

Mothers and Others: Promoting Healthy Living Through Research

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Abstract

This article considers how women and girls - whether they mother biologically related children or not - are affected by the often contradictory ideologies of motherhood and consider the relationship between non/motherhood and un/healthy living. It considers some of the ways to further promote healthy living for mothers and others.

Résumé

Cet article étudie comment les femmes et les filles - qu'elles soient mères naturelles ou non d'enfants - sont affectées par des idéologies souvent contradictoires de la maternité et considère la relation entre les conditions de vie avec /sans la maternité et les conditions de vie saines et malsaines. Il considère certaines des manières qui peuvent promouvoir d'avantage un mode de vie sains pour les mères et pour les autres.

Introduction

In this article I begin by briefly introducing the auto/biographical within social research. Next I situate myself in relation to my work in the area of non/motherhood. Following this I draw on various aspects of my work to demonstrate how the experience of all women and girls - whether they mother biologically related children or not - are affected by the often contradictory ideologies of motherhood and consider the relationship between non/motherhood and un/healthy living. Again drawing on my own research, and the development work that has sometimes accompanied it, I continue by considering some of the ways to further promote healthy living for mothers and others. Finally, I return once again to the auto/biographical.

With reference to the research process, it has now become commonplace for a researcher to locate her/himself within the research process and produce "first person" accounts. This involves a recognition that, as researchers, we need to realise that our research activities tell us things about ourselves as well as about those we are researching (Steier 1991). Further, there is recognition among social scientists that we need to consider how the researcher as author is positioned in relation to the research process: how the process affects the product in relation to the choice and design of the research fieldwork and analysis, editorship and presentation (Iles 1992; Letherby 2003a; Sparkes 1998).

As a feminist sociologist I agree with others that we need to recognise the importance of biography, autobiography and auto/biography in our work. Biographical work focuses on the importance of one, several or many lives recognising the need to re-socialise the individual, to liberate the individual from individualism - to demonstrate

how individuals are social selves - is important because a focus on the individual can contribute to the understanding of the general (Evans 1997; Mills 1959). Sociological auto/biographical work also demonstrates how individuals are social selves. Furthermore, it recognises that self-awareness and a critical scrutiny of the self are quite different from self-adoration and self-indulgence (a criticism sometimes made of sociological auto/biographical work) (Okely 1992). I, and some others, argue that research is always auto/biographical in that when reflecting on and writing our autobiographies we reflect on our relationship with the biographies of others and when writing the biographies of others we inevitably refer to and reflect on our autobiographies. Acknowledging this makes our work academically rigorous: "...self conscious auto/biographical writing acknowledges the social location of the writer thus making clear the author's role in constructing rather than discovering the story/the knowledge"(Letherby 2000).

Auto/biographical Background

As a girl in the United Kingdom I fully expected to fulfil my "feminine script": grow up, get married and have babies. After leaving school at 18 I trained and qualified as a nursery nurse. I saw this and my subsequent employments in the maternity ward of a London hospital, at a pre-school nursery (ages six weeks to five years) and as a private nanny to be preparation for my role as mother. I married in 1979 and in 1984 after 15 months of trying I became pregnant. At 16 weeks I miscarried and to my knowledge I have not been pregnant since. After taking A Level Sociology at night school, partly as something to take my mind off the fact that I did not get pregnant again, I began a full time degree course in Sociology in 1987.

So, I came to sociology late as a non-standard, mature entrant, having failed my Maths O Level the first time around and being told by the visiting careers advisor "Well that's University out for you then." I do not regret coming to degree level study later;

towards the end of my school education I was bored with study. But when I started my A Level Sociology I couldn't get enough of studying or of sociology and the effect it had on the way that I felt about the world and my place within it. From the beginning sociology made me feel differently about personal and public politics. This, then, was the start of the development of my personal "sociological imagination" (Mills 1959): a theoretically inquisitive approach relevant for all social scientists. And through this I found feminism.

