# *"IS THIS WHAT MOTHERHOOD IS ALL ABOUT?" Weaving Experiences and Discourse through Transition to First-Time Motherhood*

*TINA MILLER*
*Oxford Brookes University*

*This article focuses on transition to first-time motherhood and explores the experiences of a group of women as they anticipate, give birth, and engage in early mothering. It illuminates how these women draw on, weave together, and challenge dominant strands of discourse that circumscribe their journeys into motherhood. Using qualitative longitudinal data, prenatal and postnatal episodes of transition are explored. The analysis and juxtaposing of these data reveal the different ways women anticipate and gradually make sense of becoming mothers. While there is a disjuncture between expectations and experiences for these new mothers, this article draws attention to the different ways women discursively position themselves through transition. It reveals how birth experiences can act as a discursive turning point and underscores the obduracy of some strands of dominant discourse. These findings contribute to a subtler and more nuanced understanding of the dynamic interplay between personal experience and gendered discourses.*

***Keywords:*** *transition to motherhood; longitudinal qualitative research; mothering experiences; discourses*

Feminist scholarship has for many years drawn attention to the unrealistic assumptions embedded in gendered discourses that pattern women's lives. This is nowhere more apparent than in relation to reproduction, mothering, and experiences of motherhood. This focus has led to calls "for feminists to pay attention to what is being said about women in general, and mothers in particular" in the discourses that pattern their lives (Wall 2001, 606). Yet while the importance and need for the continuation of such endeavors is acknowledged, this article switches the focus to

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examine what women themselves are saying: how they engage with the powerful discourses that surround mothering expectations and experiences. Using the findings from a qualitative longitudinal study on transition to first-time motherhood, this article will explore the different ways a group of women draw on, weave together, and/or reject aspects of the dominant discourses that configure contemporary constructions of "good mothering" and motherhood. In doing so, it explores how these women appeal to contrasting discourses to predict experience prenatally and how elements of these are reconfigured as personal experiences of doing new mothering unfold. The analysis is framed in relation to the process of transition from prebirth to early mothering experiences. This longitudinal focus and juxtaposing of rich qualitative data illuminate the dynamic relationship between anticipation, experience, and narration. It highlights once again the disjunction between expectations and experiences, but it is important to note that through the longitudinal focus, it reveals the opportunities created by experiences of disjuncture to challenge, and inflect, once accepted "knowledge."

In earlier work focusing on expectations and experiences of motherhood, attention has been drawn to the assumptions made about women's "natural" and "instinctive" caring capacities (Bobel 2002; Hays 1996; Oakley 1979; Rich 1977). It has been argued that such assumptions have neglected the "circumstances, power relations and interests that have made women primarily responsible for mothering" and that lead to beliefs "that women's mothering abilities are somehow natural, essential or inevitable" (Hays 1996, 156). These assumptions and beliefs can be hard for women becoming mothers to resist, and it is the interplay of these circumstances, beliefs, and experiences, over time, that sits at the core of this article. By examining the ways ideas about becoming a mother differ from experiences, and how ideas are (re)shaped across the course of transition to motherhood, this article contributes to feminist literature through a more nuanced understanding of early mothering experiences and agency. These two areas are explored further in the sections that follow: first by addressing the circumstances in which transition to motherhood is experienced, focusing on the discourses that circumscribe motherhood, before then exploring issues of agency and maternal subjectivity in relation to these.

Personal experiences of mothering and motherhood are largely framed in relation to two discernible or "official" discourses: the "medical discourse and natural childbirth discourse" (Cosslett 1994, 4). Both of these tend to focus on the "optimistic stories" of birth and mothering and underpin stereotypes of the "good mother." In addition, a third, "unofficial popular discourse" comprising

"old wives" tales and based on maternal experiences of childbirth has also been noted (Cosslett 1994, 4). These discourses have also been acknowledged in work exploring the experiences of those who apparently do not "conform" to conventional stereotypes of the "good mother" (Baker and Carson 1999; Bobel 2002; Duncan and Edwards 1999; Garcia et al. 1998; Hays 1996). The contrasting, overlapping, and ambiguous strands within these frameworks focus to varying degrees on a woman's biological tie to her child and predisposition to instinctively know and be able to care for her child (unless categorized as a "bad mother" when assumed "natural abilities" or any mothering capacity may be reassessed through legal process). At the same time, the need for medical expert guidance is also a feature of contemporary reproduction and motherhood (Duden 1993; Tew 1998). But constructions of good mothering have not always been so conceived—and in different contexts may exist in parallel to other equally dominant discourses (Elvin-Nowak and Thomsson 2001). Similarly, historical work has shown how what are now taken-for-granted aspects of reproduction and mothering practices result from contemporary "pseudoscientific directives" and "managed constructs" (Duden 1993, 4). These changes have led to a reframing of modern discourses that pattern pregnancy and motherhood leading to an acceptance of the need for greater expert management. In other contexts, for example, Sweden, the "prominent discourse of motherhood" exists in parallel to the dominant discourse of equality (Elvin-Nowak and Thomsson 2001, 409). But while discourses are dynamic and can be challenged and reframed, there remains a tendency for them "to be perceived as 'true'" (Elvin-Nowak and Thomsson 2001, 409).

