Final Report.

Background

This project is situated in an emerging tradition of psycho-social research, originating theoretically in the need to transcend a series of dualisms in social science (especially individual-social, also agency-structure, mind-body, psychology-sociology, nature-culture) and methodologically, in the consequent need to develop qualitative methods affording scientific representations of identities that contain agency, depth, complexity and dynamism. The aim was to broaden the reach of qualitative research to provide insights into multilayered social identities (based on cultural, ethnic, class and religion-based differences) and how these intersect with new identities as mothers. Regarding implications for policy and practice, the research was situated in Tower Hamlets, where the sample of 19 women was recruited during their pregnancies, because of the borough’s ethnic and class diversity and its concentration of families and under-fives policy initiatives such as Surestart. The location provided a focus on professionals’ understandings and practices in supporting the needs of new mothers in a fast-changing and culturally diverse locality, in the context of government reorganisation of family services.

The overarching question was ‘how do women make the transition into their identities as first-time mothers, embedded as they are, both biographically and in their current lives and relationships, in a series of other identities, such as ethnic group membership, ‘race’, age, daughter, sister and wife, and class location?’.

Our focus on experience opens up a psycho-social terrain for identity research. Informed by phenomenological, relational psycho-analytic, and Bourdiesuan paradigms, we operationalised the concept of identity to include embodied and taken-for granted, identificatory and biographical, relational and practical dynamic processes.

Objectives

1. contribute to theoretical understandings of women’s identities during the transition into motherhood.
2. examine empirically the co-articulation between motherhood and ethnicised, racialised, age-related, kin-related, class and socio-economic status-based, national and gendered identities in first-time mothers.
3. develop innovative qualitative methods appropriate to psycho-social identities research.
4. contribute to community-based professionals’ understandings of first-time mothers from diverse ethnic and cultural backgrounds.
5. contribute to the programme psycho-social concepts and methods useful to the theorisation of identification in social science identities research.

Methods

A psycho-social method for understanding identity requires going beyond the talk that reproduces hegemonic discourses, in this case about mothering.
Since their ‘identity’ is not transparent to the person undergoing the transition, methods must be capable of dealing with what lies hidden. They aim to allow the expression of multiplicity, complexity and contradiction: what can and cannot be verbally expressed in an interview; how people behave in different relationships; the effects of what happened in the past as well as what is happening in the present; what living an identity is actually like as well as participants’ ideals; what aspects of identities are embodied and/or emotional (both harmonious and conflictual) as well as intended. In short how to make available to empirical research, things that range from the unsaid to the unsayable. Psychoanalytic ontology and epistemology helped follow through the implications of this into our research practice and relationships.

Sample and recruitment

19 women (plus one pilot) were recruited via midwives, Surestart programmes, GP practices and antenatal classes in Tower Hamlets. Ethical approval was obtained from the East London and City Ethics Committee, Barts and the London Trust and the Open University. The initial division into three distinct ethnic groups (Bangladeshi, white and African Caribbean) was modified to one that better reflected the diversity and changing class patterns of the borough (while limiting our sample to English-speaking participants). Hence our sample consisted of 9 Bangladeshi women, 7 White (including one from continental Europe and one South Africa), 2 African-Caribbean and 1 West African. Three interviews were conducted with each participant (one during the third trimester or as soon after the birth as possible, one 4 to 6 months after and the last approx 12 months after the birth. These were recorded (except in one case where permission was not granted and detailed notes were made) and transcribed in ordinary speech fashion (participants were offered a copy). Six of the interviewees were also recruited to the observation sample (2 Bangladeshi, 2 White, 1 African, 1 African-Caribbean) and visited up to once per week for one year after the birth by Tavistock-trained infant observers.

Methods

In order to access different levels of consciousness about identity, namely those aspects accessible through discourses and those residing in unthought modes – unconscious, preconscious and embodied, we used an evolving form of the Free Association Narrative Interview (Hollway and Jefferson 2000), which can elicit from participants free associations alongside more consciously crafted accounts. Also a modified form of observation based closely on Infant Observation, which is systematically informed by psychoanalysis (Rustin 2002). At an epistemological level, the combination of methods enabled us to inquire into the relationship between the lived life and the told story, between taken-for-granted identity investments and self-conscious, articulable experience.

Psychoanalytic epistemology also provided a model for noticing and thinking about the impact of the participants’ changing identities on the researchers (transference) and of the researcher on participants (countertransference), leading to reflexive field notes that use the researcher’s subjectivity as an
instrument of knowing (Elliott, 2005; Hollway 2008 in press). Reflexive field notes provided a vehicle for interviewers to reflect on our subjective responses, what this meant about the participant and our own insights and blind spots. They enabled us to learn more about that relationship, the identity differences that are suggested and how these necessarily affect the talk and behaviour produced as data.

We adapted the ‘infant observation’ method (developed over 50 years at the Tavistock clinic for training psychotherapists and health and social care practitioners) in two ways: from a training method to a research method and from observing babies to observing mothers (both in the mother-baby couple). The relation of mother and baby was therefore a primary object of study (as opposed to the idea of the mother as a separate individual). However, we accessed many other family members when they were caring for the babies. The research design remained faithful to the original method: a weekly visit at a set time, a friendly but non-participatory presence, no mechanical recording devices but writing up detailed notes after each session. As in the traditional method, these notes formed the basis of the observation seminar, whose purpose was to help the observer and the group to process their experiences. Different responses among the seminar group helped enlarge thinking. Dr Cathy Urwin, from the Tavistock clinic, led the observations, recruiting the observers and leading the once-weekly seminar, attended also by the interviewers, Elliott, Hollway and Phoenix (Urwin 2007).