The rest, as they say, is history. From the very beginning of my degree course I knew that my choice of topic for the individual third year research project would be a study of the experience of miscarriage (Letherby 1993). Following graduation I began doctoral research on the experience (predominantly women's) of "infertility" (the inability to conceive a child after a year or more of unprotected sex or the inability to carry a pregnancy to term) and "involuntary childlessness" (the social condition of non-motherhood) which I put in quotation marks to highlight problems of definition. Although I had found a large amount of work on the political implications of the New Reproductive Technologies (NRTs) (Birke *et al.* 1990; Corea *et al.* 1985; Stanworth 1987) I felt that there was not enough academic work concerned directly with the status and experience of infertility and involuntary childlessness. In her editorial to a special edition of the journal *Reproductive Health Matters* entitled "Living Without Children" Marge Berer (1999) suggests that infertility is the poor sister in reproductive health. My view was, and still is, that non-motherhood is the poor sister within feminism. Thus, in my PhD work my focus was on the social and emotional experience of "involuntary motherhood" as well as the medical experience of "infertility." Here, as in my earlier research on miscarriage, my focus was predominantly (but not exclusively) with women's experience.

Since completing my doctoral work I have continued to research and write about the complicated issue of non/motherhood.

Some of this work I have done alone (Letherby 1999; 2002a; 2002b; 2003b) and some with others. With others (amongst other things) I have considered the similarities and differences in the experiences of voluntary and involuntary childlessness (Letherby and Williams 1999); the connections between motherhood and non-motherhood (Earle and Letherby 2002; 2003; 2007); the experience of motherhood and non-motherhood in both the public and private spheres (Fontaine *et al.* 1999; Jewkes and Letherby 2002; Letherby *et al.* 2002b) and (new) technology and non/motherhood (Letherby and Marchbank 2002a). I have also - again with others - been involved in a series of projects concerned with the experiences of pregnant teenagers and young mothers (Bailey *et al.* 2004; Brown *et al.* forthcoming; Letherby *et al.* forthcoming; Wilson *et al.* 2002) and begun to consider the experience of non/fatherhood (McAllister and Letherby forthcoming). In this article I draw on some of these studies to consider similarities and differences between the experiences of women who mother children and women who do not and reflect on the possibilities of promoting healthy living through social research.

Ideologies of Non/Motherhood

In one of my earliest academic writings I began my consideration of non/motherhood by reflecting on definitions and meanings of motherhood and non-motherhood:

...all women live their lives against a background of personal and cultural assumptions that all women are or want to be mothers and that for women motherhood is proof of adulthood and a natural consequence of marriage or a permanent relationship with a man. A great deal of social and psychological research has focussed on women and the role of children in their lives and is thus complicit in reproducing societal assumptions about women deriving their identity from relationships in

domestic situations and particularly from motherhood within the family. Consequently, "and how many children have you got?" is a "natural" question. Social attitudes and institutions support the assumption that women's ultimate role is motherhood and women who do not mother children are still expected to mother others; either vocationally as a teacher or a nurse or within the family as a sister, aunt, daughter, or wife/partner. (Letherby 1994, 525)

More than a decade on I continue to explore further the ways in which non/motherhood defines and determines girls' and women's lives. I suggest that motherhood is still taken for granted, unquestioned and traditionally seen as "natural" and central to the construction of "normal femininity." In recent years there have been several significant changes - cultural and scientific - which have had an impact on issues of non/motherhood. For example, in contemporary Western society there are more women (and couples) choosing to remain childless, and higher numbers of infertility cases than ever before. Those who do have children have them later and have fewer of them and increasing numbers of babies are born following some form of assistance: procedures ranging from self-administered donated sperm to medically supervised egg donation. However, as Rosemary Gillespie (2000) notes, most women continue to become mothers at some time in their lives. Motherhood is still considered to be a primary role for women and women who do not mother - either biologically or socially - are often stereotyped as either desperate or selfish. So, women who do not mother are subject to the ideologies of motherhood/dominant discourse of motherhood and are considered other to this accepted/expected female norm. However, although I agree with Stephanie Dowrick and Sibyl Grundberg (1980, 9) that: "Our lives are as they are because some of us have children and some of us do not." I would caution

against suggesting that our status as mother or other determines our life as completely different and that motherhood is an inevitably positive experience and identity and non-motherhood inevitably negative, not least because:

- ▶ Motherhood is lauded as inevitable and desirable and something that all women are expected to do, but only in the "right" social, economic and sexual circumstances. Thus, as Elaine DiLapi argues, there is a hierarchy in motherhood and lesbian mothers, older mothers, disabled mothers, teenage mothers, non-biological mothers and so on are defined as "inappropriate" (DiLapi 1989; Phoenix *et al.* 1991; Weegar 1997)
- ▶ For every definition of mother that infers connotations of love and respect there seems to be another connoting fear, hatred or disrespect (Kaplan 1992; Mills 1991; Rich 1977);
- ▶ The experience of mothering is often more complicated than the promise and women are often ambivalent about their lives as mothers (deBeauvoir 1953; O'Reilly 2006);
- ▶ Mothering is portrayed as instinctual to women yet mothers are thought in need of education for motherhood and are bombarded by expert views and cautions (Arnup 1994);
- ▶ Although non-mothers - through choice or inability - are often stereotyped as one-dimensional - as selfish or desperate - non-motherhood is as ambivalent an experience as motherhood (McAllister 1998; Morell 1994);
- ▶ All women - whether mothers or not - are expected to display the feminine characteristics associated with mothering, not least that of caring and nurturing.

Thus, the ideologies and expectations of ideal motherhood affect all women, in our

private and our public lives, whether mothers or not, and the ideal image of woman - which is arguably synonymous with the image of the ideal mother - also affects us all, whether mother or not. It's just so easy to get it wrong. As Jane Bennett (1996, 2) notes:

Want to have a child? Well don't do it too early. Don't leave it too late. Don't do it before you're nicely settled. Don't have an abortion. Don't have an unwanted child. Don't be a single parent. Don't miss out on the joy of childbirth. Don't think you can do it alone. Don't let your children be reared by strangers. Don't sponge off the State. Don't have a child for selfish reasons. Don't be childless for selfish reasons. Don't end up in barren solitude. Don't expect fertility treatment to work.

External definitions impact on internal self-perception, yet we all have multiple identities and things can change both in relation to our status and our sense of self. For example, at one and the same time a woman can be a biological mother and a step-mother, a foster mother undergoing treatment for primary infertility, or a biological mother experiencing secondary infertility (following the birth of one or more children). As time passes a woman who originally defined herself as "involuntarily childless" may re-define her identity, whereas a biological mother whose children have been taken into care or died may feel that her motherhood status has been taken away from her.

Non/Motherhood and Un/Healthy Living

Both motherhood and non-motherhood can lead to physical, psychological and emotional unhealthiness for women. Taking pregnancy and childbirth as an example, worldwide we know that:

- every day 1,600 women die in pregnancy and childbirth;
- every year over 50 million women suffer acute complications from pregnancy;

- around 20 million women sustain debilitating lifelong injuries or infections in pregnancy;
- complications of pregnancy and delivery are the leading cause of death among reproductive-age women in developing countries;
- every year, 1.4 million infants are stillborn and 1.5-2.5 million infants die in the first week of life from complications related to their mothers' pregnancy or experienced during pregnancy; and,
- 1 million or more children are left motherless each year by women who die from pregnancy-related causes. (UNICEF 2004, 5)

Furthermore, being a "good" mother (and wife) can actually make women sick. Evidence suggests that women prioritise the needs of other family members, allocating them more resources and caring for them to the detriment of their own health, often because this is expected of them (Abbott *et al.* 2005; Doyal 1995).