In the discourses that shape reproduction and motherhood, associations with truth and science powerfully reinforce their dominance and potential "totalising effect" (Cosslett 1994, 6). This may especially be the case in the prenatal phase of transition to first-time motherhood. Here, expectations are unlikely to be informed by personal, subjective experiences of mothering but rather influenced by notions of "nature," "instinct," and experts' knowing best (Oakley 1984). Various authors have challenged this taken-for-granted and "natural base" on which such discourse is premised, revealing the "layers upon layers of socially constructed elaboration and reinforcement of this 'natural base'" (Hays 1996, 13; see also Bobel 2002). Others too have drawn attention to the ways in which "natural" traits, for example, bonding and feeling a sense of responsibility for an unborn fetus, have been "engineered" and incorporated into accepted discourse (Duden 1993). It is little surprise, then, that women continue to come to motherhood with unrealistic expectations, for these unrealistic

expectations are embedded and reinforced through the strands of discourse that in powerful ways shape thinking about motherhood (Bobel 2002; Hays 1996; Oakley 1979; Rich 1977). How then is maternal subjectivity experienced and individual agency exercised in what is for those becoming mothers for the first time uncharted territory?

Contemporary constructions of the "good mother" continue to be shaped by universalistic and essentialist assumptions found in the popular discourses that shape women's lives (Blum and Stracuzzi 2004). This is despite decades of feminist research that has demonstrated diversity in women's experiences of birth, mothering, and associated caring responsibilities (Arendell 2000; Chase and Rogers 2001; Davis-Floyd and Sargent 1997; Hochschild 1989; Miller 2005; Reynolds 2005; Rothman 1994; Ruddick 1989; Taylor 1996). Diverse experiences will of course be shaped in relation to factors such as race and class, which affect women's choices, agency, and patterns of engagement with dominant discourses (Adkins 2002; Collins 1994; Lazarus 1997; Martin 1990). But even while acknowledging diversity, there are some aspects of mothering and caring that appear to be more commonly experienced and shared by women (Hays 1996; Elvin-Nowak and Thomsson 2001). For those becoming mothers for the first time, these include an expectation that their bodies are designed to reproduce, that (until perhaps shown otherwise) they will be able to achieve this (naturally?), and that they will be able to (instinctively?) meet their child's needs. Questions of how far these ideas result from biological determinism or are the product of exposure to common discourses of medicine and culture—or strands of all of these—lie at the heart of continued feminist debate; they also pattern in intricate ways women's narratives of first-time motherhood.

Yet for all the trust placed in ideas of nature, experts, and/or the power of maternal bodies, the birth of a first child and early mothering experiences can change everything. As the data presented will show, engaging in "appropriate" prenatal preparation, for example, clinic and hospital visits and parentcraft classes, does not appear to prepare women very well for the realities of birth and early mothering. Experiences of what they feel as failure do not form part of the "optimistic stories" of good mothering discourses, and ironically, silent voices can leave these unchallenged (Cosslett 1994). The data also enable us to see the ways in which heightened perceptions of "risk" and a corresponding dependence on expert discourses shape the ways women are able to talk about their mothering experiences (Beck-Gernsheim 1996; Davis-Floyd 1992; Lupton 1999; Murphy 1999). In this shifting context, is it harder for women to resist and/or challenge the official discourses? Or

can becoming practiced in the skills of mothering through transition facilitate new ways of more creatively narrating experiences? The longitudinal data presented below are organized around three interview points that uniquely reveal the different discursive practices in which women engage as they journey into first-time motherhood.

In this article, I focus on the experiences of women who apparently conform to the stereotype of the good mother. The women are partnered, heterosexual, and white and mostly self-identify as middle class. Their structural location and access to resources and corresponding choices are greater than those available to many other women. Yet it is because this group of women is so closely identified with dominant discourses of good mothering that their relationship with the discourses is of interest. Are the recognizable discourses harder for this group to resist because they think they should recognize themselves in the stereotypes? After all, isn't this how women like them are supposed to feel and be? What happens when their experiences of new mothering do not match their expectations? The focus on these women is not taken to privilege the accounts of an already more privileged group but rather to explore another strand in the dynamic relationship between discourse and personal experiences of transition to motherhood.

## THE STUDY

The data drawn on in this article were generated from a study that focused on a small group of women living in the United Kingdom and their experiences of transition to first-time motherhood. In the study, I followed 17 white women through a year in their lives in which they became mothers. The iterative research process involved interviewing the women on three separate occasions, followed by an end-of-study postal questionnaire used to collect data on their experiences of participating in the study. Semistructured interview schedules were designed for each of the three interviews. The schedules covered areas around expectations, birth, mothering experiences, information seeking, perceptions of self and others, and work intentions. The first interview was timed to take place prenatally, between seven and eight months, once the pregnancy was well established. The second interview took place between six and eight weeks postnatally, following what in the United Kingdom is a routine six-week postnatal health check with a health professional (usually a general practitioner/physician). The final interview took place between eight and nine months postnatally.

In the first interview, I began by asking the participants to describe how they had felt when they found out they were pregnant. In the second and third interviews, I began by asking participants to describe what had happened since our last meeting. This approach gave the women the opportunity to produce their accounts of anticipating and later experiencing mothering and motherhood in the ways they wished. I accessed the participants using snowballing, which involved asking mothers at my own children's school to act as potential gatekeepers. One result of using my own social networks to initiate access to a sample was that most of the women who finally participated in the study were from backgrounds similar to mine. The sample were all white, heterosexual women, and the mean age of the participants was 30 years at the time of the first prenatal interview. This was slightly older than the national average age for first birth in the United Kingdom but typical of the trend among professional women to delay decisions about reproduction. As noted earlier, in many ways, this sample conforms to stereotypes that are held in wider society about those who are positioned as good mothers. These women were predominately middle class, white, and either married or in partnerships. Yet the data reveal how diverse and complex early mothering experiences were for this apparently homogeneous group.

