with mothering, and a desire to be there for their child/ren. This trend is not a return to traditional gendered roles but a reassertion of the value of care. Current attempts to advance the interests of the child need to be accompanied by a recognition and response to the needs of the primary care-giver. This would include a recognition of the intersubjective dynamics between mother and infant, which can in turn locate the subject position of the woman-as-mother. In the thesis I am rethinking the work that women do when they are mothering in light of these dynamics while remaining mindful of attempts to account for and restructure the work of care. The structuring of dependency within a gendered family form is reinforced by understandings that have objectified the woman-as-mother in the mother–child dyad, and thus not accounted for maternal subjectivity. The experience of women when they become mothers is highly gendered. This is a product of our inherited conception of autonomous individualism that informs rights discourse and distances dependency workers from rights associated with citizenship. Tensions between equity and care are

being played out within families because of the privatized and individualized nature of our heritage that continues to conflate women with the maternal role. The women interviewed for the thesis clearly appreciated both the social and the cultural capital that accompanied the work of care, while in the current context many are forced to compromise both their economic security and their well-being. In the next chapter I demonstrate how identifications play a mediating role in these dynamics while concurrently women are changing the meaning of mother and family through their everyday practices. This capitals framework provides an important step in this chain of reasoning. It bestows a means for quantifying outcomes from the work of care while bringing attention to the gendered effect.

CHAPTER FIVE

Mothers: Identification and Ambivalence

The experience of women-as-mothers is often referred to as paradoxical. Rights-based claims rely on a denial of the significance of difference and thus evoke contradictions in relation to embodiment, gender and representation. This disjuncture is a consequence of the ‘myth of autonomy’ that has led to the development of dependency theory and calls for transformational change in relation to the social structuring of care. In the meantime, women need to navigate these gaps in meaning and, through their everyday lives as mothers, there is an interplay of identity and difference that is associated with the meaning of motherhood.

Most women aspire to gender equal or egalitarian family forms, yet after the birth of an infant this needs to be negotiated within the privatized and gendered structuring of care.⁹⁴ Fineman (1995), Fraser (1997), and Hollway and Featherstone (1997) concur that moves towards an egalitarian family form have been accelerated by raised expectations of gender equity. Inequitable outcomes after the birth of a child have also been recognized in the early years of parenting and the Transition to Parenthood has been identified as a ‘critical tipping point on the road to gender equity’ (Neilson 2005). The family- and career-centered categories of women identified by Hakim (2000) are minority groups while the largest category by far is women who combine work and family. This is a finding replicated in local figures drawn from a large number of families from the Household Income and Labour Dynamics in Australia research

⁹⁴ The family has generally been seen by sociologists to be patriarchal and passive to the wider social system.

project (Johnstone 2008). Hakim proposes that women make choices according to their beliefs about family and/or commitments to the workplace. I argue that the gendered structuring of care is perpetuated by association and tradition rather than the best interest of mother and child. There is evidence that in the contemporary context women are often disoriented after the birth and in response locate a sense of self through identifying with their mother (Elliott 2004, 27). The ambivalences highlighted in my study are evidence of movement in the meanings associated with both family and mother that can be understood in light of the Castoriadian notions of radical and social imaginaries. The categories set out by Hakim centre on roles and responsibilities whereas I contend that the meanings⁹⁵ associated with mothering and family are contested because they do not represent contemporary expectations. The image of woman-as-mother is breaking down through everyday action and the evidence for this is a common experience of ambivalence. Despite the uncertainties, there is a cultural reliance on women, as mothers, to provide for the physical, emotional and psychological needs of their child/ren.

In this chapter I consider the gap between the expectations of life after the birth and the experience of women as they seek to identify points of inherence between the sense of self and cultural norms. How do they relate the work they do as mothers to the sense of self? Life experience can partially explain a common identification of women with their mothers, whether seeking to replicate, hoping to overcome, or instituting new practices with their children. But, further to this through a projection of the infant into the future, the woman's sense of self can become entwined with their child's perceived interests. This is a trend that is usefully depicted as the promotion of cultural capital. However, the emphasis on class difference by both Skeggs (2004) and Lawler (2000)

⁹⁵ See: Giddens (1992, 174) on motherhood and childhood split from sexuality.

obscure intersections between the mother and the child self that are held together through the perceived and long term interest of the child. Many interviewees spoke about the importance of training their children to be good, caring, respectful, well behaved citizens, and passing on values or dispositions. However, when a woman abdicates her sense of self to the welfare of her child, she is drawn into the future through the child. The mother's identity is closely tied to her offspring's achievements and tribulations. The all-encompassing expectations linked to the historical projection of the 'good of the child' incorporate the mother with an unknown that is at the disposal of the child. These dynamics are related to the unexplored intersubjective dynamics between the woman-as-mother and her infant/child; factors that are played out within families.

The increased participation of mothers in the workforce has been facilitated by a commodification of childcare. In addition, the care of infants and children has been taken on by grandparents, the extended family or friends (ABS 2005). The research data reflects a skills-based divide amongst women in access to paid maternity leave and flexible workplace conditions. The ability to maintain a workplace connection contributes to the pre- and post-baby sense of self. But there is also evidence of disconnection with previously rewarding careers that results from the respondents' part-time status. Couples or individuals with children who have access to resources, extended family support or flexible workplace conditions can more easily negotiate work-family tensions. These individualized solutions uphold contested images, and thus maintain rather than challenge the status quo.

There are significant biological, psychological and emotional connections between mother and infant. During pregnancy these connections are intense, the birth physically

separates mother and child, while women go on to negotiate emotional and psychological connections and disconnects, an intersubjectivity. These practices provide a basis for the ontological security of the child whilst in turn locating the sense of the maternal self. The dynamics take place through culture and thus the interpretation of meaning and representation become important. An emphasis on reflexivity and choice is overdrawn in the case of women-as-mothers because of complexities associated with the social structuring of care that are played out through meanings and signification. Gender difference is clearly evident through the embodied nature of pregnancy and birth, and the consequent connection between mother and infant is necessarily different from that with the father. These differences are then played out through culture, and work on intersubjectivity provides a framework from which to rethink this gender difference. Contradictions can become tensions between rights and gender difference, which can in turn be negotiated; an arena that is associated with discourse and symbolism (Garey 1999; Ortner 1998; Landes 1998). There has historically been a failure to recognise the subject position of the birthing mother, her place being generally naturalized and associated with the maternal role. Feminist propositions that have drawn from the experience of women as a basis for theory need to be reconsidered in light of an understanding of tensions between women-as-mothers and her infant/child; social, cultural and intersubjective that are played out through meanings.

In the first section of this chapter I set out differences between women in access to paid maternity leave and family-friendly workplace conditions. This leads into a discussion of intersections between the social and the individual that take place through meanings and how these are constituted through dynamic and contested significations. The second section looks at identifications that were important to the women interviewed

and, through these, how women hold onto a sense of self. The experience of being mothered along with the associated maternal role provide for identification with the mother's mother, and/or with the interests of the infant/child. However, tensions between continuity and change are concurrently being played out within families wherein there is an expectation of shared care. The third section highlights ambivalences or contradictions that indicate a gap in meaning in terms of the bodily experiences of birth and mothering, the emotional and physical consequence of negotiating fatigue, breastfeeding, sex, care and a disorienting of the self. I discuss findings from my study in light of these wider trends, whilst highlighting these ambivalences as evidence of a mismatch between expectation and experience. Common representations of contemporary women with children include time-poor, stretched, second-shift and super mum. Divergences between 'tribes' of women include home or work based. The examples in the chapter speak to changes to the meanings and practices associated with being a mother and being a family. When informed by understandings derived from overlaps between psychoanalysis and social theory these trends point to interactions between the Castoriadian notions of radical and social imaginaries.

Economic divergences

The workplace participation rate of Australian mothers has increased. In 1985 45.6 per cent of women with dependent children were employed whereas in 2003⁹⁶ this has moved to 60.4 per cent. The largest proportion of these women work part-time, including women whose youngest child is under four, and women whose youngest

⁹⁶ Average across three cohorts of the age of the child – see the next footnote.

child is between ten and fourteen.⁹⁷ While 14 per cent of women whose youngest child is under four work full-time, 32 per cent work part-time. For women whose youngest child is between ten and fourteen, 32 per cent worked full-time and 38 per cent part-time (HREOC 2005, 14–5).

There has been an international focus on work–family balance including Australian studies by the Human Rights and Equal Opportunity Commission (2005, 2007), the Commonwealth Government (2006), Barbara Pocock (2000, 2005), and Anne Summers (2003). An important influencing factor over the decision to go back to work is access to paid maternity leave and family-friendly workplace conditions. In 2000 64.3 per cent of women who worked full-time had access to paid maternity leave, whereas only 24.5 per cent of part-time workers had similar provisions. There was a striking difference between public and private sectors. Of women in the public sector, 71.3 per cent had access to paid maternity leave against 36 per cent of women in the private sector. There is also a divide between skilled and unskilled labour in access to flexible workplace arrangements. Approximately 45 per cent of the skilled workforce (managers and administrators, professionals and associate professionals to intermediate clerical, sales and service) have access to flexible conditions whereas approximately 27 per cent of unskilled labour (production and transport workers, elementary clerical, sales and service areas, labourers and related workers) enjoy similar conditions (HREOC 2005, 20).

These configurations were evident in the interview data. Of the eight women with access to paid maternity leave and flexible workplace conditions, there were two teachers, a public servant, a postgraduate, and a bank worker, with three in managerial

⁹⁷ The youngest child under four years of age; youngest child five to nine years of age; and youngest child ten to fourteen years of age.

or intermediate clerical positions. The rest of the interviewees missed out because they worked part-time; moved location with their husbands; worked in their own small business; were at college; worked in a sector that did not offer maternity provisions and/or provided low wages.

These increasing numbers of employed women with children, predominantly on a part-time basis, represent a significant alteration to the way families work, so much so that tensions between work and family have become a source of critical interest across the western world. Women in skilled workplace positions were more likely to maintain their workplace attachments and negotiate some continuity between their pre- and post-baby sense of self. Individuals or couples with access to resources and/or support are advantaged as they can hold on to this continuity. In the case of family breakdown, however, the sole parent, generally the mother, is required to negotiate the economic interests of the family as well as the caring needs of their infant/child. In these and other disadvantaged scenarios, financial and identity tensions arise because these pressures are structured as private and formulated in terms of choice.

Most interviewees were considering a change in career or continued part-time employment. Their sacrifice of employment prospects for a personal ambition to have a family meant negotiating gendered caring roles. Most of these women were not committed to 'traditional gender roles' and through their everyday practices they were formulating new ways of being a mother and new ways of family functioning. They advanced the interests of their families whilst bringing forth significant changes within them. Within an economy that inadequately accounts for care⁹⁸ these changes indicate

⁹⁸ None of the women I interviewed were back at work full-time and unfortunately my attempts to attract participants from this cohort failed.

‘an emergent symbolic’ and can be understood in light of interactions between the Castoriadian (1984) notions of radical and social imaginaries.

Societies are not simply functional but are permeated with meanings. According to Castoriadis, to be meaningful, all social relations must pass through symbolization, an interactive process. The web of meanings, or social imaginary significations, are embodied in the institutions of a given society and animate it, for example, notions of family, mother and child. Social norms are drawn from a mix of the instituting - human activity including the psyche and the radical imaginary and the instituted - the materialized institutions of socio-historical creation. There is always a gap between society as instituting and that which is instituted, the arena of the social imaginary that is always contested. Meanings are called imaginary because they cannot be fully quantified by rational or real elements and they are formed through creation. Individual identification includes identification with the ‘we’ through these socially mediated signifiers (Castoriadis 1984).

Castoriadis emphasizes the intermixing of the psyche and the society: the individual is the social, and the psyche is socialized, though never fully; ‘cultural and symbolic signification is always mediated through an interpreting self’ (Elliott 2002, 151). New forms of subjectivity result from interactions between radical, creative resurgent capacities, and a social imaginary realm that is in a constant tension of possibility. A constituent, though not determinant, aspect of the social imaginary is a symbolic realm of meanings, however the workings of social relations requires integration at a symbolic level. Relations between significations and their supports, in this case relations between beliefs and representations about women-as-mothers and the mother-

self, are the only precise sense that can be attached to the term symbolic, and it is this understanding that informs my interpretation of the data (Castoriadis 1987, 117).

The principle of inherence between the psyche and society suggests a model of subjectification that implies not simply submission to the law of the symbolic but also the ways which the subject is invested with an active disposition towards the world:

... the relation between the social and the psychic becomes one of mutual realization . .
. mutual inherence ... the radical imaginary receives its content and intelligibility
from being projected out into the social realm. (McNay 2000, 141)

Identifications are critical to inherence and can account for emotional attachments by women-as-mothers. In my use of the concept of the social imaginary, I am referring to significations associated with family and mother but I am also bringing attention to tensions between the representations and the contemporary figure of the woman-as-mother. The process of constituting selves, enacted in time and place, generally requires a trade-off between meanings and practices. The mother's interests are linked to the child's, yet there is little opportunity for women to critically reflect on a displaced sense of self. Caring for an infant/child is demanding and time consuming. Women often highly value their families because they are the hub in which their self-interest and that of the child is potentially served, and yet their access to rights associated with citizenship, to equity, is limited. The following section highlights findings from the interview data through identifications that provide for a continuity of the self, while foregrounding ambivalences held by the interviewees.

Mothers and Identification

The meaning of the work associated with the care of infants is in the process of change. There is a mismatch between the representation of women-as-mothers and the meanings that inform action in their day-to-day lives. Increasing numbers of women with children in the workforce is feeding a trend towards a detraditionalization of caring routines and a common expectation of gender equity within families. This is evident across the western world through increasing tensions between workplaces and families. Yet the signification for care is heavily gendered through roles, life course and understandings of the interests of the child.

These processes of social change create tensions in the everyday experience of women-as-mothers. At the cultural level a renegotiation of identity for women-as-mothers is evident through the flourishing of popular materials on mothering/motherhood or women, reflecting on their everyday life as mothers. Today, there is an understanding amongst women that when they become mothers there is a basis for shared experience, a collective subjectivity that is often characterized by conflict.

The education and employment systems that most young women have gone through incorporate aspirations for gender equity. This is translated into a companionate form of relationship with their husband/partner before the birth of their first child. Yet, discussions about changes within families were stultified in the mid-1990s by entrenched divisions of opinion about the value and the place of the family within society. These debates circumvented important changes taking place within families, a silent revolution outlined in section three. These processes are not smooth and they occur in the face of significant social and cultural impediments. Constraints are evident

in the gap between women's expectations and their experience after the birth of a child. It is an unease that evidences a radical imaginary at work.

The mother's mother

There was evidence in the interviews of tensions between individuals negotiating and/or transgressing structural influences while concurrently reflecting on their own experience of being mothered. As was the case with Lawler's (2000) research, many participants stated that they needed to subsume personal interests for the welfare of their child/ren, particularly in the early years after the birth. This is a central factor in the gap between expectations and experience. But what keeps them there? How can we explain the inherence of women as mothers?

With one exception, pregnancy and birth were part of the life plans for all of the interviewees, the fulfilment of an important life ambition.⁹⁹ And yet, many¹⁰⁰ grappled with the consequences of the birth, not their commitment to their babies, but their new social location. These women are disenfranchised through the social structuring of care. Their connection with their infant through care socially and culturally locates them in a different space to the father-infant connection. The resolution to this gender divide requires institutional change; meanwhile, social inherence works through identification.

When one of the interviewees, Barbara, reflected on changes to her sense of self when she became a mother, she said the experience had made her constantly question herself. She understood that there were no absolute rights or wrongs about parenting, but she felt obliged to question her decisions. Barbara thought her anxieties stemmed from a

⁹⁹ Barbara said most people were shocked to hear she was pregnant.

¹⁰⁰ Jessica, Beverley, Peta, Barbara, Marina, Lesley, Renee and Hilary.

difficult relationship with her mother, 'personal insecurities' (Barbara, 7) by way of overcompensating to ensure a good relationship with her child: 'I ... dance on a sixpence most of the day, which is just ridiculous because they're going to be fine, but it's just that constant when you don't have anyone necessarily there to bounce off while doing this' (Barbara, 7). Barbara's response stood out from the others in this regard. Many of the interviewees admired their mothers and were emulating the best of their mothers' practice. Barbara did not have a good relationship with her mother, but this was still an important influence on her mothering.