So what of those mothers identified by others as "bad"? I look to my own research for an example here and focus on the experience of young motherhood. Although teenage pregnancy in Britain is not a recent phenomenon it is currently receiving more attention politically than ever before. Arguably, although there are difficulties comparing statistics across countries (Arai 2003), the UK has the highest rates of teenage pregnancy in Western Europe - twice as high as in Germany, three times as high as in France and six times as high as in the Netherlands (BBC News 2005). Young mothers are not only stereotyped as a burden on the state but despite evidence to the contrary teenage mothers are stereotyped as bad mothers and their children severely disadvantaged (Phoenix 1991; Ussher 2000). Arguably though, it is not the age of the woman that is the primary issue but the fact that younger pregnant girls/women are more likely to give birth outside marriage. Additionally, there is concern that because most pregnancies of unmarried teenagers are unplanned, this will have adverse social and health outcomes for both mother and child (Finlay 1996).

Thus, political discourses individualise the problems of teenage pregnancy and parenthood rather than examine the structural factors that affect young people's lives. From our research it seems that young women internalise the negative discourses that surround their experience. Many of the young women in the various projects I have undertaken with colleagues from Coventry University (UK) spoke to us of the pressure they feel to prove that they can cope with motherhood and become "good" mothers. For example:

People look at you more and criticise you more when you're a younger mum that they would if you were older. You get funny looks off some people when you're pushing the pram around, and if they [babies] start crying you have to do something really quick because people will look at you and start criticising. (Beverley)

I have been told I can keep the baby but I have to make a good effort...it scares me 'cos if I can't cope they [Social Services] can take the child. (Nadia)

Do you know what bothers me? It's people being dead nose. I don't know why I am scared. I think they are going to get Social Services on to me for some reason. I don't know why... they just scare me that they are going to take your kids off you. (Tracey)

The government, the media, the general public, family and friends, as well as the professionals and practitioners who care for pregnant teenagers, young mothers and their children, are often concerned that young women may put themselves and their children at risk, both during pregnancy and postnatally. Yet, our research findings suggest that the greatest risk to pregnant teenagers, young mothers and their children is in *not* accessing the services that are available to them. This

may be because they expect to be, and sometimes are, negatively judged by others.

With respect to the health and well-being of non-mothers again I refer to my own research. Sarah Franklin argues that the public interest in "infertility"/"involuntary childlessness" (1997) reflects an individual's real loss of identity and control over her life. For some of the respondents in my research this was true:

For me, the lack of control...was a major cause of distress. Control of lifestyle, but especially over my body. (Vicky)

Emotionally, infertility is crushing...Something taken for granted is the production of children. In a sense (to me) failure in this area becomes a failure in life. There is anger, shame, confusion - a feeling of helplessness. (Samantha)

Although I never mentioned the word first, some of my respondents talked and wrote to me about despair, acknowledging that they did feel a sense of desperation and/or obsession. Here the focus was not just on the biological but also on the social experiences of motherhood and involuntary childlessness: "I do special things for myself to fill the gap...but in the end these feel like pathetic attempts at compensation" (Frannie).

Yet, as Naomi Pfeffer and Anne Woollett argue, caricaturing "infertile"/"involuntarily childless" individuals as "desperate" people reduces a complex set of changing emotions and needs to a single negative word and image (1983). As I said earlier, definitions of experience do change and shift and some of my respondents referred to working through negative feelings and/or about experiencing positive and negative feelings simultaneously. Others denied feelings of desperation: "I have read that some people feel despair when they come on. I have never felt like that" (Jane); "Well my mum used to say 'if you've none to make you laugh, you've none to make you

cry" (Molly).