I carried out each interview in the home of the participant or a location of her choosing. The longitudinal design of the research mirrored the period of transition, giving the data collection period fluidity not achieved in one-off interviews. I renegotiated access before each of the interviews, and before returning to carry these out, I incorporated extracts from the respondent's previous interview into the interview schedule. In this way, I reminded participants of the ways they had previously constructed their accounts. This process also allowed me to explore developing concepts. The longitudinal design of the research enabled relationships and a sense of trust to be fostered over the course of the interview period. It may also have reduced any initial concerns on the part of the women that as a mother myself, "I knew it all" and might be judgmental of what they had to say (for further discussion, see Miller 2005). I tape-recorded all interviews with the participants' permission and at the end of the study returned the tapes to those who wanted them. The tapes were transcribed verbatim. During analysis, the complexity of the narrative enterprise soon became clear as the data revealed the ways in which "individuals react to pressures to conform to dominant social narratives which are available to them" (Andrews 2000, 1).

As I analyzed the data over the course of 49 interviews, the ways in which different, multilayered narratives are produced to serve different

purposes became apparent. Analysis of the data from across the three interview points initially involved examining which strands of particular "official" discourses were discernible in the women's narratives—"medical" and "natural childbirth"/"intensive mothering discourse"—and/or "unofficial popular discourse" and how these were used (Bobel 2002; Cosslett 1994). The next step involved carrying out detailed analysis across the longitudinal interview data, exploring where and how emphasis was given to different aspects of dominant discourses as transition was experienced. The most striking contrast was between the anticipatory narratives collected during the antenatal interviews and data from the final interviews, which were carried out between eight and nine months after the birth. As the women in the study attempted to make sense of their selves as new mothers, they used different strategies to construct what they perceived to be culturally acceptable accounts of new motherhood; eventually, this led to a more authoritative and challenging voice. For all the women, transition to motherhood was different from what they had expected.

## FINDINGS

### Anticipating Motherhood: The Prenatal Interviews

The language of nature and instincts and medical expert discourses are woven to varying degrees and in different ways through the women's prenatal interviews. Although strands from these dominant discourses are found in the women's narratives—for example, the words "nature" and "instincts" are used alongside "trust" and "confidence" in medical expertise—some women adhere more closely to ideas of either nature and instincts or nurture and learning. Even though they are not yet mothers, most of the women position themselves discursively as preparing appropriately and responsibly, already conforming to the ideals of the good mother.

### Leaving It to Nature—Or Not

The following quotations are organized around engagement with different strands of official discourse. In this section, we see the women appeal to different elements of these discourses to position themselves as novice and unknowing and to talk about coping with the birth, bonding, breast-feeding, and future caring responsibilities. They talk of changing "emotions" and "fears" around birth, but many take comfort in the range of pain relief they have been told is available to them, together with a belief in nature.

Helen is 30 years old and a recruitment manager. She has a strong faith in nature and talks in her prenatal interview of "the sort of nesting thing [having] definitely taken over" and marvels at how "mother nature works." She asserts, "I think that our bodies were geared and made in a certain way that we can give birth naturally . . . and I'm a bit disappointed that not more encouragement . . . was given." Helen is disappointed that greater emphasis has not been given to women's natural abilities in the National Health Service prenatal care she has received. Angela too emphasizes nature as a way of reconciling her fears about the birth. Angela is a 30-year-old secretary, and she is quite open about her fears around the birth, particularly "the body coming out of that little hole." She says, "Yes, it scares me, it does, it does scare me. . . . I'm not that courageous . . . but I think once it comes . . . it is natural." Angela consoles herself—"it is natural"—as if "natural" could not also mean painful. Although Angela had attended preparation classes, she is naïve about her own body and the processes involved in childbirth, a common theme running through the prenatal interviews. But like Helen, Angela places her faith in ideas of nature and women's ability to give birth naturally.

At 19 years of age, Sarah, a sandwich maker, is the youngest woman in the study, and she too emphasizes her belief in nature. Interestingly, Sarah openly rejects aspects of prenatal preparation, which others might take for granted as a measure of appropriate preparation, and claims to have "given up on all information" and to be leaving "it to nature." Yet for Sarah, "nature" also encompasses medical expertise: "[Went] to the hospital . . . and there was a midwife there and . . . some guy who deals with genes, and a trainee doctor who just nodded a lot, and somebody else, some other kind of expert . . . as well as the ultrasound person and . . . they were brilliant. The fact is that all of those women and men, they know exactly what they are doing; it's their job." "Leaving it to nature" for Sarah does not actually mean just trusting in her body's natural abilities but rather leaving it to "experts" whose job it is.

Other women framed their prenatal preparation more explicitly in relation to medical expert discourse, although ideas of nature still thread through their narratives. Sheila is a 32-year-old secretary who unusually (among this sample) had experience of "being around" babies and young children in her large, extended family. But while this had led her husband to assume she would "know everything," she admits that she did not and that there were things she "had to learn." In the following quotation, Sheila, who is expecting twins, responds to a question about the birth. Sheila begins by drawing on strands from discourses of nature—"I wanted to try for natural childbirth"—but concludes that she may need medical help:

> I thought right at the beginning when I thought I was having one . . . I wanted to try for natural childbirth. . . . Then when I found out I was having two, I went to a "more than one club" meeting up at the hospital, and they were saying the second baby is more often than not a breech baby and that if it is breech, then they tend to do a caesarean. So if you have an epidural then it's all there. . . . So in my own mind, I was thinking, "Well if that's the case, then I'll probably have an epidural right from the start; then there's no problem with the second baby." I didn't want to risk it. But then when I saw the consultant, [he] said that they don't even worry about the presentation of the second child, if the first child is head down, they're quite happy for you to have a normal delivery. . . . So that's made me think, "Well I would like to see if I can do it." But then obviously . . . I'm not a fool. I know that if I do get in pain, then I'd rather have anything that will help me. I'm not sort of this person who wants to be perfect and do it all properly.