Hilary, Beverley and Peta were to varying degrees in awe of their mothers and set out to mirror them. However, they often felt unable to re-enact the infinite patience and understanding they remembered. Beverley was inspired by what she remembered of her mother's uncomplicated calm. Yet when I asked what being a mother meant to her, Beverley replied:

Well, it means, meaningfulness. There is a lot of meaning that comes into your life; more meaning than ever. It's when all those little accomplishments, the growth. You see your son growing, kisses, and hugs he brings to you, and all of those things, and it brings meaningfulness to your life (Beverley, 12)

When I asked about motherhood, Beverley said:

... a club ... you know I'm a bit disappointed in the club of motherhood. I don't think we encourage ourselves and others, as much as I would have hoped to have felt and seen amongst my other mothers; a reaching out for one another and encouraging. (Beverley, 12)

These are the only two comments Beverley made about the meaning associated with being a mother, and yet herein lies a dilemma. Beverley was an accomplished

musician, she had travelled, maintaining a continuing and important relationship with her husband. She relocated to a foreign country but the experience of becoming a mother topped all of these life events. It is not uncommon for women to say this of mothering, but I suggest the meaningfulness Beverley referred to is related to questions of identity and identification. The world in which Beverley was mothered, was in some ways less complicated; the work of care was clearly associated with a gendered role, housewife and mother. Beverley attributed her experience of frustration and stress to finances, tensions between work and family, and her relationship with her husband. These factors acted as constraints to what she saw as the most important challenge of her life. The privatized and gendered nature of care individualizes the responsibility whereby women, like Beverley, can feel overwhelmed. She was not acting out a gendered role, as with her mother. Beverley saw the work associated with the care of her infant/child as critical to his development, a belief that is well substantiated by current research on infant brain development and she strove to indulge his experience of these early years.

Lesley believed her style was not markedly different from her mother's and yet there were clear generational changes in their parenting. Lesley's husband, as with most of the interviewees, was much more involved with both the care of the children and the housework than her father had been. Though her mother had stayed at home while Lesley was growing up, Lesley struggled with this as an option in terms of the self. She worried about what she was teaching her children about gendered roles. She (Lesley 33) said 'I would like the boys to see more equality between men and women. I'm in a position of being the mother at home, the stereotype mother at home, while the dad goes out to work – it's not a stereotype to me because it's what I've chosen to do but I wouldn't like my children to see that as this is what happens'. Mothering in earlier

periods was almost incidental to housework, whereas today, the focus has changed to the child/ren. Contemporary women often aspire to provide stimulating experiences for their children, engaging with them in play or conversation, yet there is a tension between this focus and an expectation that they will at the same time attend to domestic tasks, the wife and mother.

Tamara's mother was in the workforce from when she was very young. Tamara said 'She even went to work with me in the car ... she just had to have me there. She didn't have anyone to look after me' (Tamara, 7). Tamara was in childcare from the age of three. This meant that she spent a lot of time apart from her mother, with her grandmother, or at after-school programs. Although Tamara was committed to her partner being involved with the children in an equal way, she was also determined to 'be there' for them. Her childhood was mouldered around the work commitments of her parents. Her mum collected her from childcare between 6 and 7 p.m., they would go home and she was sent to bed soon after. There was little time for each other: 'there was a lot of hands off in our house' (Tamara, 12). 'I make sure I give the kids time, like, to give them that, a cuddle or just a kiss, just to have a bit of emotion, so they've got that physical, loving contact, just so that they know that they can come back at any time' (Tamara, 6). Like Barbara, Tamara's experience of childhood had an important and contrary effect over her style of parenting, she wanted to do it differently from her mother.

In contrast to many other interviewees, Emily appeared not to have prioritized the needs of her child above aspirations for herself. In fact the couple scheduled a baby while she was completing her studies because of the flexibility this allowed. It is interesting to consider her decisions in terms of her life experience and, in particular,

the role played by her mother. Emily's mother held a professional position whilst bringing up her daughter, a job with the flexibility to combine work and family. Emily said:

I always wanted to have children so I'd never seen it as something that I would put on hold for a career. I guess my mother is a professional person, she's a general practitioner and she managed to continue doing that, she took some time off but she managed to continue doing that and pursuing her own goals and ambitions and so for me that was a role model and I never really thought that having a child would be a kind of hurdle towards a career that couldn't be overcome ... I couldn't imagine abandoning the other things in my life for it and I never expected or planned to make huge sacrifices to be a mother. I thought I'd be able to continue at some pace, maybe a slower pace, doing the career oriented thing while being a mother. (Emily 3)

Emily's mother, however, only had one child, as was often the case with professional women. When Emily was ten, her mother worked overseas for three months, leaving her in the care of her father and grandparents and, at the age of thirteen, Emily's mother worked overseas for twelve months. This was a jolt to Emily because her mother had been the primary caregiver, she continued:

... that was a big shock because she was the main parent and my dad was more the play and fun, like he would do funny things, like playing chasings and that sort of stuff ... So when my mum went overseas the first time my grandparents came and lived with us and they played a bit more of the role of being the people I would go to if I was worried or upset. And when she went away for a year it was just my dad and I for most of that time. I think that was really, really good for our relationship ... I had to get along and I had to learn to adapt to him being

the one I would go to if I had trouble or something I was stressed about. Because it was that time which I was moving from primary school to high school and he had a really different approach to it but it was quite a good approach. (Emily 13)

Emily acknowledged that this had brought her closer to her father and made for a lasting, deeper relationship. Her choices regarding the care of her child were in concert with her life experience, and thus contributed to inheritance.

The everyday caring routines associated with mothering bring forth a juxtaposition of representations. There is an historical and gendered association between femininity and care. The embodied nature of reproduction – pregnancy, birth and lactation – and the social structuring of care perpetuate gendered norms. The primary care-giver can be male or female, however gendered and feminized traditions contribute to images and identifications that perpetuate practice. Associated with this dynamic is the relation between the significations and women-as-mothers attending to their infants' needs. This is where women can experience incongruence: the prescribed roles associated with being a mother mean that birth often brings an unfamiliar and ill-fitting costume. The gap between the meanings associated with being a mother including selflessness, continuity, patience and care, and the figure of the woman-as-mother, leave many women grappling to salvage meaning. Where do I fit? What is mothering? Is gender equity possible and is it desirable after the birth of a child? Tensions between care and equity are played out at the level of identity because care has been privatized and historically structured within a gendered family form. These conflicts manifest as individual and are played out through identifications. Many of the women I interviewed spoke about their choices through association, identifications that link the psyche with the social.

In the interest of the self

The image of the tranquil mother and baby bears little resemblance to the reality. The expectation and desire to attend to the baby's every need is often experienced as a disconnect from the self. Several interviewees¹⁰¹ reflected on this. Images of mothers do not reflect these complexities and women need to re-imagine themselves in time and place, or feel they have become invisible. Carol spoke of experiencing this sense:

Well it's a wonderful and rewarding experience but it is very hard to lose the sense of who you are because you just become this machine that is purely there to serve everyone's needs and at times I don't remember who it is just to be a wife let alone just to be [Carol] (Carol, 7)

The intensity of the bodily connection with the baby provides a form of compensation for a disorientation of the self. Tension between delight in one's child and the need to put aside activities and associations that were part of the self was evident in many of the interviews. Katelyn said 'I love being a mum, every day she blows me away' (Katelyn, 15) followed by 'I think you become very unselfish, you don't think of yourself as much' (Katelyn,17).

The median age of the women interviewed for the project was thirty-two. Most of them had extensive life experience, through travel, the workplace or social connections, so the requirements for the care of their infants turned their lives upside down. As Hilary remarked:

¹⁰¹ Barbara, Peta, Carol, Renee, Lesley and Hilary

I think that is probably the hardest part about it, trying to work out, well, who are you? What is your best – you have to, at some point, work out without all these bits and pieces, you know, without the career, or the job, or the children, and you have to understand at the core, who you are. It is when you are faced with some sort of crisis, like being a mother, and suddenly you are trying to redefine yourself, you do have to then, go back to saying, well, this is me, apart from being a mother (Hilary, 12).

Hilary's sense of self was entangled with the well-being of her child, exemplifying the intersubjectivity spoken of by Benjamin, yet she was attempting to distinguish an identity apart from her career and her child. Hilary's 'crisis of identity' resulted from her perceived need to forego the person she had become so as to attend to her child/ren. She was grasping for an identifiable self apart from her mothering practices, her child, and her career; the workings of ambivalence. A continuing failure to locate the maternal subject in the mother–infant dyad leaves women like Hilary unable to name or work through her experience. Current understandings of motherhood do not adequately reflect this new and emerging self. Hilary continued:

I also had no idea of what it was going to [be to] try to function in complete separation, and that is something that you can never really get prepared for. I guess I also thought it would be easier to leave my child, you know. I thought, yes, I'll go back to work. I'll put my daughter in childcare that will be fine. And there was no way when it came to the crunch that I was going to do that, and in fact, I've never put either of them into any childcare. (Hilary, 7)

This strong and abiding connection with the infant/child expressed by Hilary can be explained through the psychoanalytic discourse. Women often need to think through

and negotiate these connections and disconnects that can be felt intensely while naturalized associations are generally played out, isolated in the domestic realm. Lesley reflected on conflicting messages she is giving her child/ren:

I would like the boys to see more equality between men and women. I'm in a position of being the mother at home, the stereotype mother at home, while the dad goes out to work, that's – it's not a stereotype to me, because it's what I've chosen to do, but I wouldn't like my children to see that as this is what happens. Most of the women I know that is what happens as well. (Lesley, 33)

Lesley is trading-off equity for what she sees as other kinds of good but in a gendered context whereby the low remuneration for her work in a care industry does not offset the cost of childcare. It is not that manners and dispositions are more important to Lesley than equity. She is foregoing her aspiration for equity to accommodate the requirements of care while holding on to a belief that mothers need to be selfless. For some,¹⁰² the association of mothering and selflessness was a relief from pressures to achieve and be self-absorbed. As Celia said:

... I suppose for me the biggest thing, when I think about it, is a positive thing in that having [baby] has meant that I've had someone else to think about. I think I could have been heading for a trap where we were very self absorbed and, I mean, if you don't have children what do you think about? You think about yourself, and what you're doing and what you want to do ... I distinctly remember looking forward to having someone else to care about and that certainly became the case I have found that to be a bit of a release for me, to not be just so, thinking about myself. (Celia, 4–5)

¹⁰² Anne and Celia.

Celia was not alone in expressing these feelings. Ironically, she had more reason to be concerned with the greater or long-term good and yet less time or opportunity to contribute outside of the family. She was working part-time and expected to negotiate a work and family balance for some years. She loved her work as a primary school teacher, yet she considered a change in vocation because she felt she could not do justice to it. The change in hours meant that she lost the continuing contact with the children and their parents, elements that brought job satisfaction. She turned the little time she had left towards friends, looking for new interests, and considering the possibility of a new occupation. For others,¹⁰³ the battle to combine personal aims and ambitions with the realities of the day-to-day care of a child became arduous. Resolution required them to prioritize what they saw as the welfare of the child over considerations of self. Amongst the identifications relevant to the maternal experience, therefore, is identification with the child.

At this point, the tension between social relations and reified images becomes significant. As a teacher, Celia now had greater empathy for the parents at school and yet she felt it was not possible for her to contribute to her workplace in a meaningful way. Celia slipped into an assumed and gendered role rather than challenge the system. This tension, however, only came up indirectly, and was evident in a disjuncture between her pre- and post-baby engagement with the world. Celia was considering finding a job in which she would be 'turning pages'. This disengagement was evident when I asked, in terms of the sense of self, in what ways had she changed, and in what ways had she stayed the same. Celia said:

¹⁰³ Barbara, Beverley, Jessica, Peta, Hilary, Lesley, and Renee.

I think it's both. In some ways it has [I have changed] because, you know, as I've said I've got someone else to think about and I don't have to think about myself so much, but in other ways I think I'm still essentially the same person; the same interests, the same beliefs, about things ... but I think I'm a little bit in limbo in terms of what it is to, kind of, be a mother, what kind of mother do I want to be in the future ... what kind of role model do I want to be for her. And, so I suppose, I've thought a little bit more about also finding my own interests because I haven't really - I don't have things that I'm particularly passionate about ... I don't just want to focus on her. (Celia, 9)

Celia is reflecting on herself in terms of the present and future well-being of her child. She is aware of a need to delineate herself from her child, but she justifies this in terms of the child, rather than the self. This overlapping between self and child indicates a trend in the data, of mothers projecting themselves into the future through their child/ren. The everyday knowledge that is a product of Celia's experience is invaluable to her workplace, theoretically and practically, yet her circumstances distance her from it. A relationship that does not facilitate the expression and development of an alterity between mother and infant can be understood from the perspectives of justice, equity and citizenship but what of the well-being of mother and infant?

Concern about the infant's emotional and psychological well-being has led to a range of birthing and child-rearing practices and the blossoming of midwifery and parenting programs across the western world. But how do mothers preserve a sense of self in the face of an overwhelming emphasis on the child? The reification of the relationship between the woman and her infant represented through the abstract concept of the mother can circumvent important mother-infant dynamics. Traditional meanings and life course associations with the maternal subject can disrupt necessary subject-to-

subject dynamics between mother and infant. They can disrupt free flow, an interchange that can accompany engaged yet autonomous subjectivities. These issues are significant in terms of the self, but they are often played out within families with high levels of maternal depression, anxiety and marital dissatisfaction.

The gap between expectations of motherhood and the actual experience is importantly related to workplace practice. For example: Julia was required to stand down from her former managerial position in the finance industry because the job required long hours and full-time commitment. This disparity was identified in an extensive Australian study by Qu, Weston, Parker and Alexander (2004) that examined fertility decision-making of men and women aged twenty to thirty-nine in light of differences between aspirations and actualities. The report concluded that 'About one-third of men and women expected to have fewer children than they ideally wanted' (Qu et.al. 2004, xv). The authors argued that this disjuncture resulted from difficulties in accessing a secure, stable and adequate income and/or partner. I add to this the tensions, particularly for women, between the pre- and post-baby sense of self.

In the interest of the child

The distinction between self and baby in the feminist literature on being a mother is also apparent in the ambivalence many women experience after the birth. And yet, an inherence is reflected in the decision by most of the participants to organize their workplace attachments around the perceived needs of their families and child/ren. These women's commitment to their child/ren was not simply a replication of their mothers' lives or a part of their life course. They were determining new ways of being a mother within the confines of institutionalized and gendered constraint.

The empowerment and sense of entitlement many women have gained over recent decades was evident in the interviews. All of the participants valued family, however assertions that emphasise values, ethics or morality cited in chapters one and two, need amplification. Women do not prioritize their families' or children's welfare above themselves because of a heightened sense of morality. Rather, they are navigating complex choices about themselves and their infants in a context that provides little opportunity for reflection, with the common retort 'I've just got to get on with it'.

Many interviewees spoke about the benefits of spending time with their infant, and looking towards the future with them. There was some emphasis on their children's behaviour, their manners, fitting in, being good people, while others spoke about the importance of fostering passion or a capacity to take risks. The emphasis demonstrates the dispositions that Bourdieu speaks of in terms of the socializing role of the mother. This ambition is not, however, related to values with a moral dimension. This talk about 'ways of being' is closer to Lawler's (2000) argument about promoting the child-self, the workings of power through knowledge, and the perpetuation of class difference. But further to this, why does the promotion of the child-self rely on the sublimation of the mother-self?

Most of the interviewees wanted to provide a stimulating, engaging, but also carefree childhood that included the opportunity for wonder and play. Barbara described her experience of mothering as a roller-coaster ride with little opportunity for reflection. She was concerned to contribute to her child/ren's development:

I'd like to see it as an opportunity to try and create a couple of little people that are going to, hopefully make a positive contribution, I suppose, to society. I'd like to

see it as an opportunity to try and instil a few changes in ways of thinking and in what's out there at the moment I suppose ... When I look at my history, or my background, personally, I think we've got a fair few good lessons to show them and I think that is going to make them into, hopefully quite interesting people (Barbara, 11–12).

In Barbara's mind there is a close link between mothering and the long-term good of the child. Is it realistic, however, to believe that in 'being there' on a daily basis with your child, an individual or a couple can instil dispositions or values? A child's development is a product of interactions between individuals, families, cultures and societies.¹⁰⁴ The associations between what it means to be a mother and the long term good of the child informs mothers' everyday decisions. Barbara's determination to take on the full-time care of her child/ren replicates traditional gendered roles. Her decision was nonetheless motivated by a desire to promote what she saw as the best interest of her child/ren rather than a commitment to gendered practice.

