MATERNAL AMBIVALENCE

IN CONTEMPORARY AUSTRALIA:

NAVIGATING EQUITY AND CARE

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A thesis submitted for the degree of Doctor of Philosophy
of The Australian National University

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.

Acknowledgements

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 moralities[1] 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

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[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 qualitative[2] 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

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[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

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[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, nine[4] were from Canberra: five outer southern suburbs, two inner north, and two were from outer northern suburbs. There were six[5] interviewees from Sydney: five from western suburbs and one from a southern suburb. One[6] 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.

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

There were sixteen participants who represented diverse cultural backgrounds and experiences. Of the nine interviewees from Canberra, one[7] was indigenous, one[8] had suffered with postnatal depression, one[9] had a disabled first child, one[10] being treated for depression, and one[11] had been meeting with a counsellor over an extended period.

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[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

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[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 inherence.

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 been 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 ague 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.