In this quotation, Sheila moves back and forth, weaving different strands of discourse. She begins by talking of her desire to "try for natural childbirth" until a twin pregnancy is confirmed. This raises the potential need for an epidural to assist delivery of the second twin who "is more often than not a breech baby," and "then they tend to do a caesarean." But this information is then countered by the consultant who tells her that "they're quite happy for you to have a normal delivery"; drawing on the discourse of risk and her own fear, Sheila rationalizes that she's not "a fool" and that if she does "get in pain then [she'd] rather have anything that will help [her]." This quotation illuminates many things: the importance of presenting oneself as a responsible mother-to-be, engaging with the powerful discourse of natural childbirth in relation to how to give birth, and then gradually arriving at a position—having demonstrated responsibility by not placing her unborn twins at risk and listening to expert advice—of voicing her own fears about pain and assertion that she is "not a fool" and may need "help." Finally, she asserts that she is not the sort of "person who wants to be perfect and do it all properly"—and yet this is close to how she presented herself initially.

In contrast to other women in the study, who mostly asserted their "appropriate" preparation, Linda talks of her dislike of pregnancy. Linda is a 29-year-old office manager, and she has not enjoyed being pregnant, especially the physical changes that she says are "a shock for anyone." The narrative that she weaves resists some of the central tenets of good mother discourses more openly than others in the study at this stage. For example, she says, "I mean I don't think the whole pregnancy throughout has been very enjoyable. . . . I think it's the fact that something else has

taken over your body, the fact that you have to give up things that are probably not so important, but you still have to change your whole way of life really to carry a child. . . . You give up smoking, you give up drinking, you give up yogurts . . . all the things they tell you to give up . . . and I'm thinking this is not fair you know." However, even though Linda flouts many of the expected conventions of selflessness when talking about her pregnancy, she still locates her experiences in relation to expert discourses—"facts" and "the things they tell you to give up." In comparison to the other women, Linda, even at the prenatal phase of her journey into motherhood, talks in more challenging ways about having "to change [her] whole way of life really to carry a child" and that "this is not fair." But interestingly, toward the end of this interview, Linda appears to censor and discursively reposition herself, saying that she knows "there is going to be a bundle of joy at the end of the day."

Illuminating the variety of ways women make sense of the transition to motherhood, both Linda and Sheila (in the previous quotes) begin and end from different discursive positions. But it is important to note that they still make sense of their changing bodies and impending births in relation to and through dominant discourses (Bobel 2002). There does not seem to be much room here for alternative ways of knowing or presenting oneself—or evidence of women eschewing, as Duden has urged, "the perception of pregnancy that" gives "embodied reality to managed constructs" (1993, 4). It is accepted as real enough in these quotes. For even in describing unwelcome bodily changes in pregnancy, the construct of the selfless pregnant body and women is writ large across the official discourses.

## Preparing Appropriately and "Doing Things Right"

Anticipating the responsibilities of mothering is also a common feature in the women's prenatal narratives. Once again, what we see are women engaging in different and tentative ways with strands of different discourses, and even among this apparently homogeneous group, we find diversity. Helen has earlier spoken of "trying to get things right" and says about mothering,

> Well, I suppose I'm sort of nervous to a certain extent because I think you always sort of question yourself . . . am I capable, can I do it? Can I stimulate the child. . . . Obviously my role as the mum is going to be the most key . . . key role and you know there's a certain amount you can read up about but there's also a certain amount in instinct . . . instincts . . . but I think when the baby comes I'll . . . it will be very natural to me.

In Helen's account, we see her weighing up and interweaving elements of discourses based in culture and instincts. Drawing on strands of intensive mothering discourses, Helen anticipates that mothering will be her "key role" but also expresses concerns about her ability to "stimulate her child." But this doubt is discursively solved by returning to instincts and nature—"but I think when the baby comes . . . it will be very natural to me."

In contrast, Rebecca, a 32-year-old schoolteacher, has previously emphasized the processes of learning and adapting involved in becoming a mother, stating that "you don't suddenly become a good mother." But she goes on, "I am slightly worried that postnatally, you know when you get the baby blues, because of the hormones . . . and there's nothing I can do about it." Interestingly, Rebecca positions herself as a good mother but one who may, paradoxically, have to surrender any agency to the inevitability of "baby blues because of the hormones," once her baby is born.

What becomes clear through analysis of the prenatal interviews is the different ways women position themselves as preparing appropriately to be good mothers. They strive to demonstrate that they are, and will do, mothering "the right way" but through emphasizing different strands of official and unofficial discourses (Cosslett 1994). Even those who appear to resist aspects of official discourse more than others, for example, Sarah giving "up on all information" and Linda openly talking of the unfairness of what pregnancy has demanded of her, eventually return to more comfortable discursive positions in the narratives they weave: musing, for example, on the "bundle of joy" that will be theirs. But for all the women, giving birth was very different from what they had expected.

## Childbirth and Early Mothering Experiences: The Early Postnatal Interviews

Regardless of how the women had presented themselves in relation to the birth prenatally, it is clear in the early postnatal interviews that they had actually expected their bodies to be able to cope with birth, naturally and without medical intervention. In the prenatal narratives, most of the women had hedged their bets and talked the good mother talk, but their unexpected birth experiences leave them feeling let down by what they had thought official discourses had promised. However, they do not yet feel able to challenge the optimistic stories that shaped their prenatal expectations: that only comes later as experience and confidence grow.

## Encounters with Birth

In the following extracts, women talk of their birth experiences. They express their sense of a loss of control and failure in their encounters with this "natural event." The extracts below from Philippa (29 years, a sales manager), Felicity (32 years, a lecturer), and Gillian (33 years, a nurse) illuminate the women's shock at the pain of birth and their bodies' inability to cope.