Hilary, like most of the interviewees,¹⁰⁵ had a toddler and a baby.¹⁰⁶ There were silences throughout the interview, though it was clear that she appreciated an opportunity to articulate her thoughts on mothering. The two years had included innumerable adjustments and challenges and what sustained Hilary was her unshaken belief in the model of care, and nurturing embodied by her mother. However, avenues for articulating new ways of being, separate from experience or tradition, are evident through the tasks being redefined. Hilary had clearly thought about what her children

¹⁰⁴ The way the workplace is currently structured it often becomes an either/or decision for parents. If the workplace included flexible hours for parents along with universal maternity leave the options for people such as Barbara would not be as stark.

¹⁰⁵ Eleven of the sixteen interviewees.

¹⁰⁶ Her first born was two and a half years old, and the second, one and a half years – there were twelve months between the two children.

needed. When I asked whether she felt a sense of purpose in her day-to-day life as a mother, she replied:

That is something I really struggled with to begin with, for sure, and there are still days when I struggle with that actually because it's just not as simple as a paid job where, yes, you have certain things that you need to have achieved by the end of the day. So there are days when it feels like I'm not achieving and I do feel a bit lost. ... Well they are the ones that matter and for them, for their perception of their day, that is what is important, that they have felt happy and loved during the day ... that's been something that I've had lots of trouble trying to just understand (Hilary, 22)

As well as thinking about what her children need, Hilary also considered what she was doing when she was mothering or nurturing. She grappled with this precisely because the associations between mother and baby have been so intertwined through practice and identification. The physical separation between mother and baby takes place at the birth but the psychological and emotional entanglements are perpetuated through images of mother and baby with the emphasis weighted towards infant well-being.

Celia wished to find a job that was family friendly or an interest that was separate from the family. Carol had returned to study so that she could develop a future for herself apart from her husband and child/ren. This is a new generation of women who often bring extensive life experience to their work as mothers. They hope to pass on stability and security but also resilience; they want their child/ren to be happy, a strikingly simple, yet surprisingly difficult goal. This desire does not reflect values so much as life experience negotiated through an intersubjectivity that brings together the interests of mother and child.

And what of a happy childhood? Many of us reflect on our life experience as a point of reference, as did the interviewees. This is what we did as a family, mum at home, the case with most, aspiring to be like their mothers, being around to facilitate free play, or fulfill a life ambition to have children. Julia described her childhood as ‘pretty horrible’ (Julia, 41) but her experience necessarily informed her decisions about being a mum. Her dad was born in Europe just before the outbreak of World War II. He was frugal, and her mother turned to a religious sect that imposed strict limitations on toys and entertainment. Curfews meant that Julia and her older sister had to entertain themselves. She was determined to pass on the value of social interaction and appreciated the liberation of free play as well as building relations through shared experience.

These associations are often depicted as values. The good mother provides for the contented child and the happy family but this is a simplistic and romanticized view of the past, caught up in the present and projected into the future. We will not know what our children will say of their childhood until they are grown and can reflect with maturity and life experience. Why are women required to truncate their desires to facilitate what could turn out to be a mistaken path? The weight of the future lies heavily over the choices made by women regarding their mothering in the present.

These difficult questions are related to intersubjective dynamics between the mother and infant/child. If the child is hurt, the mother often feels pain. There is a growing field of literature arguing that the foundations for a healthy life are established in the early years. Women often navigate these issues with little opportunity for reflection, feeling overwhelmingly responsible for the consequences. Nurturing depicted through

the image of the caring mother is continually reinforced and women who cannot live up to the image are socially sanctioned. A key meaning associated with the signification of the mother in the current historical context is that of nurture and care whereby the woman-as-mother fulfills the needs of the child. The intense physical attachment established in the first two years forms the basis for an expectation that the woman-as-mother will be the primary protector, teacher, nurturer, ambassador and advocate for the child, yet these associations are being questioned. There are expectations that the primary care of the child will be shared with the father. There is recognition of the need to distinguish between the self and the child and that there is a trade-off between needs and interests. The life experience of contemporary women has engendered a sense of entitlement, an expectation after the birth of a child to retain a sense of self. This ambition, evident in feminist and popular literature,¹⁰⁷ is complicated by a desire to pass on a sense of entitlement to the child and, in the context of the structuring of dependency, results in a trade-off between mother and infant. This phenomenon comes under the guise of the work–family balance, though the roots go much deeper into connections between the mother self and the child self that begin in these early years.

The infant requires food and sleep to prosper but the emotional and psychological grounding for the ontological security of the child is an additional product of these early caring routines. Considerations such as these weigh heavily on decisions and choices made by women in the critical first years of their infant's life. Because women are most often the primary care-givers, this can translate into intensive mothering; the baby being reliant on the mother most of the time. Furthermore, the mother has raised expectations about her ability to affect outcomes with her child in a climate saturated with a

¹⁰⁷ Women have been grappling with this connection between the self and the child for many years, for example: debates about the public and the private, equity/difference, nature/nurture, and what has become a motherhood genre.

good/bad mother ethos. Understandings from within psychoanalysis provide for a way of thinking about mother–infant dynamics.

Psychoanalysis and mother–infant connections

The processes of maternal engagement with infantile psychic development takes place within a social context that contributes to the outcomes for both infant and mother, yet much of the work in relational psychoanalysis has continued to focus on the infant (Parker 2005, 67–76). John Bowlby’s influential work on attachment theory emerged within the British psychoanalytic field in the early 1960s. The initial standoff by most psychoanalysts has been overcome by a refinement and deepening of understanding in both schools of thought (Fonagy 2001). A central element of this work is recognition of the important role of representational systems in the separation and individuation processes between mother and child. Bowlby’s initial emphasis on the physical presence of the mother gave way to the representation of the absence to the infant; an understanding that alleviates fear of abandonment.

Representations of mother and child generally reify stereotypes rather than facilitate authentic communication and development. James Hillman (Parker 2005, 211) used metaphors from archetypal psychology to describe, or explain, dynamics that accompany mother–infant dynamics. According to this schema on the mother–child relationship, either the mother or the child is perceived or imagined as bad and although the human mother is not the same as the archetypal imago, she is strongly influenced by it. This means that you cannot have a good side without the other. The moment the mother is constellated, both sides are fall into place. Qualities associated with the child are futurity, growth, simplicity, amorality, dependence, joy, spontaneity, creativity,

curiosity and imagination. Therefore, mothers often come to represent the opposite or contrary qualities - containing and controlling, unimaginative, imperative, abstract, stasis, and lacking spontaneity or novelty. She is time-bound,¹⁰⁸ scheduled, hurried, responsible and disciplinarian. Her sense of future and hope can be displaced onto her child. She can be drawn into the future through her child. Far from accessing the associated archetypal qualities of flexibility, fluidity and inventiveness, 'mothers usually experience overwhelming loss of identity as they are tossed between, on the one hand, occupying the place of time-bound disciplinarian adult and, on the other, feeling at one with the child in all its child likeness' (Parker 2005, 214–5). The experience of women when they become a mother in the contemporary context is characterized by contradiction and ambivalence. Because care is privatized through the family, these disjunctures are individualized and are evident in unfulfilled expectations.

Most interviewees valued their families highly. The family represented their self-interest and that of their child/ren. The 'systematic transferral of the benefit' of care, however, is relevant here. McNay contended that:

... meaning does not reside in symbols but must be invested in and interpreted from symbols by acting social beings (McNay 2000, 159)

There is a double bind for women, between what Pateman (1988) and Fineman (2009) refers to as the 'sexual contract' and the emerging subject of the child. These dynamics are played out bodily and are exemplified in women's response to birth and the requirements of care. This arena is related to the social imaginary. The meanings associated with being both a mother and a family are in flux, with new understandings and practices in the making. Responses to the bodily experience of birth and pregnancy

¹⁰⁸ There is evidence of the effect of time on women-as-mothers in studies referenced in chapter three.

are mediated by significations that have over the course of the twentieth century been both medicalized and naturalized. There is little space for women to reflect on their experience as mothers. The ambivalence in the interview data is a product of the social structuring of care in what are often unsatisfactory solutions. This includes an association between childcare and housework that has been historically brought together through the housewife. Herein is a critical tension that is relevant to the social imaginary, a commitment to the family and yet ambivalence as a response. Section three extends this argument in terms of contradictions and ambivalences in relation to the bodily experience of being a mother, and discusses difficulties and changes to family functioning.

The ambivalences of motherhood

The women I interviewed grappled with the question of how to contribute to the wider world while caring for their child/ren. A solution for many was to pass on their life learning to their child/ren through modeling and care. Two statements by Carol go to the heart of this tension. The first came up after she had talked about the importance of being a mother. She said that becoming a mother had made her more mature ‘it just helped me take that final step into, yes, I’m happy with my life. Yes, I’m where I want to be. Yes, I have the things I want to have and should just settle down and stop learning’ (Carol, 15). But then, the most important lesson Carol wanted to pass on to her children was that ‘there comes a time where you just have to believe in your passions and pursue them, regardless, and that’s what I want my children to have, that fearlessness’ (Carol, 12). The naturalized association between women and mothering conveys the message that this ‘role’ is the pinnacle, and provides for contentment and life-long satisfaction, bringing together the love for one’s children with a passion for

life. Carol's passion is meant to be her children, and yet they are separate from her. They are essentially the other, with their own needs, interests and passions. This conflation of the interests of mothers with their child/ren negates the self-interest of the woman; passionate connections not associated with their child. In a study titled *The Divided Heart*, Rachel Power (2008) found that women who were amongst other things poets, actors and musicians before having children confronted this dilemma: what happens now with their art, their passion? This is associated with the 'problem without a name'¹⁰⁹ depicted by Betty Friedan (1964) and, more critically, to the intersubjective dynamics between mothers and their infants. In a climate where the subjectivity of the woman-as-mother is subsumed to the interests of the child, there is an easy transition: the interests of the child are the interests of the mother.

How can one be a good mother when the job requires sacrifice of the self? Many of the interviewees spoke of the necessity for unselfish mothering and yet the responsibilities of motherhood require both attention and self-assertion; staking claim to both the meanings and the practices. It is in the interest of the woman-as-mother to be cautious in her dealings with her infant: there is too much at stake both in terms of the well-being of the child, but also in terms of her own health. In a culture that emphasizes the benefits of the infant at the expense of the mother, motherhood can be experienced as disempowering, and this was a message that came through the interviews.

¹⁰⁹ In the words of Friedan: 'The problem lay buried, unspoken, for many years in the minds of American women. It was a strange stirring, a sense of dissatisfaction, a yearning [that is, a longing] that women suffered in the middle of the 20th century in the United States. Each suburban wife struggled with it alone. As she made the beds, shopped for groceries ... she was afraid to ask even of herself the silent question — 'Is this all?' (Friedan 1963)

The bodily experience of women-as-mothers

Breastfeeding was a central element of care for many of the participants. Jessica talks about this in terms of sharing the care with her husband:

I think, as a mother, you significantly put your individual life plan on hold more than you do as a family unit ... I think if you're breastfeeding, to me, like I'm only just seeing my husband coming into more of that caring role now because, like, when you're doing that intense feeding, sleeping stuff and you're breastfeeding full-time that's what you do as well. (Jessica, 6)

The early months after the birth often meant regular and time-consuming periods where the mother was the sole source of nourishment for the infant. Feeding became important in the emotional connection between mother and infant and as a means of soothing and comforting the baby. The physical connection that is experienced through breastfeeding often had the effect of distancing the woman from her body, sometimes to the extent where the breasts were felt to be disconnected, there for the benefit of the child. While commenting on this Celia said 'suddenly parts of your body are kind of free for all – I gave myself over to her' (Celia, 19–20).

There was a steep decline in time, opportunity, and/or desire to maintain the sexual relationship between the participants and their husbands/partners. The couples had often lived together for some years before having children and the reality of becoming parents led to a never-ending and tiring spiral of events. These couples were attempting to pull together great expectations for themselves and their children, often with little support. On the face of it Barbara and Terry were seemingly perpetuating traditional gender roles, yet their ambition was something quite different. Barbara struggled to

regain a meaningful sense of self and the couple attempted to institute a form of gender equal family within a social and cultural context that perpetuates gendered norms. Most women I spoke with said that their relationships had suffered as a result of life with a baby. When I asked about reconnecting with their partners, in terms of a sex life, Barbara stated:

I think, well for me personally, it has changed dramatically ... I've personally found that just, not weird, but like you're in mummy mode and then all of a sudden you're in wife mode again. Especially when you're breast feeding its kind of like, it's a real – and you can't – I think trying to get a male to understand is just impossible. (Barbara, 17)

This divide between the breast as nourishment and the sexual pleasure associated with the breast was explored by Paz Galupo and Ayers (2002). They identified issues related to the identity of the woman-as-mother that Barbara was struggling with. Pregnancy, birth, breastfeeding and care are highly physical, but interlocked with emotional and psychological arenas.

The first year was tough for Julia and Kevin. It took some time to regain the close physical bond and a good sexual relationship that preceded the birth. They were lucky to have extended family. Her mother and sister provided an enormous amount of childcare when Kevin had treatment for cancer. They also took the child overnight when Julia returned to work part-time, so that the couple could reconnect in what became their date night. Julia and Kevin managed to continue a reasonably active sex life, but you have to be quick 'when you've got a chance, let's go ...' (Julia, 26).

Barbara, like many others, had lost much of her sexual desire. She mentioned breast feeding, with a sense of having lost some control over her body. And the toddler, now nearly two-and-a-half, had just moved out of their bed ‘that’s a good killer right there’ (Barbara, 17). The most common side affect of mothering was a lack of sleep. Barbara said laughingly, ‘I find sleep stimulating. I’m afraid I’m just not a wisteria lane princess.’¹¹⁰ For me, it’s kind of like, ah you give it to me, ah it’s good, but I like my sleep’ (Barbara, 17).

An enmeshing of the self with the other results from a failure to recognize the intersubjective dynamics between mother and infant. Interactions between the maternal self and the infant are central to infantile psychic development. The inherent struggle for recognition informs integration and separation. Central dynamics that are critical to this understanding of intersubjectivity¹¹¹ are inclusion, complementarity, tolerable paradoxes, multiplicity and reciprocity (Benjamin 1995). The line between mother and infant is blurred and the intersubjectivity intense. The mother, as primary care-giver, is at the beck and call of the baby and may well feel distress at the baby’s discomfort. This intensely demanding time most often leads to maternal fatigue, particularly in the first year (Taylor 2008) and the effect is played out between the woman and her husband/partner. Care can be likened to a physical giving over to the baby, a bodily sharing that can affect the couple’s sexual relationship. Two¹¹² of the interviewees spoke about a continuing difficulty to reconnect physically with their husbands. Earlier in their relationship Lesley (13) had had an abortion and then later when she became pregnant she was fearful that she would miscarry ‘everyday I was terrified that it was

¹¹⁰ Barbara is referring to a popular television drama at the time, *Desperate Housewives*.

¹¹¹ Winnicott formulated maternal infant dynamics in terms of subject-object interactions: ‘I want to suggest that a parallel but different process to the infant’s is going on in the mother: a ‘maternal use of infant-as-object’. Now it is the mother who has to cease experiencing the infant as part of herself and begin to acknowledge its separate reality’ (Hollway and Featherstone 1997, 29). Parker (2005) also talks about the interdependencies that accompany the experience of mothering, between mother and infant.

¹¹² Hilary and Lesley.

going to happen'. After the baby was born Lesley said that she was 'angry with him for a long time about all that but I didn't realize, like I said, it was under the level of resentment and so that affected our sex life' (Lesley 17). Hilary (18) said 'I've had very little interest in a sex life at all – that has been something that has been severely neglected ... I've just been too tired'. Other participants had renegotiated a pathway that was generally spoken of in terms of his needs. This physical and sexual element of birth and care has been given little attention in the discourse on both motherhood and/or sexuality¹¹³ though is importantly linked to the woman-as-mother's sense of self, and processes of reconnection between the parents. The birth of an infant can bring couples together but the interviewees reflected on tensions between discordance and cooperation that were unearthed within their relationships.

Unfulfilled expectations within families

Beverley had spent many years working as a nanny so when she became a mother she brought extensive knowledge and experience. Yet her experience of mothering was so challenging that when she attended her eighteen-month appointment with the Maternity and Child Nurse, her frustrations came to the fore:

I cracked – I really – they asked me how are you – it could have been anybody. I was ready to crack. I was so frustrated by that point and so overwhelmed by emotion and frustration and sort of doubting whether you are doing a good job. It had been such a long road. (Beverley, 13)

¹¹³ See: Seidman et al (2006) chapters on *Sex and the Family* and *Change and Continuing in American marriage*, and *Mothering, Sex and Sexuality*, Journal of the Association for Research on Mothering, Vol. 4, no. 1, 2002.