Molly was one of the oldest women involved in the research and is representative of older respondents in that her focus was on coming to terms with the social condition of involuntary childlessness rather than dealing with the biological and associated medical experience of infertility. Coping with the biological and the medical was common for many younger respondents whose experience was affected by the potential possibilities of the NRTs. The contemporary focus on medical solutions led some respondents to focus on somehow fixing the biological problem of infertility and this sometimes led to further distress (Denny 1994; Franklin 1997; Pfeffer 1987).

It also appears that some women who achieve motherhood (either biologically or socially) with assistance, such as the above mentioned young mothers, feel extra pressure to be good enough. My respondents attributed some of the pressure to be perfect to their previous status as infertile/involuntarily childless, stating that it is harder to be a proper mother to "miracle babies" (medically assisted), much longed-for babies and babies with genetic histories that they did not share. Annie: "Some people think I'm a bad mother because I'm a working mother even before they realise that I have two adopted children.. They think I should be grateful and stay at home." Vicky, who had twins following in-vitro fertilisation: "...they're probably the only ones I'll ever have and after all the effort to have them shouldn't I be spending every minute of my life delighting in them? I also feel extremely inhibited about ever moaning about them." And Samantha: "It worries me greatly that I might put...pressure on our children because of wanting them so much."

Thus, dominant expectations and ideologies affect the experience and the health and well-being of mothers and others. Reflecting on the work I have done I find it particularly interesting that early in my career my focus was on a group of women who felt and sometimes were stereotyped and stigmatised because they were unable to have children. More recently my concern has

been with girls and women who feel and sometimes are just as stereotyped and stigmatised because they have children; further evidence, I think, of the contradictory nature of the ideologies of motherhood.

The Promotion of Healthy Living for Non/Mothers (Through Research)

So what is the point of all of this research and reflection? If we are to believe the sociologist David Silverman (2000, 273), not much: "The idea that social research might influence public policy provides an inspiration for many young social scientists. In most English-speaking countries the sad truth is that things have never worked in this way."

Having spent more than five years researching and writing up the experience of individuals (particularly women) who experience infertility and involuntary childlessness, I hoped that the work that I did would have some influence on the actual experience of the people I researched and others like them. Nearly ten years on I have written several pieces connected to this research, which several people (mostly other academics) have read. Hopefully my ideas have successfully challenged some stereotypes. However, I think that the impact on real world experience is insignificant. In contrast, six years after the first three-month-long project on young parenthood several more projects, and more importantly, a significant number of policy initiatives, have followed. At the end of a project studying the health and well-being of young women antenatally, during birth and postnatally (Letherby *et al.* 2002b) we made several recommendations including:

AWARENESS RAISING - both health professionals and young women need help to challenge the dominant negative discourses of teenage pregnancy. Whilst recognising the importance of making young women aware of their possible current and future reproductive choices support needs to be just that and health professionals need to be careful not to appear judgmental by focusing on prevention.

SPECIALIST SERVICES - our data suggests that targeted services, both ante

and postnatal, organised at appropriate times, in accessible, non-threatening locations and focusing on the particular concerns of young women would be accessed. Some young women need one-to-one as well as group support.

In response to this the Coventry Teenage Pregnancy Partnership Board (TPPB):

- established a Young Parents Forum;
- commissioned the original research team to design and deliver a training pack for health and social care professionals who work with pregnant teenagers and young parents which was produced and presented with the help of young mothers; and
- secured financial and personnel resources for a specialist service aimed at addressing the ante and postnatal needs of pregnant teenagers and young parents (aged 16-24) in Coventry.