> I mean I think secretly I sort of thought I'm quite strong. . . . I'm quite fit. . . . I thought I could deal with pain—quite well. But it was just beyond anything that I kind of could deal with really.

> [It was] awful, it was the worst thing that I've ever had to go through. I just felt completely violated. . . . I just can't believe that for somebody who's usually so healthy and doesn't have any tablets . . . that I've had all this medication and medical intervention over what's supposed to be a natural event. . . . I thought I'd give birth naturally, quite easily because everybody said you've got childbearing hips . . . so it's turned out completely wrong for me.

> So then you see they threatened me with forceps [and] I suppose I pushed harder, and out she popped . . . but I thought my birth was going to be easy. I don't know why, I just expected a sort of four-hour labor. I didn't really expect stitches or anything like that. I just thought my body would be very good at that, and it wasn't.

The women's shock is palpable, as is their (earlier, unvoiced) belief that they would be able to cope, as Philippa says, "quite easily" with birth. They draw on personal characteristics and previous experiences: "childbearing hips," dealing "with pain—quite easily," and bodies' being "very good at that" as they try to make sense of their birth experiences. Any sense of individual agency is lost among powerful talk of being "threatened with forceps." Kathryn (32 years, a secretary) and Diana (34 years, a lawyer) unexpectedly require epidurals and talk in the extracts below of having "failed" and of trying to maintain "control" over their birth experiences:

> So he was born at 9:03 on the Saturday. . . . I sort of felt that I'd failed by having to go for an epidural, but I just knew that I couldn't go on. . . . I'd been to all these aqua-natal classes, and everybody said that going swimming helped . . . helped the pregnancy. And I just thought you know, I'm really fit.

> "I just want an epidural," I thought. "I can't cope with this, this is ridiculous, in fact give me a caesarean, just knock me out." . . . I didn't scream in hospital because I was more . . . I felt I had to like try and control myself.

Once again, women make sense of birth experiences in relation to personal attributes and fitness—but also the need to act in "acceptable" and controlled ways during birth.

Linda, who in the prenatal interviews talked more candidly than others, again openly challenges what she sees as the myths that surround the pain of childbirth: "No one can prepare you for that pain. And people who say that you forget the pain, I don't believe them, I really don't believe them." But most of the women are not as challenging as Linda—at this stage. Instead, they talk as though their body is a separate entity, which has let them down, rather than reflecting on what had informed their unrealistic expectations.

In many ways, these descriptions of birthing experiences take us to the heart of the complex web of discourses, myths, and old wives' tales ("childbearing hips") that circumscribe ideas around women's maternal bodies, gender, and discursive displays. For example, what we see here are the ways in which an "internalised sense of gender plays a role in disciplining women and their bodies during childbirth" (Martin 2003, 54). Yet the unexpected, palpable, and uncontrollable elements of pain involved in childbirth—as Firestone (1971) noted many years ago, "childbirth hurts"—appears at the same time to be overwhelming. So, while responses to pain in these narratives are disciplined in accordance with appropriate gendered behavior during birth, the sensation of pain appears real enough. Yet discourses around reproduction are curiously silent on the matter of pain, which is perhaps why some of the women look to their bodies as having let them down (Duden 1993). During the data collection, I too found myself colluding in this silence and was challenged by one participant—Felicity—for not having spoken honestly about pain in childbirth: "To be honest, even you didn't tell me."

## Doing Early Mothering

For the women, nature turns out not to have been "a force to be trusted" during birth, and this sets the scene for the early weeks of mothering as the practical skills of nurturing must be learned (Bobel 2002, 11). The mothers now appear unsure of which strands of discourse to draw on—where and how to locate their experiences—as they engage in early mothering. For most of the women, an overriding feature of their narratives involves trying to present as a coping mother, even though they may not feel like one. Only two of the women—Peggy (29 years, a teacher) and Faye (31 years, a civil servant)—talk of mothering coming "naturally" to them. Most of the women did not experience new mothering as natural, or

instinctive, in spite of prenatal hopes and beliefs. While the women had ideas about what mothers did—as demonstrated in their prenatal accounts—any innate mothering knowledge appears to be absent.

In contrast to Peggy and Faye, other women like Diana, quoted below, find their early mothering confusing: "It was like you know, I should know you [the baby]; I should understand exactly what you want; why don't I? . . . Is there something missing here? . . . I just didn't really understand what was wrong with me. I didn't understand what she wanted. I'm thinking as a mother I should know is she hungry, wet, bored, what is it? . . . You think other people will look at you and think you don't know your baby, there's something wrong with you. . . . It didn't come naturally." Diana is familiar with the strands that run through discourses of intensive and good mothering. But like most of the other women, her experiences do not appear to fit with these, and she looks to herself as a means of explanation, of having "something missing"—such is the power of the discourses that shape expectations. Abigail, a 29-year-old computer programmer, also talks of confusion and asserts that while she is "doing all the practical things of a mother," "[it] hasn't actually sunk in, it's like I'm living this part in a play and in fact I'm going through all of the motions, but is it actually reality, and is this what motherhood is all about?"

The new mothers find ways of talking about their experiences that demonstrate knowledge of a sense of responsibility for their child; these are not irresponsible women. But their sense of confusion is palpable as their prenatal expectations do not match the reality they find themselves in. Regardless of the ways in which women narrate their experiences of this period—and explanations range from the biological "hormones all over the place" to more pragmatic "not being around babies"—this early period importantly enables us to see the dynamic processes of transition at work. For it is here, where for the first time, individual, everyday mothering experiences come up against the tenets of dominant discourses, and confusion results. Yet this period of confusion can work as a catalyst, prompting the women to begin questioning the "optimistic" good mother stories that do not fit with their own experiences. But challenging the more obdurate strands of these discourses is only more fully realized as mothering experiences grow and confidence builds.