This explosion was fuelled by financial and relationship concerns. Beverley wanted to be a mother. It was important to her and she had a strong sense of what this meant in practice, yet she struggled with the fit. The ‘derivative dependency’ that results from the social structuring of care within the family enhanced by the couple’s insecure financial position and this was coupled with an expectation by her husband that she would take on most of the childcare and housework. Recent figures from the Australian Bureau of Statistics (2009) indicate that women in couple families with children do around two-thirds of the housework, while men do two-thirds of paid work; an equal number of hours, though a clear gender divide. Earlier generations of women had little choice but to take on these roles, however, associations between childcare and housework is breaking down in the minds of women who are attempting to teach, or introduce their children to creative pursuits while preserving a working relationship with their husbands/partners while keeping sight of themselves.

Talking about conflict with her husband, Peta struggled between accepting what she saw as her new role, and a desire to share the care of the children and the housework. She repeated, ‘you’ve just got to get on with it’ (Peta, 9) on two different occasions. To complete the interview I asked Peta if she had any thoughts, or comments, that we had not covered and she replied ‘Women talk about these things and change is coming, but for me right here, right now, I’ve just got to get on with it.’ (Peta, 34) And in conclusion she commented ‘I think I expected to have more control over my life than maybe I do. I think I sort of thought I’d have a lovely house and a nice garden and I’d have more time, but I’m adjusting to that.’ (Peta, 34) This strategy of getting on with it makes it possible for women, like Peta, to function on a daily basis but I propose that this lack of opportunity for reflexivity is blocking, rather than facilitating, change.

There was an overlapping of issues related to identity and issues related to institutionalized symbolism through the family in the interview data. Marriage was important to many of the women,¹¹⁴ the associated commitment and legal safeguards provided something of a reprieve from the derivative dependency. The meanings and roles associated with family and mothering, however, were generally drawn from life experience. All of the participants saw themselves as part of a family but were surprised by questions about meanings and practices. The family is a taken-for-granted social unit but as with the trend towards companionate relationships before children, there was an expectation that decisions would be shared on an equal basis afterwards, coupled with continuing attempts to share the care. In a number of cases¹¹⁵ the interviewees had taken on the role of paying the bills and managing the finances. One participant¹¹⁶ said that she had, with reservations, taken the lead in decision-making within the family. Carol said:

I think I'm probably the one that leads the family, only because my husband has a lot of issues at the moment with self confidence. He doesn't feel as though he's an important person. I think he is suffering from some undiagnosed depression at the moment. So I certainly, probably, take the lead but, yes, there are time when he will just make decisions, put his foot down and that's that, he won't talk about it ... At the moment, that's just, somebody needs to take that position [decision-maker] and there is no one else left to do it (laughs) not that I have a problem with it because I certainly am capable of doing it but I would prefer that he was that person'. (Carol 26)

¹¹⁴ Twelve out of sixteen.

¹¹⁵ Emily, Carol and Julia.

¹¹⁶ Carol

Two other¹¹⁷ participants said they made the decisions in consultation with their husbands. In one case¹¹⁸ the couple decided to run the family along the lines of the male head of the house. When I asked: 'How do you see the relationship between yourself and your husband in terms of family? Does your partner have the final word in decisions? Do you have the final word? How do you make decisions? Peta (23) replied 'I would like to say that he has the final word on decisions but I don't know that he has'. Peta continued that it was 'part of my Christian upbringing, that he is the head of the house' though it was clear, through her expression and disposition that this was the cause of some consternation for her.

In line with research that links a decline in marital satisfaction with the birth of an infant there was evidence that at least six¹¹⁹ of the interviewees were struggling in their relationships with their husbands. The dynamics for three of these couples had changed immeasurably since the birth. Two¹²⁰ had entered long-term counselling to help them process the changes and re-adapt, and the third¹²¹ said that her husband was a trained counsellor and therefore brought to the relationship good communication skills; though she felt her brain had gone to mush from lack of sleep. Another,¹²² in a new cultural context, was confronted with a need to negotiate gendered roles that collapsed housework and childcare and thus threatened her relationship. She felt bitter and cheated. Yet all these women strove to preserve their connections with their husbands so as to hold the family together. The preservation of the family unit required them to subsume personal difficulties.

¹¹⁷ Emily and Julia.

¹¹⁸ Peta

¹¹⁹ Hilary, Beverley, Peta, Renee, Lesley and Jessica.

¹²⁰ Hilary and Beverley

¹²¹ Lesley

¹²² Renee

The Australian Bureau of Statistics (2009) report that there has been a significant change in social expectations about gender roles that is clear from comparative earlier figures. The extent to which this division persists, however, depends on factors 'including institutional arrangements, economic conditions, social expectations and ultimately by the decisions individuals and families make based on their own circumstances and preferences' (ABS 2009, 24). The gap between an expectation of gender equity and the experience of women after the birth of an infant is often spoken about through an assertion of the moral primacy of the unselfish woman-as-mother. This belief is being increasingly questioned with the emphasis on engaging, talking, playing with, and stimulating the infant/toddler. There is evidence of this turn of events in figures from the ABS (2009) which have highlighted a notable increase, for both men and women in time spent caring for children as a primary activity. While this trend can be thought of in terms of promoting cultural capital, there are economic and health costs for the woman-as-mother.

Despite evidence of gendered associations between childcare and housework¹²³

gendered practices are breaking down in the everyday lives within families. Although all the interviewees had prioritized what they believed to be the caring needs of their infants/toddlers over personal financial gain, or workplace continuity, they usually expected that they would share care and housework with their husbands/partners.¹²⁴

The working through of the intersections was patchy, stressful, and at times distressing, though there was nevertheless evidence of a change that is reflective of the gap between expectation and experience.

¹²³ Beverley, Renee, Marina, Katelyn, Julia and Anne

¹²⁴ Peta was an exception in that she subscribed to separate roles, though she struggled with the everyday reality. Anne had given up on having a baby but then surprisingly became pregnant. She was delighted with the birth and was transformed from a full-time career woman to a full-time mother and looked forward to taking on voluntary work at the school. Anne took on the gendered role of mother-housewife, though she held reservations about her partner's role 'I would like a hand without having to nag' she said (Anne, 17).

Even though Peta said that she subscribed to gendered roles, she struggled with it, saying that there were times through the day when she might be reading a book while her husband was at work, but later blurting out – ‘it’s not fair’ (Peta, 17). There was an internal battle about the justice of the current arrangement to which she responded with a kind of faith in the family. ‘He is a good and loving father, he works hard, and long hours . . . you’ve got to survive – and what it takes to survive and work’ (Peta, 9). Peta clearly did not subscribe to the role of housewife. She stayed home with her children because she did not want to send them to childcare. She wanted to ‘be there’ to provide for their needs herself. But the fact that she was at home meant that she became responsible for the cooking, the cleaning, the shopping and more, through the week as well as on the weekends.

Some of the women managed discrepancies between their expectations and their experiences by commenting ‘it’s never equal’. There were numerous examples of a breaking-out, either stating what seemed the obvious ‘women’s role’ or confessing to resentments. This recognition of something not right attests to the ambivalence. Julia said that she was one for sharing, and praised her husband as a father, but ‘Mind you, on saying that, I still think it’s a woman’s role, regardless of how much they take on, it’s still solely our responsibility. I do believe that’ (Julia, 10). Marina suffered post-natal depression with her second child. She harboured resentment about her husband. They had not talked about how they would share the new responsibilities and she ended up doing most of it:

I think you just assume that you’ll both know what to do, but probably because I took more control, he just, maybe, didn’t know what to do in the end ... You build up resentment, I think, not knowing how to handle things, that’s the first

reaction. Oh come on do this, do that, and then you're looking after the baby and then that all snowballs. (Marina, 17)

Another couple, Katelyn and Steve, started out by sharing the care and the housework, though as time wore on, his enthusiasm waned. At the time of the interview Katelyn had progressed from a two- to a four-day working week, with a busy morning schedule to get her toddler to care. Here is an extended extract that vividly depicts the laboured nature of the current work-care regime that relies heavily on a form of military precision:

She wakes me up at five o'clock every morning, but I usually get out about six. It's not too bad, like, this morning I put her back in the bed with me and my husband had to get up anyway so she stayed up with my husband ... So I've got until five past eight. It takes about six minutes to get her to daycare so I can stay with her for about twenty minutes. But then I've got to drive back. I've got to be back home by eight o'clock. If I leave here at twenty past seven I'm there when they're opening the door. I don't have to rush so I can drive slowly and talk in the car, whatever... If I'm pushing it at 7.30 it's like I'm going to be late but then I won't be late I have to drop her off, bye bye and walk out the door. I miss that twenty or fifteen minutes with her or talking with the mums or talking with the carers. I've timed it. It's funny how you do it. I'm always signing her in between 7.30 and twenty-five to eight and by twenty-five to eight their breakfast starts coming out. If I get there any earlier she's going, where's breakfast, where's breakfast. I've got a lot to talk to her carers, what are you doing today, but they are great they've got everything up. So I know what they are doing, what they are getting fed, whose looking after them today, everything done I used to get on the train and I'd be like God I've been up for three hours, so by the time you get to work. I like to get on the train nice and relaxed and then I fall asleep, the

trip is 40 minutes and I can get half an hour sleep on the train. I get to work and I think I should have my breakfast now, get my coffee or my tea and I sit down.’ (Katelyn, 29–30)

The weekend was a valued time for Katelyn to catch up and spend time with her daughter. Steve maintained his Saturday sporting commitments regardless of these pressures, causing some consternation for Katelyn, though she emphasized her delight in spending this special time with her daughter, a kind of pay-off.

The derivative dependency¹²⁵ associated with the role of primary care-giver caused many of the women to feel uncomfortable. They had been in the workforce before children, and were used to an independent income. Most couples had joint bank accounts with equal access, so theoretically the women could withdraw money¹²⁶ if they needed it. A couple of the participants¹²⁷ organized the family finances, or paid the bills with their income, though there was evidence of an unspoken sense of entitlement associated with gender and the breadwinner role. Lesley expressed it clearly:

... he’s supportive of my role as a mother, like, the stay-at-home mum, but when we have arguments. Like, if we have an argument that can be, not even a big issue, but he can, sort of say, well you stay home. I work so you can stay home all day and I do feel a bit like I should be making some money but at the same time we’re both aware that, the work that I do at home and the importance of it, if you know what I mean. (Lesley, 16)

¹²⁵ This financial dependency was sometimes off-set by maternity allowances.

¹²⁶ Within their budget framework.

¹²⁷ Katelyn, Julia and Emily.

Lesley and Dan made the decision together that she would attend to the everyday caring needs of the family and yet she felt ambivalent. Others¹²⁸ grappled with this disjuncture and were happy to do some part-time work so that they could also contribute financially to the family or have access to an independent income. A couple of the interviewees¹²⁹ said that they had taken on the role of the principal decision-maker in the family, in consultation with their husbands, because their husband was uncomfortable in that role, or it worked better for them. Negotiating finances could become a source of tension. When one person is working without remuneration it can be difficult to quantify their contribution to the household. Lesley said it was good for Dan to stay at home with the kids so he could experience the day-to-day challenges.

It's not like you're not working is it, or contributing ... like, you are making a huge contribution but I think, again, in terms of the culture we live in, because it's not counted as work, what you're doing, even though it is work, it can slide into that thing, well, you're just at home with the kids, like, that's not doing anything ... He does see it as a job, but at the same time he's the one with the money ... The real importance is on who earns money and that sort of status thing, which is a bit of a – it doesn't add up properly. (Lesley, 17)

Lesley saw problems with the role models she and her husband had fallen into and presented to the children. She did not want to stereotype herself or her husband, but their current work/care regime was gendered. Her work in a care industry did not pay as much as her husband's salary, so it was economically rational for her to take on the role of primary care-giver.

¹²⁸ Hilary, Renee, Katelyn and Peta

¹²⁹ Carol, Emily and to some extent Julia and Katelyn.

Before having children, the vast majority of women in Australia are in the workforce, so in most cases the housework is something negotiated and shared between couples. An Australian study (Craig 2006) demonstrates a gender divide between couples who had previously shared domestic work. After the birth, mothers spent an average of 2½ hours a day more than fathers on productive activities, including the time men spend in the workplace. The authors brought attention to the effect of multitasking, generally practiced by women, whereby they attend to both child care and housework simultaneously, so when a baby comes along the lines are considerably blurred. If the primary care-giver, generally the woman, is at home with the child it can be assumed that they will take on the major part of the housework as well, even on weekends. Though more than half of the couples were attempting to share the care and housework were possible.¹³⁰ 'In terms of house stuff he [Dan] is not your usual sort of male' said Lesley, 'he's very well house trained, he's good at all that sort of stuff, the washing, and the dishes, and the cleaning, and all that' (Lesley, 14).

Julia described Kevin as an excellent father, involved and engaged. Although he provided for the family, men do not experience the connection that women have with their child. Julia listed everyday activities and appointments that, she said, mothers generally attend to. They provide for the standard of care, healthy food, doctors appointments, the myriad of details that accompany the day-to-day responsibilities. Earlier, Julia expressed a desire for sharing the role of parenting with her husband saying 'I'm not going to do this on my own' (Julia, 10). Kevin turned out to be a better father than she had expected. There were, however, 'lots of fights' (Julia, 24) about sharing: 'it's never 50-50' (Julia, 24). The new lifestyle significantly altered most couples' relationships. Julia previously earned more than Kevin and had become an

¹³⁰ Lesley and Dan, Barbara and Terry, Celia and John, Hilary and Martin, Beverley and Scott, Carol and Ben, Emily and Greg, Tamara and Paul and Hilary and Martin – nine of the sixteen couples.

astute money manager. Like some other interviewees, Julia organized the family finances, paid the bills, and had ready access to cash, a responsibility she did not take lightly. Nevertheless, problems could arise for Julia if the relationship broke down. Her employment prospects have been affected. Links to the workforce were often severed by what these women saw as the requirements of care, with a concomitant effect on superannuation. The future hinged on the longevity of the relationship, particularly if participants carried out their intention to work part-time for years into the future.

While the everyday practices on the farm were highly gendered, Carol said that she often took the lead and made family decisions. This was more by circumstance than design, a practice that she hoped would not continue. She wanted Ben to be the male head of the house. 'I just think that it's nice to have the man in your life to be the lead, to take the leading role, but to be sensitive enough to take into consideration feelings and what not' (Carol, 26). 'It is just the way I have been raised,' she continued, 'I quite like the romantic nature of the traditional view of relationships, but it will never be so because I am stronger than my husband. I have a stronger nature, so I expect it will always be the way' (Carol, 27). The male head of the house is marginal in Australia today but the legacy lives on through sentiments such as these that have generally been passed on through the family.

An important aspect of the dynamics between the psyche and the social is a process of sublimation that takes place within time and place and the socio-historical context. This is representative of processes by which the psyche is forced to replace its own or private objects of cathexis with objects that exist and have value in and through social institutions and are eminently social rather than individual (McNay 2000, 149). The imaginary in this regard defines social identity, the specific orientation, the unity of

gesture, meaning, content and style, and yet sublimation takes place within time and place. The socio-historical context is critical to the system of significations. The individual is a product of the social, a collective category. Autonomy is understood, in this context, to include both an active and a passive relation with the other, based in intersubjectivity, the social dynamic of affiliation and struggle. The other is always present in the discourse of the self and intersubjectivity incorporates a relation with the other. There is therefore a need to reconstruct the idea of autonomy as central to an understanding of agency, and cast autonomy as a social relation, a collective enterprise (McNay 2000, 152). A continuing failure to acknowledge, recognize or legitimize the ability of the mother to determine a future separate from her infant propels women to be drawn into the future through their child. A projection of 'the good of the child' into the future that assumes a disembodied mother disenfranchises woman-as-mother, disables action and promotes the subjectification of women.

These women were negotiating capitals when they cared for their infants, generally foregoing independent economic status in order to advance other forms of capital. They mostly did so to advance family, rather than individual benefit, and it is at this level that the notion of the social imaginary becomes relevant. Most participants aspired to gender-equal practices within their families and ambivalences arose because of difficulties achieving their goal; there was a mismatch between their expectation of family functioning and their experience. This is particularly relevant to the signification of the mother/housewife and the working through of sharing childcare and housework. The tension in the interviews illustrates the radical imaginary in action, the related signification for the woman-as-mother in the social imaginary does not match the way these women see themselves. The disjuncture is a product of change, a faltering relation between signification and the figure of the woman. In these areas there is evidence of

both continuity and change and the accompanying ambivalences and contradictions are indicative of movement and change.