Additional impact following the completion of other projects includes improved pre-arranged accommodation for young parents; further support for young fathers and research training for young mothers involved in a project focusing on young parents and lifelong learning. In addition, members of the original research team sit/have sat on sub-committees of the TPPB (taking the opportunity to champion research findings and recommendations) and on the TPPB itself. We have also represented the TPPB at regional and national meetings and events. Thus, in this series of projects we have been able to make some positive impact on the lives of our respondents and others in similar life situations and so to some degree have fulfilled our role as public sociologists. In a Presidential Address to the American Sociological Association Michael Burawoy argued for public sociology thus:

The bulk of public sociology is indeed of an organic kind - sociologists working with a labor movement, neighbourhood associations, communities of faith, immigrant rights groups, human rights organizations....The project of...public

sociologies is to make visible the invisible, to make the private public, to validate these organic connections as part of our sociological life. (2005, 8-9)

Thus, Burawoy asserts that sociologists should act as public intellectuals by finding new ways to be able to comment about the world and new ways to be heard, for example through online publishing and engaging with the media. He also advocates a continued focus on the moral aspect of the knowledge claims that researchers make arguing for work that is both policy focused and accountable within and outside of the academic community. For us our work with and for pregnant teenagers and young parents is rewarding in more than academic terms and yet, our research and development work in this area stands as a challenge to the view that academic research has little meaning for the lives of real people and provides an example of how academics can work with the community. Our ability to influence public policy in this area is of course in large part due to the response to our research from the commissioners of our work who were/are concerned to consider the actual, rather than the stereotypical, experience of young parenthood and to try to find out and respond to what young mothers and fathers felt that they needed to make their and their children's lives better. Thus, the real impetus for change in these projects has been the commissioners of the work and local practitioners working in the area. So this success in comparison to the relative failure to make an impact following my research on infertility and involuntary childlessness is evidence, I think, that social scientists often need allies in the promotion of their research for the good of others (Letherby and Bywaters 2007).

Brief Reflections

Through this brief focus on some experiences of non/motherhood I have highlighted some of the ways in which the

status and experience of mother or other can have un/healthy consequences for women's lives. Although they may seem like very different experiences, infertile and involuntarily childless women who are stigmatised for the lack of children in their lives and pregnant teenagers and young mothers who are stigmatised for having children at an inappropriate time in their lives are at the two ends of the ideological tightrope of ideal motherhood.

As I noted at the beginning of this piece my research interests and writings in the area of non/motherhood are varied. Instead of focusing on infertility and involuntary childlessness and teenage pregnancy and young motherhood I could have drawn on my own research to point out the un/healthy consequences of the caring expectations of non-mothers in the academy (Ramsay and Letherby 2006); the impact of imprisonment on women's possibility to become mothers and on their experience of motherhood (Jewkes and Letherby 2002); the purchase of gametes and children via the Internet (Letherby and Marchbank 2002a) and so on. My central arguments would have been the same:

- that whilst female identity is not homogeneous or unitary - and structured by the status of mother or other as it is by age, ethnicity, sexuality, class, etcetra. - it is important to pay attention to the connections between us as well as the differences, not least in relation to the status and experience of mothers and others;
- that the ideologies of good motherhood affect all women, whether they mother or not, and whilst it is important to support women's experience of healthy motherhood it is also important to challenge the unhealthy aspects of non/motherhood; and,
- that academics who engage in research and reflection on un/healthy non-motherhood should recognise the complexity of both definition and experience and work with research commissioners and practitioners and policy makers to promote healthy living for mothers and others whenever they can.

My own experiences have led me to conclude that pregnancy loss and non-biological motherhood and indeed the many and different ways of experiencing motherhood are often misunderstood and misrepresented. Through my various research projects I have discovered that many others also feel stigma and/or discrimination in relation to their reproductive choices and experiences, individuals whose experiences have been more distressing than mine and whose so-called reproductive and parental failures dominate their lives. However, although it is important to highlight the structural factors that negatively impact on the identities and lives of those who do and do not experience motherhood, it is equally important not to label mothers and others as inevitable victims, passive non-actors without agency. With this in mind I hope that my work demonstrates the experience of non-motherhood in all its complexity. With reference to my experience and now in my fiftieth year I self-define more often as voluntarily childless than as involuntarily childless. I credit this shift in part to the opportunities my academic endeavours have given me for detailed reflection on my own experience and those of similar others, an opportunity that most people do not have.

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