Through the early weeks and months of transition, the women gradually become more practiced at recognizing and meeting their child's needs. This development is linked to a growing confidence in their own mothering skills. But for many of the women in the study, this was a slow and lonely process. As Clare, a 29-year-old schoolteacher, says, "I'm getting there, I'm still getting there. . . . I was quite sort of lonely to start with

when he wasn't doing much, and I didn't really feel confident enough to go out." For others, transition is an even more gradual process, and they remain concerned about their connection to their babies. Several women spoke of the risk that others would think they had "stolen" or "borrowed" their baby because of "incompetent" mothering performances: "You've pinched that child. . . . You don't look like you can cope with him" (Felicity). For some, including Kathryn, this was linked to their perceptions of "bonding"—a dominant strand in natural mothering discourse. Kathryn says, "I worry about it the whole time. . . . I worry whether I'm a good mother, whether . . . I've got the right responses, whether I'm bonding enough with him." Once again, everyday experiences are at odds with ideas of bonding and instinctive responses. Yet this underscores the more obdurate strands that run through dominant discourses and are harder to challenge in the contemporary "moral space of mothering" (Ribbens 1998). However, a significant change in the tenor of all the women's accounts is apparent in the final interviews approximately nine months after the birth.

## Dynamic Relations and Opportunities: Mothering Experiences and Discourse

Nine months after birth, a greater sense of confidence and trust in their own mothering abilities is discernible in the women's narratives. Also discernible are different patterns of engagement with strands of official and unofficial discourses; somewhere along the line, there is a greater blurring of distinctions and ideas about how mothering should be done. Indeed, is it that the space created by the expected practices of intensive mothering actually facilitates the development of such a relationship and in so doing brings together elements of both nurture and nature? Certainly experience, confidence, and the passage of time—which may involve returning to work and sharing child care—alter the ways women discursively position themselves as mothers. Now we see greater emphasis given to prioritizing their own ways of knowing, but this may still be felt to be a risky endeavor.

## Challenging Discourses

For many, the journey into first-time motherhood has involved a steep, lonely—and bumpy—learning curve for which, in retrospect, they felt ill prepared. As Linda says, "but then I don't think anybody could actually honestly say this is how I am actually going to cope with it [becoming a mother] until it actually happens, until the baby's . . . you know in your arms . . . because I never knew that being a mother would completely

change my life. . . . No one trains you . . . no one can be a perfect, perfect mother, but I try and do my best." Linda's account weaves together both challenging and confirming strands from across different discourses, for we have to locate our experiences somewhere (Bobel 2002). While Linda feels ill prepared for coping with mothering and challenges ideas of the "perfect, perfect mother" she still asserts that she tries to "do my best." On reflection, and following an unplanned caesarean birth, Helen too feels she was ill prepared for motherhood. In her previous interviews, Helen had emphasized her belief in nature and instincts and continued to draw on what she thought to be more acceptable strands of mothering. Now she feels able to voice her experiences more candidly and says,

> The emotions were so intense, I think in every way, that my life just turned upside down. . . . I was . . . quite bewildered you know, but then sort of like the physical enormity of the responsibility really comes home and hits you . . . and I can honestly say now that for the first four months—not saying it was an anticlimax—I went through very big ups and downs that I was probably bordering on a bit postnatal [depression] and obviously not knowing her [the baby] and feeling very nervous and every time that she made a noise I would . . . I was very jumpy, but its literally as time has gone on and she's got to know me and I've got to know her, we have got a relationship that is now very much in tune and very enjoyable.

Helen's account of early mothering will be recognizable to many women, but Helen still feels that she must assert that the palpably difficult early experiences were not "an anticlimax." But the process of transition is emphasized in Helen's narrative: she and her baby have gotten to know each other; they have, over time, developed a relationship; and Helen, like the other women in the study, has become practiced and skilled in identifying and meeting her child's needs. These dynamic circumstances enable Helen to make sense of her experiences and more confidently narrate them in ways less tightly bound up with strands of official discourses. However, some things still remain only tentatively voiced. For example, Helen talks of "bordering on a bit postnatal" and alludes to depression, but there is risk in admitting this—it does not fit with the "optimistic stories" associated with mothering (Cosslett 1994). But like Linda earlier, Helen has become more practiced and authoritative in relation to mothering her own child.

A sense of growing confidence in her mothering abilities and that she is "doing the right thing" is also articulated by Philippa: "I haven't been [to the baby clinic]. . . . I mean I just don't have any worries about her really; I know that I'm doing the right thing in terms of feeding. I'm not

worried about her developmentally. . . . She's obviously gaining weight, she's obviously healthy and happy. . . . I mean its partly confidence and its also kind of easier. She seems like a more kind of robust being rather than this kind of fragile little thing." But Philippa's assertion that she does not "have any worries" about her daughter is also related to the child care arrangements she has put in place having returned to work: "So, I'm quite happy about doing the right thing. And also because she goes to the nursery as well, this sounds really awful, but I sort of think there are more people involved, it's not just me anymore." Clearly, for Philippa, the sharing of some aspects of her child's care reduces the individual responsibility that she had felt. But even though this arrangement clearly works well for her, Philippa is concerned that her sense of relief at not being solely responsible will "sound really awful." Admitting that you enjoy sharing your child's care and, by implication, being away from him or her, is not a recognizable strand in intensive mothering discourse. Abigail too recognizes a disparity between her feelings on returning to work and how she thinks others might expect her to feel. Abigail works full-time, and her son has a place in the crèche provided by her husband's employers. She says, "I like being at work for myself. I like the money . . . and for us to be comfortably off again. But I feel guilty because I don't feel guilty." This quote shows just how pervasive discourses around mothering are. Abigail is both strident in discussing work and the monetary benefits her family enjoy, being "comfortably off again," and equally strident about feeling guilty because she does not feel guilty. There is then no escaping the discourses that circumscribe mothering. However we feel and act—and by the nine-month interviews, there are no longer the same concerns with having the right responses as a new mother—we are still continually brought back to locating our experiences in the context of good mother discourses even when we want to challenge and reject them.