Conclusions

Fundamental to the issues raised in the early years of mothering is a reappraisal of identity. I propose that this phenomenon is evident in a consolidation and re-evaluation of what it means to be a mother that is articulated throughout the literature. In this chapter I have emphasized tensions between everyday expectations and the associated significations that are relevant to women-as-mothers, as they are played out through identification in the social imaginary. The identification is evident when Celia talks about mothering as a relief. Now she need not think about the self, to do or to be; she can get on through thinking about someone else, her child. This is furthermore evident when the interviewees spoke about motherhood as a career, the most important job of their life. Yet the position required a significant level of selflessness, a handing over of the self to the best interest of the child and/or the family. Tensions came to the fore, however, when thinking about the self. There was a need to find something, apart from the child and/or the family, spoken of in terms of the best interest of the child, rather than locating the self. These women foresaw years of prioritizing the interests of the child and the family before the self, and yet they were contesting gendered roles and associations within their families. The lives and choices made by the women I interviewed fall clearly within the adaptive group of women identified by Hakim's preference theory, and their ambivalences and negotiated practices are indicative of change.

In chapter six I bring attention to a joining of paths between equity and difference feminisms around issues related to the maternal whereby care is being rethought in terms of the collective. However, these trends remain at the level of policy and theory rather than identity and identification. Within liberal traditions such as Australia dependency has been historically gendered and women who are managing to overcome the constraints do so through commodification rather than a restructuring of care. Therefore, the significations for mother and family stay intact whilst women are generally doing something quite different. Change requires institutional restructuring. In the meantime, individuals and families need to negotiate contradictions and tensions. The interviewees were clearly doing something quite different from their mothers in their negotiated families, and yet they drew a sense of self from the association. We need significations for care that are not associated with gender through motherhood but linked with a collective response to dependency. These are the questions that I take up in chapter six.

CHAPTER SIX

Rethinking what it means to be a mother

In this chapter I argue that moves to ease tensions in the lives of women-as-mothers between care and equity are manifest at three intersecting levels. The first is to be found in the critical intersections between autonomy and intersubjectivity that are central to the experience of women-as-mothers within this late modern period. At this macrosocial level I identify moves to reconceptualize the social structuring of care based on a recognition of these dual dynamics. This is taking place through a rethinking of welfare economics and a feminist ethics of care that is relational, and accompanied by calls for a public ethics that importantly conceives care as practice. To address microsocial issues I draw from the work of Jessica Benjamin (1995, 1998) to explicate intersections between mother and infant in terms of intersubjectivity; the relationship. I focus on the related intrapsychic dimension to these connections. It is necessary for the woman-as-mother to reflect on the self in order to retain/maintain an alterity between self and other. Reflexivity can be enhanced by a resignification of mother infant connections, representations that are at play through intersections between the psyche and the social.

Gender equity is implicit in the autonomy project as set out by Castoriadis. However, the realization is largely reliant on a restructuring of welfare economics that is foregrounded in the bodies of work identified in section one. Anne Orloff (1999, 2006), Martha Nussbaum (Lewis and Giullari 2005), and Selma Sevenhuijsen (1998, 2003) aspire to a form of gender equity, and their propositions are based on the notion of non-gendered responsibility for dependency. Castoriadis says that society is continually in

motion between processes of instituting and the instituted, and central to these dynamics is inherence. At this mesosocial level social agents determine meaning which is passed on through signification. The connection between the autonomy project and this restructuring of dependency/care can be found through an overlapping of individual and collective meanings in relation to care. Change is evident through women writing about maternal experience that is perpetuating a movement of feminist mothers that overlaps with my life and work. A resignification of these intersections from the maternal role to a mother infant relationship is in concert with these above mentioned trends, structural and cultural, while prompting critical reflection on what it is that women are doing when they are mothering. The ambivalences that arise from the experience of women-as-mothers is indicative of attitudinal change, a radical imaginary that can potentially link up with wider movements that are advocating structural change through a social imaginary; in the playing out of structure and agency.

The experience of ambivalence in relation to the self of women-as-new-mothers is emblematic of attitudinal change in response to the social structuring of care. This experience results from an impasse between equity and care. Dependency/care has been gendered and set apart from the autonomous individual and in turn limits access to rights. Ambivalence is a byproduct of interactions between the conscious and the unconscious (Elliott 2004, 27). Freud argued that emotional investments bring with them self-definition, but also unconscious ambivalence, and Laplanche linked ambivalence with processes of communication (Elliott 2004, 51). Ambivalence is an achievement indicative of maternal development, yet when considering the interview data, ambivalence was evident as frustration rather than anger. Nevertheless, the

resolution of conflicting emotions can lead to new knowledge, reflexivity and creative solutions (Parker 2005).¹³¹

Tensions between equity and care highlight a need for a reconceptualization that led Abrams to characterize the era as ‘the second coming of care’ (2001, 1616). In this late modern period the required social and cultural change can result from a coalescence of interests, overlapping between the state, the market and the family. The psychoanalytic discourse provides an explanation of mother-infant dynamics and self-other intersections that are played out through meanings and identifications of the self. The ambivalence that is experienced in relation to the self of women-as-new-mothers indicates an attitudinal stance that is questioning the status quo. However, the complex of factors that are brought together through mother-infant interactions, as set out above, are in turn filtered through traditional meanings which serve to reify the movement of women-as-mothers.

Rethinking the social structuring of care

Throughout the twentieth century the state has become increasingly enmeshed in workings between families and the market; the state mediates these intersections in both law and policy. The gendered breadwinner form of the family has been upheld through wage fixing practices and supplemented by welfare policy by providing financial support and/or services to struggling families. Increasing pressure on Australian fiscal policy in the 1990s led to a revised approach, and accordingly, sole parents, who are generally mothers, were prompted to combine employment with the requirements of care. Continuing economic factors, a companionate form of couple

¹³¹ Parker (2005, 11) argues that the infant/child’s autonomy and sense of self is reliant, to some extent, on the mother’s capacity to psychologically detach.

relationship within families, and a drive for talent within the workforce has fuelled an international interest in issues related to work-family balance by attending to both paid parental leave and family friendly workplace practices. Throughout this period two significant bodies of work have developed in response to the gendered structuring of care. The bulk of the literature operates at the macrosocial level, with proponents calling for transformational change.

The first is manifest in the work of the feminist social theorist Sevenhuijsen (1998, 2003) who questions notions of ethics that fail to account for dynamics that arise from relationships and she highlights tensions between intersubjectivity and autonomy. The second compelling body of work is concerned with a reworking of welfare economics evident in the work of Lewis and Giullari (2005), Lewis and Campbell (2007), O'Connor, Orloff and Shaver (1999), and Orloff (2006). A related liberal feminist response is evident in the work of Nussbaum (Lewis and Giullari 2005) who, through debate with Amartya Sen, has proposed a capabilities approach to the restructuring of welfare economics, while acknowledging the need to promote the sharing of care between men and women.

Feminist critiques of ethics (Gilligan 1982) and Rawl's theory of justice (Kittay 1999) highlight a theoretical divide between ethics and justice that has been perpetuated through a conception of the independent and autonomous individual who is not responsible to care. Within this formulation women have been attributed a specific morality of self-denial; the self-sacrificing and moral mother (Sevenhuijsen 1998, 49; Abrams 2001, 1443-4). Nonetheless, a reworking of these notions has led to a feminist ethic in which 'care as practice' has become the centre of concern. This configuration is distinguished from an individualized association with women and morals, and arises

from the recognition of dependency rather than maternal relations (Kittay 1999, 2002; Fineman 2004). The intersubjectivity that is born from relationships provides a renewed basis for identity and selfhood in a feminist 'ethics of care':

The central values of the ethics of care, responsibility and communication lead to a commitment to deal with differences, not only between individuals and social groups, but also within the self. (Sevenhuijsen 1998, 60)

Feminist theorists have emphasized a collective notion of ethics that feeds into renewed visions of citizenship (Sevenhuijsen 1998). A considerable group of proponents have conceived of care as a set of practices (Abrams 2001; Beasley and Bacchi 2005; Pocock 2006; Lewis and Guillani 2005; Sevenhuijsen 1998; Williams 2001; McClain 2001; Fineman 2004; and Folbre 2006). This body of work is concerned with changing gendered practice in order to move past the divide between gender equity and gender difference feminist positions. While this field is a work in progress, there are key elements that are relevant to a rethinking of care that include: the epistemological values of empathy, intuition, compassion, love, relationality and commitment (Sevenhuijsen 1998, 61). A political ethics that emerges from this feminist work incorporates care as both a political and a democratic virtue. Care stands as a mean between excessive autonomy and excessive dependency (Sevenhuijsen 1998, 67) and thus informs an agenda for change. Accordingly, ethics and moral reasoning is studied as an everyday social and textual practice and in this gender is conceived of as a continuum. Gender is thought of as an element within processes of signification, as something that we do, rather than who we are.

The second body of work concerned with macrosocial issues in regard to care arises from the current debate contrasting the European and the US models of welfare

economics. This has arisen in response to attempts to achieve gender equal outcomes (Orloff 2006, Abrams 2001). The Scandinavian models of government support and workplace change have led to an entrenchment of gender divides. Generous care provisions have not broken down gendered care routines. In contrast, the emphasis in the United States is on individual initiative which is compatible with the capabilities approach advocated by Nussbaum (Lewis and Giullari 2005; Orloff 2006; Robeyns 2006). This work is critical of contract theory and is building a theoretical framework for reconceptualizing capabilities that contribute to wellbeing and human flourishing.

Gender differences in the capacity to care were formulated in the breakthrough work of Chodorow through processes located in the historical, social and cultural context. These understandings emphasize the inclusion of men in the care of infants and children so as to break down the effect, and there is a growing call for a decoupling of gender from care (Beasley and Bacchi 2005). The later work by Hollway (2006) recognizes these gender differences and sets out means by which the capacity to care can be enhanced. Trends towards an equal or egalitarian family form have led to more men taking part in the work of care. These moves are, nevertheless, being surpassed by the involvement of women with children in the workforce contributing to a gendered 'second shift'.

Women are disproportionately attending to requirements of both the workplace and the home. Embodied aspects of gender have become a medium of identity and thence calls for the recognition of points where 'sexual difference' does matter and where it does not (Sevenhuijsen 1998, 81) a topic I speak to later in the chapter.

Individualized processes are importantly taking place within families through everyday attempts to achieve equal or egalitarian family forms. Yet, as noted in chapter two, the study by Duncan (2005) identified the role of the male gatekeeper within families.

Women who manage to combine work with family generally need a supportive husband/partner. Nevertheless, Fineman (2009) continues to emphasize the ‘sexual nature’ of intimate ties within the nuclear family form. She links her argument to both Lacanian and Object Relations propositions from within psychoanalysis. This emphasis on heterosexual dynamics detracts from avenues for change. An institutionalization of gendered caring routines through the privatized family form has the effect of misrepresenting complex psychic processes. The associated meanings are carried over through a reified sense of self that is held in place through the maternal role. The early stages of mothering provide a means of analyzing intersections between the mother and infant, who are held together through care.

Locating the maternal subject

The intersubjectivity between mother and infant and the associated dynamics of recognition and negation are connected to a reconceptualization of a feminist ethics of care. The maternal experience provides the conditions for the capacity to care, as argued by Hollway (2006). However, within this historical context, the experience of ambivalence and the potential reflexivity is facilitated by the social and cultural context. The moral obligation to provide the conditions that enhance genuine and ungended care is collective rather than individual. A reimagining of care can provide for the alterity of both the woman-as-mother and the infant.

The Object Relations School within psychoanalysis avoided issues related to Freud’s writings on the Oedipus and Electra phase by basing their analysis on pre-oedipal attachments. Chodorow’s (1978) influential work developed within this school and contributed an understanding of gender difference that resulted from identification

processes between mothers and their infants. Benjamin's work has been well received within a field of Relational Psychoanalysis that emerged from and incorporated Object Relations scholars. Her theoretical model includes a recognition of tensions between intrapsychic and intersubjective dynamics in this early pre-oedipal phase, while providing for a means of overcoming an historical objectification of the maternal self that has infused earlier notions. As Mitchell and Aron assert:

by defensively objectifying the mother of early infancy – by eliminating feminine subjectivity – we confine ourselves to an intrapsychic world in which we can relate only to objects and hence can establish neither our own subjectivity or the subjectivity of others. Benjamin thus shows the essential need to maintain both intrapsychic theory, with its exploration of our relations to objects, and intersubjectivity theory, in which there may be a meeting of minds. (Mitchell and Aron 1999, 182)

The work of care that is associated with the primary caregiver is central to the development of the infant's capacity for symbolic thinking, and central to these dynamics is the active passive nature of the interchange between mother and infant (Baraitser 2009). The facilitation of these dynamics requires the woman-as-mother to take up a reflexive stance. She can in turn see herself as separate from the maternal role and thus break down the fantasy of the omnipotent mother. These processes confront her with:

... the paradoxical necessity of recognizing, while not yet 'knowing', the strange newborn who was once part of her body. Indeed, the struggle for recognition inevitably breaks up the ideal, expresses and brings forth aggression

and separation, and so helps foster a symbolic space within the early maternal dyad between mother and child (Benjamin 1995, 19).

The historical objectification of woman-as-mother, through the maternal role, conceives the carer as passively mirroring and containing the infant, rather than actively engaging with the processes. Conversely, the dynamics between recognition and negation represented through Benjamin's (1998) conception of intersubjectivity depend on two active subjects, co-creating a third symbolic transitional space in which meanings are conveyed, as argued in chapter three.

But further to this, and in the context of everyday practices in the care of infants, women are grappling with critical issues related to meaning that impact on the sense of self. Women often associate mothering with 'selflessness' and this message is reinforced through the structuring of dependency. Nevertheless, links between mother and infant are intricate and include a psychic, and therefore, imaginary dimension. There are separate processes taking place between mother and infant where it is necessary for the woman-as-mother to separate psychologically from her infant in the play between intersubjectivity and autonomy (Gerson 2004). These processes are complicated by the social structuring of dependency and cultural associations between motherhood and care that make it difficult for women to think of themselves as separate from their role as mother. This work from psychoanalysis brings attention to the psychic work that is associated with this delineation between self and other whereby the mother has to go through a process of 'destroying' the infant-as-object (Parker 1997, 30). There are continuing debates within psychoanalysis (Garson 2004; Hollway 2006; Parker 2005; and Benjamin 1998) regarding intersubjective and/or intra-psychic (Chodorow 1999, 263) dynamics between mother and infant. Suffice to say that this is a significant and relevant body of work to the experience of women-as-

mothers. Understandings gained through the application of a psychoanalytic theoretical lens on mother infant dynamics can provide an important means of fleshing out the continuing psychic interplay between conscious and unconscious factors between women-as-mothers and their infants.

Work on intersubjectivity is also importantly linked to feminist social theory through the intrapsychic processes that are facilitated by the critical reflexivity of the woman-as-mother. There is a need to explicate mother infant dynamics, as well as internalized processes of recognition and negation which locate the subject position of the woman-as-mother, and provide for change through identification. Even though there are inherent psychological dangers in such a project which can generate ‘a muddle of boundaries, mystification, anxiety and old defenses against it’ mother infant dynamics need to be free from convention (Benjamin 1998, 9). There is a need ‘to challenge the valorization of the autonomous, active, ‘masculine’ side of the gender polarity without reactively elevating its opposite’ (Benjamin 1998, 9) assuming a creative, rather than a destructive response. These intersubjective dynamics between self and other are likened to a dance between recognition and negation.¹³²

¹³² In sum, the early two-body experience is seen as crucial to the way that representation emerges intersubjectively; specifically, representation is mediated through the evolution of the transitional space, which includes not only the fantasy experience of ‘alone-with-other’ but also dialogic interaction. [from body to speech]

In the dialogic structure, identification can evolve. Mediated by symbolic expression, identification can become not a collapse of differentiation but a basis for understanding the position of the other. The kind of separation that allows this symbolic development is predicated not merely on a boundary set by an outside other (an abstract idea of limiting the omnipotent self) but rather on a maternal subjectivity that is able to represent affect and hence process the pain of separation between the mother and her child. ... The ability to represent and thereby regulate or digest bodily/affective stimuli and tension – which is indeed the primary work or activity of the psyche – may still be seen as the antidote or counterpole to passive subjection. But this ability is better understood as derivative of maternal thinking. Mothers’ psychic work involves a response that unites the elements generally understood as passive – taking in – and active – giving back or putting out. The processing of other’s psychic material, and its integration of intersubjective expression – recognition – constitutes the active-passive reconciliation in the work of the maternal subject. (Benjamin 1998, 27–28)

Castoriadis (1997, 187) did not include the intersubjectivity between mother and infant in his conception of an originary infantile psyche. Rather, he spoke of the 'psychical monad' being closed upon its own imaginary pleasures though never fully. Whereas, Elliott (2003, 93) brings attention to a distinction between this essentially Lacanian view and the place given by Castoriadis to representation and identification that are mediated through the capacity for imaginery. The place that has been given to the father through the Oedipus or later Lacanian formulations, may well be taken by the separate sense of self from the mother (Benjamin 1998, 69-75; Elliott 2003, 96) that in turn fluctuates between recognition and negation in a transitional space between self and other, as set out by Benjamin.

Benjamin (1998, 92) challenges the gendered association with this psychic work which, she claims, has been perpetuated through essentialist positions that naturalize the links. Nevertheless, there are gender differences in these early first years after the birth of an infant associated with the embodied nature of pregnancy and birth, and therefore the intersubjective dynamics between the mother and infant are by association different from father infant intersections. There is critical microsocial, psychological and emotional work associated with these early years for women-as-mothers that is connected to finding the mean between macrosocial, autonomy and interdependence. Care plays a pivotal role in these dynamics.

The first set of dynamics is between mother and infant, and the second set is internal to the woman-as-mother in regard to the self. If, through the care associated with the maternal role, women are held together with their infant, there is an easy slip through identification of the self with the other, often the infant, the mother's mother, or what it means to be feminine. However, the characterization of the mother infant dynamic as a

relationship represents two selves: the emergent self of the infant/child, and the often renewed sense of self of the woman-as-mother. It is essential, says Benjamin, to make a distinction between the subject and the self, identity and identification in the course of recognising difference, that is, the other. But further to this negation is a vital moment in the movement of recognition in terms of a dynamic sense of self:

... the negativity that the other sets up for the self has its own possibilities, a productive irritation, heretofore insufficiently explored. (Benjamin 1998, 85)

The dynamics between mother and infant are associated with the health and well-being of mother and child; both intersubjective and intrapsychic. The mother infant relationship is foundational for the infant: the dynamics provide the basis for the ethical subjectivity of the child (Baraitser 2009), while the intrapsychic dimension provides for the alterity of the woman-as-mother. This second dimension of the dynamics is, furthermore, importantly connected to the wider autonomy project, as outlined by Castoriadis.

The work of care has been historically gendered and associated with motherhood. This rethinking links the intersubjective dynamics that are intricately tied in with care with a reframing of autonomy. Castoriadis set out the connection here:

It is because autonomy is not the pure and simple elimination of the discourse of the other but the elaboration of this discourse, in which the other is not an indifferent material but counts for the content of what is said, that an intersubjective action is actually possible and that it is not condemned to remain useless or to violate by its very existence what it posits as its principle. (Castoriadis 1987, 107)

Omnipotence is linked with assertions about the moral mother, which indicate failure to differentiate and thus reduce difference to sameness. The movement to both accept and respect difference is a product of psychic agency, with the self represented through identification (Benjamin 1998, 87). As opposed to Lacan, the Relational School of Psychoanalysis understands splitting to be a consequence of action: the self, or ego, splits, sets boundaries, discriminates, sets up an oppositional truth. Within the historical context, intersubjective theory begins with the possibility and necessity of ‘this relationship’ in the partially knowable history of the self:

If we return the subject to the position of self confronting an external other, actively engaging this transformation, we may then see how the shadow of the other (in contrast to the internalized object) falls upon the subject. To do this requires a distinction between the intrapsychic and intersubjective dimensions of psychoanalytic theory, not an elimination of one in favour of another. It requires upholding the double-sidedness of the relation to the other. (Benjamin 1998, 90)

The experience of alterity, the recognition of difference, of separation and yet connection, provides the conditions for learning, identity and non-identity, the fluidity of subjectivity that can provide the basis for democratic interaction. These processes cannot be sustained through obligation or constraint, but need to be freely chosen in a context that facilitates choice. The woman-as-mother needs to be enabled to make choices about her engagement, or non-engagement, with the infant; questions that are further developed by Baraitser (2009) in terms of maternal alterity. However, here I locate the maternal subject, and in extension to this explicate the significance of mixed feelings.

This microsocial level of interaction is importantly linked to the mesosocial through social and cultural practices and beliefs which include meanings associated with being a mother. Notions set out by Castoriadis in terms of workings between radical and social imaginaries provide a framework to explain how signification plays a central role in linking this microsocial dimension with the meso and macro levels, through connections between the psyche and the social. Social imaginary significations are not something that individuals mould or negotiate, but are always contested and reified through collective meanings. Groups claim understandings that form the basis for stereotypes. These processes are evidenced through the identity politics that followed second wave feminist movements when women began to see themselves differently, both individually and collectively. Anti-colonial, gay and lesbian, youth, black, liberal, conservative and fascist movements draw on a process of individuals identifying with a collective that they, in turn, create.

The ambivalences highlighted in the interview data are indicative of a desire for change, and these link to a wider movement. Feminists have been both reflecting on the experience of women-as-mothers, and articulating new ways of conceptualizing care, well-being, and human flourishing. The coalescence of these trends is emblematic of a reimagining of both self and society. The social relations of care are being challenged by an ethic of care that is derived from the mother infant relationship. These moves challenge social norms and provide for new ways of being, with the potential to unleash creativity and the new.

Castoriadis (2001) was highly critical of individuals, or groups, who he described as a self-appointed avant-garde in their attempts to identify or articulate the symbolic. The processes are dynamic but importantly arise from interactions between individuals and

collectives, in place and in time. Drawing from a Castoriadian understanding of interactions between a capacity, radical imaginary and social imaginaries, I contend that the contested signification is a product of interactions between women-as-mothers and the associated roles and practices. The symbolic is in the realm of the collective, a collective enterprise, and yet individuals gain inherence to the social through identifications, and representation is critical to identification, and thence to change.

The paradoxical nature of the experience of women-as-mothers is tied up with these dynamics. The intersubjectivity between mother and infant calls for an interchange between recognition and negation that has been stifled by the mother and infant being held together through care. This relational work that women are doing when they are mothering has been overshadowed by a historical emphasis on a maternal role which fails to account for the subject position of the woman-as-mother and thus reifies critical intrapsychic dynamics of the self. Gender equal outcomes in regard to care will entail transformational change to institutionalized practice. However, we also need to think about mother-infant interactions in light of a relationship that can accommodate the subject position of both the woman-as-mother and the infant/child.

New ways to share dependency and care

The current socio-historical epoch is marked by tension and change, a tendency that has been propelled by a disentanglement of the human from the natural world. This trend has led to a reappraisal of social institutions, including the family as a social unit. Changes within the family have been centrally affected through a breaking down of gendered roles. Castoriadis (1987, 97) claims that this is the first historical period in which there is no definite role for women or men. This statement, however, stands in

contrast to what Castoriadis saw as the ‘problem of the family’ (1987, 96) and a recognition that the mother and the father are central to the perpetuation of norms through interactions with their infant/child. While Castoriadis (1987, 99) talks about these tensions in terms of ambiguity, contradiction and crisis, he goes on to identify signification, rather than social structure, as the means by which change takes place; through workings between the radical and the social imaginaries. Furthermore, while he identifies intricate processes within the self, and between the self and the other through intersubjective dynamics, Castoriadis (1987, 100) argues that autonomy, as a collective endeavour is a key aim of this era.

The notion of the independent and autonomous individual that has informed much of our historical legacy is being replaced by a renewed understanding of the centrality of connection in the working through of the new. Meanwhile this tension between what is and what might be is being played out on a daily basis within families, a discordance that is enhanced by difficulties associated with institutional change. Castoriadis located these interactions within the social-historical realm which he said is perpetuated through movement between the instituting and the instituted (Castoriadis 1987, 108). The aim of his project was to facilitate autonomy, the rule of consciousness over the unconscious and the alterity of the woman-as-mother is importantly related to this project.

Understandings of mother infant dynamics are foreshadowed in feminist theory where tensions between intersubjectivity and autonomy/alterity underpin conceptions of ethics and/or reworking of welfare economics. The emphasis on collective responsibility for care/dependency that is evident in both the feminist ethics of care and the rethinking of the welfare state importantly underpins a change of emphasis, from the maternal role to

the mother infant relationship. While determinations are made about the preeminence of structure and/or agency in terms of drivers of change, new ways of thinking about mother infant dynamics, locating the workings of a maternal subject, calls for a reflexive stance. While there is potential for structural change, the current social structuring of care is prompting a gendered response.

The potential to overcome the conundrum between gender equity and care is essential to the current reworking of welfare economics. However, state based remuneration practices in Sweden have not broken down gendered workplace practices whereas in the United States where care has been predominantly commodified the gender divide in the workplace is less pronounced (Orloff 2006). There are, nevertheless, far greater pressures on families to manage the requirements of care and the workplace.

The capabilities framework provides a means of moving forward from the divide between gender equity and gender difference feminisms (Lewis 2005, 90) whereby there is an underlying acknowledgement of diversity and recognition that all persons are both autonomous and interdependent. The gender equity that is associated with Amartya Sen's notion of 'agency freedom' can only be achieved when all persons are conceived as someone who needs, gives and receives care. And furthermore, gender justice requires care to be valued and conceptualized both as a 'legitimate' opportunity/choice and as a necessary central human activity to be shared between men and women (Lewis and Giullari 2005, 94). There is an important dialogue between Sen and Martha Nussbaum in regard to the capabilities approach. In this, Nussbaum sets out a basis on which to recognize and respond to the requirements of care, while simultaneously providing for the equity position of the carer. Thus, the capabilities approach is linked to a reworking of notions of citizenship that form the basis for a

‘public ethics of care’. However, determining the mix between compulsion and incentive in terms of sharing the care between men and women continues to be a matter for debate (Lewis and Giullari 2005).

A central move relevant to these bodies of work is from the privatized and gendered association with care to a recognition and response at a social level to tensions between autonomy and dependency where care stands as a mean. While these issues are debated through either policy development and/or at this conceptual level, those concerned with the everyday work associated with care, most often women, are held apart through ideology and practice. It is in the context of this divide that a reappraisal of meanings associated with mother and family is important. The ambivalences percolating through the everyday experience of women-as-mothers indicate a desire for change. These attitudinal changes can be enhanced through an enabling policy framework which is accompanied by a rethinking of significations associated with care.

Transformational change in the structuring of care potentially enables the mobility of women-as-mothers, and promotes gender equity, while also breaking down class and ethnic divides. The thesis has drawn attention to ambivalences held by women who become first time mothers. This disquiet is indicative of an emergent and critical reflexive stance that goes hand-in-hand with these wider movements for change. This is evidenced in the resurgence of materials reflecting on meanings and practices associated with being a mother, but in debates around an ethics of care which have theoretical and political implications. These movements are emblematic of the processes identified by Castoriadis: interactions between radical and social imaginaries; there are renewed significations in the making. The work that women do when they mother, particularly in these early years, is associated with the developing relationship

between the mother and infant. This is something that is set apart from the maternal role. This relationship can be driven by an ethic of care, but these interactions form the basis for both the ontological security and the ethical subjectivity of the self and the child, and therefore are of high social value (Baraister 2009, 44).

Castoriadis identifies intricate processes of tension and interaction between internalized drives and external factors on the one hand, and the imaginary development within the subject on the other. His formulation represents an unfolding of unconscious drives through a capacity for imaginary within the social-historical realm. New ways of doing things are played out in tensions between instituting and the instituted, which are established forms and factors. The emergent self of the woman-as-mother is changed by her encounter with the other through mother infant interactions: she needs to relocate herself in the world while mindful of the developing self of the child. Insights by Chodorow (1978), that she later said were located in time and place, provide some understanding of links between gender, the maternal role, and a psychic capacity for relational thinking. Her retort for more men to mother has fed continuing aspirations for a gender equal, or egalitarian family form yet, while institutional practice continues to rely on privatized care, the impasse between equity and care for large numbers of women remains.

A body of work running parallel to the rethinking of welfare economics is situated between philosophy and language inspired by psychoanalysis, including both Irigaray and Kristeva. This developed as a means of challenging the phallogocentric nature of conceptions from within psychoanalysis that covered over diversity. Amber Jacobs described the conundrum in regard to understandings of the symbolic:

... there is no place within psychoanalytic theory for a maternal subject position that could function as a site of structuring power leading to a mode of symbolization that does not refer automatically to the paternal law. (Jacobs 2007, ix)

However, breakthrough work in this regard was carried out by Cornell and Brennan, who both located conceptions of the symbolic¹³³ within the historical and cultural context (McNay 2000, 124-5). And so it is in this period of late modernity that maternal ambivalence arises in response to a disjuncture between self and society. Both Irigaray and Kristeva challenge the paternal emphasis built into psychoanalysis by what they said was writing out the maternal, captured in the phrase ‘white ink’; bringing to light the invisible, the unspoken. They set out to articulate difference and challenge notions that reify patriarchal domination through language and the symbolic by representing female experience. Their work gives rise to a conception of gender difference that was grounded in the female body. The maternal has been a continuing focus. Jacobs (2007) is seeking to identify alternative myths that represent the woman-as-mother and contribute to a continuing post-Lacanian field that understands the symbolic as dynamic and contested.

In the spirit of feminist materialism identified by Hartsock (1997) and Atkins (2004) and in the context of changing gender boundaries I draw from a definition of care that is materialist and emphasises the practices associated with care rather than moral connections:

Caring for is the meeting of the needs of one person by another person where face-to-face interaction between carer and cared for is a crucial element of the

¹³³ Whereby the phallus is representative of power, male threat – associated with the law and female lack.

overall activity and where the need is of such a nature that it cannot possibly be met by the person in need herself. (Bubeck 2002, 163)

In light of this perception of care as practice how can the theorists identified in the thesis amplify an understanding of workings between structure and agency in this case? Both Bourdieu and Castoriadis accentuate the embedded and embodied nature of the social agent within social structures but they both in turn identify avenues in which agency might be at play. Bourdieu's notions of capitals quantifies outcomes of care, however, these are accrued to families and thus the meaning of practices generally carried out by women is lost to the other, an example of symbolic violence (Bourdieu 1997, 170). This is further demonstrated in Bourdieu's understanding of the workings of symbolic capital which locates women within the patriarchal family. In *Masculine Domination* (2001) he sets out how men derive symbolic capital through marriage. Moreover, Bourdieu's (1997, 208) conception of agency is individualized through aspirations in time and thus does not explain how these are carried over into the social realm.

When talking about the work of Castoriadis, McNay proposes that domination or alienation works through 'unconscious attachments' with women 'being there' for others. But further to this she brings attention to a gap between the expectations and the experience of women that can contribute to a critical reflexive stance and she speaks about this in terms of a 'lack of fit' (McNay 2000, 53). The 'cognitive dissonance' that is connected to ambivalences highlighted in the thesis are relevant to this gap in meaning. McNay continued that:

. . . instabilities and changes within gender relations can be understood as arising from the clash of non-congruent power relations that are mediated

through the social imaginary. In other words, a historically nuanced and dynamic notion of agency is suggested. (McNay 2000, 30)

Contradictions can drive change and in this late-modern period there is a need to draw from theoretical models that are not only able to critique past practice but provide a means for understanding how new ways of doing things come about. Castoriadis and Bourdieu have been identified by McNay as having a valuable generative aspect to their work, based on an understanding of subjectivity that has three key elements. The first is that these theories understand the symbolic to be both differentiated and contested. They secondly provide a basis from which to examine connections between symbolic and material relations. And thirdly they understand the self in terms of overlapping simultaneously between identity and non-identity; a dynamic unity of process in time (McNay 2000, 18-19).

As I have set out above, Bourdieu's critique locates the work of care within the patriarchal family, whereas Castoriadis's notions of the radical and social imaginaries are not reliant on a gendered conception of agency. Castoriadis (1987, 97) maintains that there is no basis for gendered roles within the contemporary social system. However, as demonstrated throughout the thesis he has not accounted for the gendered structuring of care. He furthermore argues that the contemporary era can be characterised by an autonomy that is linked to interdependence. Autonomy is conceived in Castoriadis's work as a social relation. It is a collective enterprise that arises from an active-passive relation with the other through intersubjective dynamics and is connected to the social through affiliation and struggle (McNay 151 –153).