## A Growing Relationship

Returning to work—and the new caring arrangements this can entail—represents another milestone through transition to motherhood, and all but two of the women in this study returned to work. But the most dominant thread running through the late postnatal accounts was of the developing relationship mothers had come to have with their children. As Diana said, "it just seemed to get better and sort of gels, and you understand them, and they get a bit more responsive to you. I do enjoy my relationship with her. It is lovely. Hard work, but it is so much nicer. . . . I feel I've bonded [with] her." Sheila also talks of her growing relationship with her twin sons. She

points to nine months as being a turning point: "I think that maybe up to nine months . . . I'm feeling a lot easier now. . . . We're getting there." In the following quotes, Sheila asserts her knowledge of her own children and demonstrates greater confidence as she talks of her changing relationship with the health visitor.[1] Sheila says, "but she [health visitor] has got some weird ideas, and she has worried me [about their development]. . . . I thought, 'Blow this, well they'll just do it in their own time. . . . I just don't care anymore. . . . I know they are perfectly happy, healthy children.' And that's what I've come to realize." Sheila is not a negligent, uncaring mother, and her thriving twin sons who babble through the interview are testament to this. But Sheila—like the other mothers in the study—has come to trust in her own knowledge of her children and is able to resist aspects of child development/good mother discourses and instead draw on her own mothering experiences. Experience enables Sheila to position herself in different ways discursively: She has become the (relative) authority on her children. Nine months after the birth, all the women in the study have come to be the (relative) expert on their child and their understandings of "doing the right thing" have changed. But journeys into motherhood have been varied. For these women, the passage of time, first-hand mothering experience, and importantly, the space and dynamic created between the two, have facilitated new ways of weaving together discourse and experience. In making sense of their transition to motherhood, the women are able now to challenge, rather than try to conform to, stereotypes of the good mother.

## CONCLUSION

This article has explored how a group of women becoming mothers for the first time engage with the powerful discourses that surround mothering expectations and experiences. It has focused on a group of women who conform in many ways to the stereotypes on which good mother discourses are premised and found that their ideas and experiences are diverse and nonstereotypical. Previous research has pointed to the disjunction between expectations and mothering experiences. However, the longitudinal focus taken here contributes a more subtle and nuanced understanding of the different ways women discursively position themselves through transition: how they draw on, engage with, and interweave strands of the powerful discourses that circumscribe motherhood. This longitudinal focus also reveals how birth experiences can act as a discursive turning point. For regardless of whether the women had emphasized

nature and instincts and/or medical expertise in their prenatal narratives, all the births were different from what they had expected. Striking in these women's accounts were the unexpected experiences of pain in childbirth where ideas of natural and nature seem to have become confused with painless. Birth experiences then challenged the "superiority of nature" and women's trust in it and set the scene for uncertain and confusing early days/weeks/months of new mothering (Bobel 2002). Yet initial confusion eventually provides the catalyst for the women to engage in more discursively challenging and creative ways with dominant discourses.

During the early months of mothering, the women coped in different ways and gradually became more practiced and confident in their mothering. Paradoxically, it may be that the expectations, and for some women the opportunities of time and space reinforced by and through the discourse and expectations of intensive mothering, actually create the conditions in which women gradually develop a caring relationship with their babies. It is important that this is not about a natural and instinctive bond in any essentialist sense but a relationship that is built up over time and through practice. As Helen said when describing her relationship with her daughter, "as time has gone on and she's got to know me and I've got to know her, we have got a relationship that is now very much in tune." Through the longitudinal focus, "the perplexities and complexities that are ironed out in official stories" have been illuminated and revealed (Cosslett 1994, 7). The data also show that women get there in the end: over time, they (usually) come to be the authority on meeting their child's needs and learn through practice the skills of mothering. But new challenges will always be just around the corner as the lifelong relationship of mothering unfolds.

Through transition to first-time motherhood, the dynamic and changing relationship between individual agency, maternal subjectivity, and dominant discourses creates opportunities for challenging and fragmenting the optimistic stories of official discourses. But obdurate and enduring strands remain. For example, the data reveal that irrespective of whether women draw on discourse embedded in nature and instincts and/or nurture and culture, strands of these dominant discourses continue to be closely associated with notions of truth and power. So challenges are still voiced alongside individual assertions of appropriate caring: "But I try and do my best." There are limits then in the extent to which challenges can inflect discourse especially around first-time mothering as particular strands appear impervious. Indeed, heightened perceptions of risk and associated ideas of maternal responsibility are now more pronounced and morally and legally circumscribed, shaping in new ways the context in which

motherhood is experienced. Have such developments inevitably led to a greater proliferation and dependence on official, expert discourse? Certainly initially, it seems hard for women to make sense of their own feeling voice above that of the moral obligations that script journeys into new motherhood (Ribbens 1998). Even though—or perhaps because—more information, expert advice, monitoring, and assessment are available than at any time previously, discourses around birth and early motherhood have become more narrowly defined, and yet the demands are greater. Optimistically, the dynamic process that mothering encompasses also enables individual discursive challenges to be made as women grow more confident in their mothering. But any attempt to further fragment and inflect the obdurate strands of powerful good mother discourses will require that collective voices be heard.