Ambivalence is an indicator of change. Women are distinguishing points of difference between their aspirations, and their social location. Ambivalences are foregrounding processes of change, and given the right conditions, new significations are in the making. Ambivalence is indicative of a questioning that can be associated with the radical imaginary and enigmatic signification. Drawing from the work of Laplanche within psychoanalysis, Elliott describes processes of change through a form of puzzling:

The presence of radical imagination and unconscious fantasy in the life of the subject is crucial, and must be theorized in relation to the interpersonal complexities of communication, the emotional processing of dialogue and the primary, if inaccessible, power of the Other. (Elliott 2004, 51)

The early years after the birth of an infant have been recognized as critical to aspirations for gender equity. Practices established in these early years can feed into entrenched gender differences. There has been exponential growth in a popular discourse of women reflecting on their experience after becoming a mother, along with the emergence of a political movement for change (Bravo 2007; MacDonald Strong 2008; Blades and Rowe-Finkbeiner 2006). Simultaneous drives for change by gender equity feminists at the individual and collective levels, include debates about the reformulation of welfare economics. In the course of locating Castoriadis's propositions regarding an intermeshing between radical and social imaginaries within a historical and cultural context, I emphasise the interactions between individuals and the collective. These are indicative of a contested social imaginary:¹³⁴ meanings associated

¹³⁴ A misrecognition or mis-framing of relevant tensions (Fraser 2005, Grace 2004) feeds into and distorts relevant significations. In their everyday lives as mothers, women are doing something quite different to what is being depicted, and it is this level of representation that is being contested, a tension that is evident in the work of both gender difference and equity feminists. The divide, however, between

with being a mother, meanings associated with being a family, and a reassignment of the critical work of care that has historically taken place within families.

The ambivalences illustrated within the interview data attest to this puzzlement in terms of locating the self. When women become new mothers, the experience and the surprising depth of connection between mother and infant often has a disorienting effect eliciting this reappraisal. Care is a constitutive factor for the infant in terms of associated meanings, but I am stressing the psychic dynamics of care.

Gender works at the symbolic level in regard to images of masculinity and femininity, and these images intersect with understandings of care work and citizenship. Gender is at work at the level of individual and collective identity in regard to self image, and how this is perceived by others. Furthermore, gender works through social structures through access to resources and/or power, and how social institutions and positions of power are marked by gender norms and gender symbols (Sevenhuijsen 1998, 81-2). In order to attain the necessary transformational change that has been foregrounded in this chapter there needs to be continuing movement at the social and the individual levels, connected through signification, the associated meanings and images.

There is also an emergent assemblage of feminist mothers associated with third wave feminist movements for change operating at the mesosocial level (for example: Bravo 2007; MacDonald Strong 2008; Blades 2006). Women are critically reflecting on and responding to the social and cultural context in which they are mothering. However, these trends are most often held apart from women in their everyday work as mothers through structure and meaning. These bodies of work inform a movement of women,

these forms of feminism is potentially overcome by outcomes of debates about the restructuring of welfare economics.

sometimes with the support of men, who recognize the structural constraints and the potentialities that are an inherent part of the mother infant relationship (see: MIRCI and Demeter Press at: <http://www.motherhoodinitiative.org/>). They form the historical and cultural context for the dynamics between women-as-mothers and their infants; movements that are indicative of a collective recognition of a need for change. The issues, however, go deeper than more childcare and changes to workplace practice, though these are important. There are calls for substantial institutional change that is cogniscent of the central role of care to well-being. Care has become the casualty of an insufficient response in the law, the labour market, schools, the institutions of care, and cultural constructions of motherhood with a contemporary trend towards 'intensive mothering' (Hays 1996).

Both gender equity and gender difference feminists are concerned to provide the conditions in which women can articulate what being a mother means while promoting the conditions for genuine choice. Both argue for fundamental change in the social structuring of care, whereby women can navigate the relations between themselves and their children in a context that facilitates freedom of expression while providing for care. Proponents within gender difference feminism, such as Kelly Oliver (1997) attribute a moral dimension to care, as do some gender equity feminists, though the basis for their moral arguments differ. The first is individualized through the woman-as-mother. The other draws links between this individualized base to collectivized notions that are associated with a reconceptualization of citizenship (Sevenhuijsen 1998) and/or a reworking of welfare economics. Maternal subjectivity is located between social structure and cultural change and expositions on maternal experience are problematizing the dynamics. These represent a range of feminist positions that are attempting to reconceptualize an ethical foundation to accommodate the needs, interests

and rights of women arising from the work of care. An understanding of the intersubjectivity between the woman-as-mother and infant in terms of a dynamic process between self and the other can importantly inform this work while not relying on this moral base; these are practices that are dependent on freedom of choice.

This project has heightened my appreciation of these dynamics and caused me to reflect on my motivation for engaging with the topic. Reflexivity has long been a concern in feminist methodology so understandably there has been an active debate around Bourdieu's position on methodological reflexivity. The Bourdieusian (1997) approach to theory like Castoriadis's (1997), recognizes the embodied nature of intersections between the self and the social in time and place. A reflexive methodology includes an upfront explanation of the position from which the researcher engages with the project.

Therefore it is appropriate, by way of introduction that I set out something about my history and dispositions. My own position as set out in the introduction is influenced by my working class background and my aspiration to achieve a form of gender equity.

When reflecting on my association with my child/ren I am aware of a compulsive element that informs my everyday decision-making that bears examination. Chodorow (1999) talks about this in terms of 'shadow feelings' arguing that an uncovering of emotion can illuminate understanding; a dynamic and unending process of explicating meaning. I understand that the social structuring of care configures choice. Further to this, there is an emotional attachment that is captured in the phrase 'it matters too much'. In this I am aware of compulsion to care that comes from an intermeshing of interests, mine and theirs, that does not foster the alterity of either myself or my children, and it is this compulsion that led me to explore the dynamics, both for myself and then through the thesis.

The links between ambivalence, identity, meaning, and fantasy as they are constituted by maternal experience are suggestive of workings between the radical and social imaginaries raised by Elliott. I am proposing that what it means to be a mother, and once more, what it means to be a family, in contemporary Western culture are being redefined. The ruptures related to identity and subjectivity denote tensions and mismatches at a socio-symbolic level. The outpouring of interest in topics related to mothering and motherhood, including a recognition and documentation of the experience of maternal ambivalence, at both a popular and academic level, is indicative of attempts to articulate new meanings, and are evidence of a radical imaginary at work.

Social imaginary significations are always contested and reified through collective meanings, groups making claim to particular understandings which form the basis for stereotypes. The legitimacy of a movement¹³⁵ is gained through an articulation of attributes and goals that are of central concern to the greatest number. The ambivalences highlighted in the interview data indicate a desire for change. These are linked to a wider movement where feminists have been both reflecting on the experience of mothering and articulating new ways of conceptualizing care, well-being and human flourishing. The coalescence of these trends is emblematic of a reimagining of self and society. The social relations of care are being challenged by an ethic of care that is derived from the mother infant relationship. These moves challenge social norms, and provide for new ways of being, with the potential to unleash creativity and the new. This chapter asserts that the social structuring of care requires transformational change to provide for a renewed vision of autonomy while

¹³⁵ See: Zollinger Giele (2006)

accommodating dependency. Mother infant interactions are necessarily a part of a developing relationship that can accommodate the subject position of both the woman-as-mother and the infant/child if we are to realize a form of gender equity while providing for care.

Conclusions

In this chapter am arguing that gender equity requires transformational change in the social structuring of care. Moves to this end are evident through a feminist ethics that is calling for a public ethics of care with a revised basis for citizenship. This is accompanied by a reworking of welfare economics, and/or moves to promote capabilities. This work is importantly related to the autonomy project as set out by Castoriadis where he identified processes of change, from the social agent to the social structure, and back again. An underlying principle for much of this work is the recognition that all persons are both autonomous and interdependent, that we all need, give and receive care regardless of gender. This emphasis overlaps with a new way of thinking about mother infant relationship in terms of intersubjective dynamics. These understandings locate the subject position of the woman-as-mother while also accounting for movement and change through an intrapsychic dimension that relies on a critical reflexivity.

Changes in gendered practices have been a defining feature of the second part of the twentieth century and yet the birth of an infant is most often accompanied by ‘a return of gender’ and unfulfilled expectations within families. This recognition of a need for change in the social structuring of care at a policy political level, and through a feminist mothers’ movement, is taking place parallel to an underlying rumbling amongst

women-as-mothers. A rethinking of the meanings and practices associated with mothering is relevant to this conundrum. This can be facilitated by a psychoanalytic understanding of the associated intersubjective dynamics while turning an eye to the intrapsychic dimension of the self. An important step in this regard is a resignification of mother infant dynamics in terms of a relationship rather than a role. This renaming can prompt the capacity of women-as-mothers to both reflect on and reimagine the self in light of aspirations for equity and care and thus have the potential to link up with a wider movement calling for change. This movement is being perpetuated through intersections between the radical and the social imaginaries in response to contradictions that are implicit to current practices of care.

Conclusions

In an era of changes to gendered practice the meanings and practices within families necessarily change. Through the thesis I have argued that high levels of maternal depression, stress and marital dissatisfaction in the early years after the birth of an infant are related to a disjuncture between cultural change and the social structuring of care. The privatized and gendered nature of the social structuring of care within the family deprives the dependency worker of access to rights associated with the autonomous individual. A contemporary reworking of meanings associated with autonomy recognises the intersubjective nature of relations between social agents and the social structure, however, these interconnections are complicated by the social structuring of care. The current gendered association with care, through motherhood, restricts the access of the primary care-giver to equity. These issues are in turn played out through the sense of self, through an experience of ambivalence or cognitive dissonance. In this chapter I emphasise findings in the thesis that have emerged from this overlay of theory with the data. I have set out implications in terms of the micro, meso and macrosocial and I conclude with recommendations for policy makers and prospects for further research.

A central concern in the thesis has been to move past individualized notions of morals or values that are often associated with the notion of the 'good mother' by bringing attention to practices of care. The discourse from relational psychoanalysis has been useful in this regard by providing an understanding of mother-infant interactions, while emphasising the workings of the maternal self. Furthermore, the theoretical framework enables an interpretation of the interview data that illuminates the workings of gender

through care both at the macro-social and the micro-social levels. I have argued that an emphasis on maternal role attainment, transition and adjustment in the ante and postnatal services is based on a naturalized association between gender and care. The health services are thus perpetuating past practice through uncritically passing on these gendered affiliations. There is congruence between the social structuring of care through the privatized family and the gendered roles that are perpetuated through these services. When the self is held in place through a reification of identity intrapsychic processes are smothered, a process that is reinforced by this continuing association between mothering and selflessness.

In the context of change, identifications with the interests of the child, the mother's mother, and/or the maternal role provide for the inherence of the woman-as-mother. The experience of being mothered has a profound impact over the sense of self as indicated in the work of Nancy Chodorow but, more importantly, subjective connections between the woman-as-mother and the infant/child that are held together through motherhood complicate processes of recognition and negation that are a part of these intersubjective dynamics. The conflation of the self with the maternal role holds the self in place through structural constraint. There is a displacement that has been perpetuated through a belief in the selfless mother. A new way of understanding mother-infant dynamics through the psychoanalytic lens brings attention to complex interactions between self and other that have important implications for both the woman-as-mother and the infant/child. The experience of pregnancy and birth is often transformative for women. Women enter a highly gendered realm whereby the self and other are held together through processes of intersubjectivity. These interconnections are entangled with intrapsychic dynamics of the self that are complicated by gendered structuring, conflating the care of an infant with gendered domestic roles and

responsibilities. The outcome is salient for both the mother and the infant/child. The woman is required to reframe her sense of self while mindful of these intersubjective dynamics. The outcome of ‘good enough mothering’ as set out by Donald Winnicott and Lisa Baraitser provides the basis for the ethical subjectivity of the self and the child.

The capitals framework provides a basis from which to formulate and quantify the outcomes of care without falling back onto notions of motherhood. The social and the cultural capitals are accrued by both partners and preserves privilege. One¹³⁶ of the participants in the interview schedule told me they had taken out a life insurance policy and the calculation to cover the cost of work she carried out in a day was inordinate. In terms of the self this means that women are often trading personal economic gain for the promotion of social capital, holding families together. The participants were concerned with the promotion of cultural capital, developing skills and disposition in their infant/child. This second form of capital is the most difficult to quantify and this second capital is where the links between mother and infant/child become most entangled through associations with the self.

The workings between identification and identity provide a means for understanding the inherence of women-as-mothers, particularly through the cultural capital that is associated with their infant/child. Arguments by Hayes (1996) on intensive mothering, by Garey in *Weaving work and motherhood* (1999), Judith Warner (2005) in *Perfect Madness: mothering in the age of anxiety*, by Garcia Coll, Surrey and Weingarten (1998) in *Mothering against the Odds*, and *The Impossibility of Motherhood* by Quinzio (1999) all attest to cultural expectations on women-as-mothers that hold them

¹³⁶ Peta

responsible for child outcomes. Assumptions that mothers will put their child/ren's interests first are often perpetuated through a punitive 'good mother' discourse that is generally turned on the self through feelings of guilt (Fortin 2005; Pocock 2000). The depiction of the mother-infant connection through a relationship rather than a role is pertinent here. This is an emphasis that represents two subjects in time and in place.

Many of the women interviewed for the project spoke with admiration about the work carried out by their mothers, while others referenced difficult or unsatisfactory relationships. By all appearances these women were doing as their mothers had before them; however, they are doing something quite different. They are prioritising the interests of their child/ren over their own with poor economic and health outcomes. As opposed to their mothers these women most often had careers, with marketable skills. They had most often not given up their jobs to become housewives but because they were concerned with the interest of their infant/child. Most often these couples were sharing the care and the housework within the confines of economic necessity which sometimes required their husbands/partners to work longer hours to make up for lost wages. A slipping back into traditional roles often caused consternation for the participants. Studies of these early years need to make a distinction between housework and childcare and define what they are referring to when they draw on 'traditional' as a category of analysis.

This case study exemplifies the processes by which tensions between instituting new ways of doing things, and the instituted, are experienced as a disjuncture between the self and society. Interactions between women-as-mother and their infants are socially structured and culturally sanctioned. The values or morals associated with the good mother are a medium by which privilege is passed on through family structures and the

capitals framework provides a means for quantifying the outcome in terms of class difference. Ambivalence, however, brings attention to a disjuncture, a gap in meaning, whereby women have been grappling to locate the sense of self after the birth of an infant. This trend can be explained by this psychoanalytic understanding; from a role to a relationship. I am adding to the critique by Skeggs and Lawler by arguing that the associated ambivalences of women-as-mothers are indicative of an unease with current practice, a disquiet that is also evident at the macrosocial and the microsocial levels, and are being played out through the mesosocial, through tensions between cultural change and social structures. What of the social structuring of care? Is there evidence of change and, if so what are the links with women-as-mothers?

The family as a repository for care/dependency - practices within families – the mesosocial

There is evidence of a trend towards gender equal or egalitarian family forms. While there are substantial numbers of sole parent families headed by women, many couples are attempting to achieve a form of equity. This outcome was evident in findings from the research on the TtoP but also arose in the interviews and was manifest through the participants' unfulfilled expectations. The interview data showed that the bodily experience of pregnancy, birth and the early years of mothering pays a heavy toll on the health of women-as-mothers. Maternal fatigue is recognised internationally, however, the ante-natal services generally cease six weeks after the birth. Out of the sixteen women interviewed for this project, close to two years after the birth one¹³⁷ of the interviewees was still recovering from the associated trauma. One¹³⁸ respondent's baby experienced severe sleep problems into the second year which, she believed, could

¹³⁷ Hilary

¹³⁸ Jessica

have been a result of a very difficult birth. Another¹³⁹ was diagnosed with postnatal depression after the birth of her second child, and one¹⁴⁰ more was in long term counselling to help her manage both relationship and financial stress.

The bulk of the interviewees breastfed their infants for many months and some of the women spoke about the physical bond that accompanied the experience but they also experienced a sense of detachment from their bodies; they were there for the sake of the child. They also spoke about the changes that had come about between themselves and their husbands/partners in terms of their sexual relations, and often in terms of his needs rather than their own. There was an accompanying belief that mothers need to be selfless which sometimes¹⁴¹ fed a sense of being invisible. Nevertheless, the bulk of the interviewees were attempting to share the care, the housework, and to a lesser extent¹⁴² the breadwinning with their husbands/partners. Most of the interviewees had joint bank accounts, with some of them managing the finances and paying the bills. Although there were difficulties in managing a satisfactory outcome in regard to sharing the care and the housework, the relationships were most often negotiated. There were daily attempts to share the care and all that went with this within their families. This is cultural, attitudinal change that is taking place almost imperceptibly, and in the face of structural constraint. Continuing alterations to workplace cultures that are responding to the recognition of the centrality of care to well-being can only enhance these trends.

The emphasis by both Fineman and Pateman on the 'sexual contract' within marriage is problematic. While Fineman has contributed important work in dependency theory, highlighting the social structuring of care, a falling back onto the sexual nature of the

¹³⁹ Marina

¹⁴⁰ Beverley

¹⁴¹ Carol

¹⁴² Six of the interviewees were working part-time: Celia; Peta; Katelyn; Julia; Renee, Hilary; and one was studying full-time: Emily

agreement between the core couple masks the benefits of care that are available to men within families. Research demonstrates good outcomes for the health and well-being of men who are married. And further to this, married/partnered men generally also benefit from the social and the cultural capital that is an outcome of care. Gernsheim and Oliver both emphasise love as a binding force and thus underplay socio-economic determinants on families. DiQuinzio (1999) provides an important critique of the essentialism that informs notions of individualism, carried over through a theoretical reliance on the experience of women that informs maternal feminist arguments. She highlights the paradoxical nature of the experience of women-as-mothers and her answer is to promote difference while emphasising the contradictory nature of the social context. Hartsock (1997, 222) makes an important distinction between men and women through pregnancy, birth and lactation, the bodily experience of women. However, her emphasis on the consequential and inextricable connection between mother and infant expressed in the phrase ‘neither as me or as not-me’ is answered by Benjamin’s analysis of the intersubjective and the intrapsychic dynamics. But further to this, Hartsock’s (1997, 222) stress that ‘women and not men *rear* children in a society structured by compulsory heterosexuality and male dominance’ is overstated. Family practices are changing as a consequence of aspirations for gender equal or egalitarian family forms.

Movements for change

New conceptions of autonomy that recognises dependency and/or intersubjectivity inform the current reworking of welfare economics as well as the public ethics of care. Proponents of gender equal outcomes in the workplace emphasise the need to share the care between men and women at the household level. Nevertheless, changes at the

individual, microsocial level are connected to the macrosocial through structure and norms. The social agent is intricately tied in with the social structure through dispositions and ways of being while at the same time new ways of doing things are initiated through social agents to social structures. Elliott's reworking of links between psychoanalysis and social theory are useful here. He concludes that a more productive means of understanding workings between the psyche and the social than that proposed by Lacan for self-transformation and collective autonomy can be discerned only by rethinking the radical nature of the unconscious imaginary and its relation to human needs. Elliott (1999, 247) incorporated into this list of transhistorical human needs: 'infantile helplessness, the need for warmth and nourishment, separation and individuation, attachment, and so on'.

The psyche and the social come together when social agents actively engage and creatively interpret signification, an activity that draws on the unconscious, which is both enabling/autonomous and alienating/repressive. Therefore an important message that can be disseminated by a feminist mothers' movement is firstly to breakdown the association of mothering with selflessness. Beliefs such as this have a debilitating effect on the self, perpetuating the zombie mum, rather than women actively engaging in the meanings and the practices associated with the care of dependents. Practices associated with care are integral to human need and therefore dependency workers have much to offer the project as set out by Elliott: a baseline for social critique and political judgement. The overlaps between theory and practice in this case are, nevertheless, fragile. The current social structuring of care has a patriarchal history that is buried within our psyche and therefore such a project calls for critique that works at both the individual and the social levels.

One of the respondents captured this bind well when they said, 'I know that change is coming, but right here and now, I have to get on with it' (Peta, 34). The work associated with the care of dependents, particularly infants and toddlers, is constant; there is a vulnerability that is commensurate with human need. The question of structural change to accommodate non-gendered caring routines is relevant to a debate between McNay and Adkins. McNay emphasizes the embedded and embodied aspects of identity, though went on to talk about the potential for a critical reflexivity that arises out of a 'lack of fit'. Adkins maintains that subjects never fully occupy or identify with norms; there is an ambivalence at the heart of inclination. She accentuates the need to uncover unconscious categories of thought which include 'corporealized pre-conditions of our more self-conscious practices' (Adkins 2003, 25). The rethinking presented in the thesis on family functioning, through the capitals framework and psychoanalytic understandings of mother-infant dynamics, provides for ways of thinking about the work of care without falling back onto a motherhood discourse. A strategy such as this places identity and identification at a distance and thus has the potential to promote reflexivity.

Policy makers - macrosocial level

Over recent decades in Australia there have been significant improvements to both child and aged care services. More recently there have been a Commonwealth inquiry into Work-Family Balance (2006) and the Human Rights and Equal Opportunity reports (2007; 2008) on tensions between work and family that disadvantage women workers. And the more recently released report that identifies an aspiration for gender equity by both men and women in Australia (2008). The proposed Australian Universal Paid Parental Leave Scheme has been earmarked to begin in 2011 goes some way to

rectify inequities between the skilled and unskilled workforce. However, the nineteen weeks paid leave falls far short of the Scandinavian countries, the United Kingdom and France.

The conversation thus far has been primarily concerned with the provision of quality care and/or workplace change with little cross-over between identity and family. There has been very little research carried out in Australia on the early years or the Transition to Parenthood. The public response to high levels of depression for new mothers has been through a Perinatal Mental Health – National Action Plan – recognising that ‘consideration be given to the medical/physical requirements and the psychological and social issues facing women, infants and families’ (beyondblue 2008, 5). The strategy includes an emphasis on the provision of ‘local pathways to care’. A policy implication that emerges from the thesis is the necessity for midwifery and maternal and child health services to reconsider the categories of family and mother that inform their practice. There is a common acceptance in the sociological discourse of a diverse range of family forms and yet the family is most often an unexamined category in the midwifery literature. There is furthermore little evidence of a critical examination of the maternal role. While interventions at this microsocial level are important this emphasis needs work in conjunction with a rethinking at the macrosocial level about the social structuring of care.

The rethinking of welfare economics that was foregrounded by Fraser (1997) and evident in the work of Orloff (1999) has more recently turned to comparing policies and practices in the United States of America with those of Sweden (Orloff 2006). Meanwhile in the United Kingdom there has been ‘The Big Care Debate’ which has resulted in the publication of a Carer’s Strategy (2006) and more recently a policy

document titled *Building the National Care Service* (2010) that sets out an agenda for change. Both of these documents recognise the care work that has predominantly been carried out by women within families, and amongst the guiding principles for action is the support for families, recognising the vital contribution families play in enabling people to realise their potential. This policy framework draws on a concept of ‘social care’ which sets out strategies to facilitate the sharing of care both within families and between the family and the state.

Prospects for further research

The Canadian based Motherhood Initiative for Research and Community Involvement (MIRCI), formerly the Association for Research on Mothering, was established in the mid-1990s. Over the last decade the centre have published a bi-annual journal and hosted numerous conferences which have included six conferences in Australia co-hosted with MIRCI-Australia. In the United Kingdom a program entitled *The Making of Modern Motherhood* was initiated in 2005 under the Identities and Social Action programme at the Open University. The project released a report *Memories, Representations, Practices* in 2008 and is currently working on a study entitled *The Dynamics of Motherhood*. This second study is concerned with the ways in which mothers and their families negotiate the arrival of a new generation. The historical structuring of care has gendered implications that are tied in with how we see ourselves, our identities. Therefore, in moving to a post-maternal phase there is a need for individuals to reflect on themselves, in terms of negotiating tensions between equity and care. There is a need for this kind of research in the Australian context, so that we can gain a better understanding within our particular historical and cultural context intersections between gender, identity and care.

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APPENDIX 2 MOTHERING – MOTHERHOOD

INFORMATION SHEET

Joan Garvan

Introduction

I am currently a PhD candidate at the Australian National University in the Gender, Sexuality and Culture program of the School of Humanities. My project is titled: *Navigating motherhood: agency and contradictions of maternal subjectivity within families in contemporary Australia* (though this may alter as my study progresses). I have attained a Bachelor of Arts (1991) from the Australian National University and a Master of Arts (1993) from the University of New South Wales. In the course of completing a research project for my M.A. I conducted interviews with ten women writers from Sydney in 1992 and I received first class honours for my thesis.

Brief description of project

When you become a parent for the first time there are a complex web of factors that contribute to both the rewards and the challenges in your personal and social life. My project is focusing on the initial two years of first time mothering. I would like to talk with you about your responses to being a mother, including how you are sharing the new roles with your partner. I'd like to talk about factors that contribute to your sense of self (since becoming a mother) and identify any new ways in which you are determining the practices. There is a growing body of work on what it means to be a mother, or a father, which has split over into an obvious public interest and debate on the workings of modern day families. The outcomes from my study can make a contribution to these debates.

What I am asking for

You are invited to participate in this study through an individual interview. I can either come to your home or arrange a convenient location at a mutually agreeable time and date. The interviews will take up to three hours and I will reimburse you for your time with a one off payment of \$30 cash.

I am seeking your permission to tape record the interview however if you do not agree to this I can consider taking notes. In my thesis, and any forthcoming publications, or presentations I undertake to refer to respondents by way of a pseudonym (false name). I furthermore, undertake to change any identifying details as requested.

In the course of an interview it is possible that the topic of discussion may raise issues that present difficulties for you. If this is the case I ask that you would let me know your preferred response be it: for me to move on to another topic; some time out so as to gather your thoughts; to resume the interview on another day; or the opportunity for you to withdraw from the project. I will comply with your wishes.

The themes covered in the individual interviews are: the birth, antenatal classes, maternity and child nurse services; expectations and aspirations (for self and child) including values and hopes; your partner's involvement with child (if in a relationship), and changes (if any) to your relationships (partner, friends and family); your thoughts on what it means to be a family; your employment plans and hopes; your thoughts on

motherhood and fatherhood; sense of self; topics related to any changes in your sense of time; and your sense of place, home, and access to social networks.

In compliance with the National Statement on Ethical Conduct and Research Involving Humans and the ANU Human Research Ethics Committee I undertake to secure both the tapes and the transcripts to protect both the identity of interviewees and the content of the sessions. The names and addresses of interviewees will only be known by me. I undertake to preserve the confidentiality of the interviews as far as the law allows. I will ask for an agreement in writing from participants in focus groups that those involved respect others privacy and that information given by participants be kept in confidence. I will secure all materials in locked cabinets on the university campus and work with the transcripts on university computers that are password protected.

Expected outcomes

A study such as this can flesh out the experience of first time mothering in a way that highlights both personal and social factors that have an impact on behaviour and a sense of self. There is ample literature on issues related to transition to parenthood, first time parenting, adjustment to parenthood, motherhood, and the family in society. My study brings these areas of study alongside the voices of women who are mothers in contemporary society and therefore can enhance understanding of the topics and contribute to both policy and program development.

Statement of participation

Any involvement with this project is voluntary. A requirement of your participation is that you have read and understood the information sheet and that you sign the consent form. You retain the right to withdraw from the study at any time. Please see the Revocation of Consent Form for procedure (you can contact me by either: phone, email or post) if you decide to do so. Furthermore, if you revoke consent to be included with the study I undertake to destroy all relevant tapes and/or records collected to date.

Please feel free to contact me at any time if you have any concerns or questions about the project or your involvement. You will also give you a Referral List for further information, advice, or support if required. Once the interviews are complete I will contact you from time to time to update you on the progress of the study. Please let me know if you would like a copy of the interview transcript and/or the final report.

Note: If you have any complaints or questions that the researcher has been unable to answer to your satisfaction, you may contact the Human Research Ethics Committee, Research Office, Chancelry 10B, Australian National University ACT 0200 ph:(02) 6125 7945 or Human.Ethics.Office@anu.edu.au

My contact details are: Joan Garvan, P.O. Box 101, Lyneham ACT 2602

Ph: (wk) (02) 6125 0332 (hm) (02) 6161 6068 mobile no: 0428 406 847

Email: (hm) garocon@pcug.org.au (wk) joan.garvan@anu.edu.au

Please do not hesitate to contact me if you have any questions or concerns.

APPENDIX 3 MOTHERING – MOTHERHOOD
QUESTIONS/TOPICS – INDIVIDUAL
Semi-structured Interviews

Joan Garvan

PREGNANCY AND BIRTH

How did you respond to the pregnancy?

Were there difficulties or complications with the pregnancy and or birth (describe personal impact)?

How did you respond to the birth?

What are the main ways in which the baby has impacted on your life - outside of baby care – personal adjustment – life plan (compared with life before baby)?

Is it as you imagined? (major, moderate, minor)

Is it different to you imagined? (major, moderate, minor)

Did you have ideas about your life with a baby either before you became pregnant or while you were pregnant?

How has your experience with a baby matched your expectations?

Was the baby planned? (scale)

Was it a difficult decision?

Has being a mother changed your sense of self?

If so, how has your sense of self changed?

If not, could you say any more about that?

How is your experience of mothering the same, or different, to your mothers?

What does being a mother mean to you?

What does motherhood mean to you (eg: the practical role of mothering, mothering as a profession, a place in society)?

Has the experience of being a mother been meaningful to you? If so, in what ways? If not, has the experience been difficult? And in what ways has it been so?

If you hadn't had a child do you think you would see yourself differently?
Had you thought about these questions?

What do you think about the antenatal and/or postnatal services regarding questions of adjustment to parenthood? Were topics relevant to this covered in the classes?

What do you think about the Maternity and Child Nurse program regarding questions of adjustment to parenthood? Were topics relevant to this covered by the Nurse, the invited speakers or the program?

TIME AND PLACE

Has your sense of time changed since having a baby?

Are you aware of time through the day? How is this different to before having a baby?

(some more questions around experience of time)

Do you feel a sense of purpose in your day-to-day life as a mother?

Are you mothering as you would like to? If so, what, if anything, are you particularly happy about? If not, how would you like things to be different?

Do you feel you have agency as a mother?

What do you see as constraints (if any)?

Has your residence, or home, impacted on your life as a mother?

Did you go through a nesting phase?

Is it important to you to have a family home? If so, why do you think there is a connection?

Are you buying a house or are you renting? If renting - do you plan to purchase?

Do you think home and family go together? How do you see this?

How does the urban centre work for you as a mother (social access, access to services, facilities, transport, other?)?

Have you felt isolated since having a baby?

Do you think the urban plan could be organised differently around the needs of families?

PARTNER INVOLVEMENT - FAMILY

Are you living with the father of the baby?

How did your partner respond to the pregnancy?

How did your partner respond to the birth?

How is your partner involved with the baby (relationship, practically)?

How do you feel about your partner's involvement?

Did you talk about expectations (either about sharing tasks and/or aspirations for your child) with your partner before having a baby?

How do you organise financial matters between you? How does your partner give you money? Is this a point of difficulty or does it work easily?

How have you felt about your sexual relationship since having a baby?

Has the birth, or new lifestyle, created tensions that are difficult, or not?

Have you, or your partner, changed in this regard? Has this impacted on your relationship?

Would you access relationship services if you felt the need? Do you think your partner would be interested?

Do you see yourselves as a family (self, partner and child or self and child)?

What do you think of as family?

How do you see the relationship between yourself and your partner in terms of the family (eg: does your partner have the final word on decisions, do you have the final word, how do you make decisions)?

Do you see the family structure and process important in bringing up your child?

EMPLOYMENT

Were you employed before you had the baby?

Do you plan to go back to work?

If so when do you plan to go back?

Do you think you and your partner will be able to negotiate care arrangements with working commitments?

Have you thought, or talked, about these issues?

BACKGROUND – ASPIRATIONS – VALUES - AGENCY

Can you tell me something about your upbringing: class, culture, socially?

Is your current social and class position different to your upbringing?

Are you happy with where you are socially?

What hopes do you hold for your child?

How does this influence your decisions and choices?

Have you thought about values you would like to teach or pass on to your child?

What values do you see as important to teach your child? (eg: self sufficiency, equal opportunity (between boys and girls), ethnic diversity, an equitable social system, personal achievement)

Do you feel any conflict, or tension, between the values you wish to pass on to your child and your ability to do so?

Do you talk about passing on values to your child with your partner?

If so, do you have similar beliefs and values or are there any marked differences?

To what extent do you see your partners social position (job, status) determining the life course for your child?

SOCIAL CONTEXT – MOTHERHOOD

Do you think the social system is accommodating working families (eg: access to child care, negotiating holidays, school hours, other)?

Do you think the social system and practices work for families (eg: housing, cost of living, community facilities, access to information and services, other)?

How do you think things could be different?

Are you aware of and/or interested in the articles/books and public discussion about motherhood and fatherhood? Do you have thoughts or comments on this?

Do you have any other comments or topics you would like to talk about?

THANK YOU