## NOTE

1. Under the National Health Service in the United Kingdom, families are assigned a health visitor following the birth of a child. The professionally qualified health visitor has a generic responsibility for health education and the preventive care of families. In the postnatal period, the health visitor usually visits mothers in the home and provides guidance on feeding, immunizations, and so forth. Home visits to mothers may be targeted according to perceived need by the health visitor.

## REFERENCES

Adkins, Lisa. 2002. *Revisions: Gender and sexuality in late modernity*. Buckingham, UK: Open University Press.

Andrews, M. 2000. Introduction. In *Lines of narrative,* edited by M. Andrews, S. D. Sclater, C. Squire, and A. Teacher. London: Routledge.

Arendell, T. 2000. Conceiving and investigating motherhood: The decade's scholarship. *Journal of Marriage and the Family* 62:1192-1207.

Baker, P. L., and A. Carson. 1999. "I take care of my kids": Mothering practices of substance-abusing women. *Gender & Society* 13:347-63.

Beck-Gernsheim, Elizabeth. 1996. Risk and the self: Encounters and responses. In *Risk, environment and modernity,* edited by S. Lash, B. Szerszynski, and B. Wynne. London: Sage.

Blum, L. M., and N. F. Stracuzzi. 2004. Gender in the Prozac nation: Popular discourse and productive femininity. *Gender & Society* 18:269-86.

Bobel, Chris. 2002. *The paradox of natural mothering.* Philadelphia: Temple University Press.

Chase, S. E., and M. F. Rogers. 2001. *Mothers and children: Feminist analyses and personal narratives.* New Brunswick, NJ: Rutgers University Press.
Collins, Patricia Hill. 1994. Shifting the centre: Race, class and feminist theorising about motherhood. In *Mothering, ideology, experience and agency,* edited by E. N. Glenn, E. Chang, and L. R. Forcey. London: Routledge.
Cosslett, Tess. 1994. *Women and writing childbirth.* Manchester, UK: Manchester University Press.
Davis-Floyd, Robbie E. 1992. *Birth as an American rite of passage.* Berkeley: University of California Press.
Davis-Floyd, Robbie E., and Carol Sargent. 1997. *Childbirth and authoritative knowledge: Cross-cultural perspectives.* Berkeley: University of California Press.
Duden, Barbara. 1993. *Disembodying women: Perspectives on pregnancy and the unborn.* Cambridge, MA: Harvard University Press.
Duncan, Simon, and Rosalind Edwards. 1999. *Lone mothers, paid work and gendered moral rationalities.* Basingstoke, UK: Macmillan.
Elvin-Nowak, Y., and H. Thomsson. 2001. Motherhood as idea and practice: A discursive understanding of employed mothers in Sweden. *Gender & Society* 15:407-28.
Firestone, Shulasmith. 1971. *The dialectic of sex.* London: Jonathan Cape.
Garcia Coll, C., J. L. Surrey, and K. Weingarten. 1998. *Mothering against the odds: Diverse voices of contemporary mothers.* New York: Guilford.
Hays, Sharon. 1996. *The cultural contradictions of motherhood.* New Haven, CT: Yale University Press.
Hochschild, Arlie. 1989. *The second shift*. New York: Avon Books.
Lazarus, E. 1997. What do women want? Issues of choice, control, and class in American pregnancy and childbirth. In *Childbirth and authoritative knowledge: Cross-cultural perspectives,* edited by R. Davis-Floyd and C. Sargent. Berkeley: University of California Press.
Lupton, Deborah. 1999. *Risk*. London: Routledge.
Martin, E. 1990. Science and women's bodies: Forms of anthropological knowledge. In *Body/politics: Women and the discourse of science*, edited by M. Jacobus, E. Fox Keller, and S. Shuttleworth. London: Routledge.
Martin, K. A. 2003. Giving birth like a girl. *Gender & Society* 17:54-72.
Miller, Tina. 2005. *Making sense of motherhood: A narrative approach*. Cambridge, UK: Cambridge University Press.
Murphy, E. 1999. "Breast is best": Infant feeding decisions and maternal deviance. *Sociology of Health and Illness* 21 (2): 187.
Oakley, Ann. 1979. *Becoming a mother.* Oxford, UK: Martin Robertson.
———. 1984. Doctor knows best. In *Health & disease: A reader,* edited by N. Black, N. Boswell, A. Gray, S. Murphy, and J. Popay. Buckingham, UK: Open University Press,
Reynolds, Tracey. 2005. *Caribbean mothers: Identity and experience in the UK.* London: Tufnell Press.

Ribbens, Jane. 1998. Hearing my feeling voice? An autobiographical discussion of motherhood. In *Feminist dilemmas in qualitative research,* edited by R. Edwards and J. Ribbens. London: Sage.

Rich, Adrienne. 1977. *Of woman born.* London: Virago.

Rothman, Barbara Katz. 1994. Beyond mothers and fathers: Ideology in a patriarchal society. In *Mothering, ideology, experience and agency,* edited by E. N. Glenn, E. Chang, and L. R. Forcey. London: Routledge.

Ruddick, Sarah. 1989. *Maternal thinking: Towards a politics of peace.* Boston: Beacon.

Taylor, Verta. 1996. *Rock-a-by-baby: Feminism, self-help and postpartum depression*. New York: Routledge.

Tew, Majorie. 1998. *Safer childbirth: A critical history of maternity care.* 2d ed. London: Chapman Hall.

Wall, Glenda. 2001. Moral constructions of motherhood in breastfeeding discourse. *Gender & Society* 15:592-610.

*Tina Miller is a senior lecturer in sociology at Oxford Brookes University, Oxford, United Kingdom. Her research and teaching interests include gender, motherhood and identities, fatherhood and masculinities, and narrative and qualitative research methods, and she has published in these areas. Currently she is researching men's experiences of transition to first-time fatherhood.*