Data analysis
Analysis of interview and observation data was kept separate until a late stage to facilitate an uncontaminated comparison of methods’ differences and similarities in affording access to different layers of identity and the processes of identity transition (Hollway 2007). Consistent with the principles of biographical uniqueness and the meaning of extracted data being inseparable from the whole case, analysis included a pen portrait of each interview-based case and a year-long tracking of each observation case in the seminar group culminating in six published case studies (see Urwin 2007 ed). Each pen portrait was accompanied by reflections on the positioning of the interviewer in the interview relationship, based on field notes. A series of data analytic workshops was held using different formats (the core team of three and the extended group including consultants Cathy Urwin and Yasmin Gunaratnam; collaboration with the ‘Making of Modern Motherhoods’ team; wider groupings of related researchers, including advisory board members. Like the observation seminars, these workshops used the different affective and interpretative responses of group members to triangulate on how the data were interpreted.

Results (organised according to the four research questions in the initial proposal).

How do women negotiate the transition into their identities as mothers for the first time?

Our psycho-social methods and theoretical approach, coupled with our focus on identity transition, afforded a conception of identity in its dynamic,
conflictual, biographical, relational, practical and situated manifestations. These illuminate key identity processes that, analysed in detail, provide an account that brings together psychological and social, internal and external features in the recursive making of identity. This dynamic, situated multiplicity came together in the experience of becoming a mother as a profound psychological upheaval (‘I feel topsy turvy’). ‘Ordinary internal conflict’ (Hollway 2009b) refers to everyday dynamics (intensified in the extreme case of the early changes involved in becoming a mother) based on conflict. For first-time mothers these came to a head in the common conflict between ‘time for myself’ and ‘putting the baby first’.

The relational turn in psychology, psychoanalysis and other social sciences is based on the claim that the autonomous individual premise neglects the radical, often unconscious, intersubjectivity that characterises identity. However, this construction ignores the impact of individuals’ bodily sensations, demarcated by skin as an ego boundary (Anzieu 1985) in the experience of self identity. Hollway (2006) argued for a model of identity based on ongoing ordinary conflict between individuality and intersubjectivity; a theoretical model supported and refined by these data. The first interviews (focusing on the pregnancy or on the birth, depending on the interview timing) afforded detailed insights into the radical changes in a woman’s embodied individuality during the gradual becoming of another life within her own body, its physical separation at birth, and the intersubjectivity and ‘primary maternal preoccupation’ (Winnicott 1956) of the early postnatal weeks. In the second interviews, emphasis shifted to the two-way processes of psychological separation as participants managed weaning. In the final interviews, babies were mobile, routinely cared for by others and mothers felt freer to be in employment; all expressions of separation processes that are universal to the extent that they are based on children’s development, but culturally specific as inflected by the diversity of mothers’ situated practices and their wider circles of support. The first year of motherhood therefore served as an amplified example of conflictual identity dynamics and identity transition centring on the dual processes of individuality and intersubjectivity that are arguably a part of all identity processes (Hollway 2006).

The mother-child relation, while psychologically central, is one of a network of relationships in which a woman’s position changes on becoming a mother. We found ample evidence of the changed configuration of her family of origin as the daughter becomes a mother, the husband or partner – if there is one - becomes a father and her parents and in-laws become (if they are not already) grandparents. Siblings become aunts and uncles, nephews and nieces accommodate another in their generation. These structural changes are enacted through changing family practices, the specificity of which varies with settings - whether family of origin is local or absent (Elliott, 2008b), whether the new mother lives on her own, with partner/husband, with family of origin or in-laws – and with emotional ties - loved, depended upon, avoided, ill or healthy, supportive or not.

Data which are at one level emphatically dyadic (mother-baby), afford many instances of ‘thirdness’, that is the triangulation (or beyond into bigger groups)
of the mother-baby pair by other adults (perhaps the baby’s father, often someone within the extended family, friends, potentially professionals such as health visitors and -during the research encounter - the observer or interviewer (Urwin, 2007, ed; Elliott; 2007). As psycho-social inquiry rises to the challenge to go beyond dyadic presumptions of relational accounts of identities, contemporary debates around the notion of ‘thirdness’ (for example Psychoanalytic Quarterly 2004, special issue) help to broaden and reconceptualise questions about the role of fathers and fathering in the wellbeing of young families (Trowell and Etchegoyen 2002).

The availability of various third persons not only affects the support and containment provided but also new mothers’ practices. We have documented, in a single case study (Elliott, Gunaratnam, Hollway & Phoenix 2009) the impact of new practices, their routinisation and embodiment, on new mothers’ emerging identities. The unavoidable demand for new practices crystallised when our sample mothers, all of whom delivered in hospital, returned home and felt ultimately responsible for the welfare of the vulnerable new lives of their babies (homecoming was described by one Bangladeshi mother, despite the support of an extended family at home, as ‘quite nerve wracking… coming home I was like “oh my God, would I be able to cope?”’).

The influence of setting goes beyond the family to accommodation, milieu and service provision. Tower Hamlets was variously regarded as home (‘born and brought up here’); where they felt safe (when Muslims felt targeted as terrorist sympathisers); a place to get away from, an area rich in cultural resources or a temporary location, convenient for work but not the place to bring up their children. These meanings had to do with class-related mobility aspirations (often expressed as where they felt it desirable for their children to grow up and be educated), religious affiliations or family ties. All these dimensions can be understood as sources of identification that furnish identity.

Tower Hamlets was where all the women gave birth (often with complications) and where all the women lived. Only two women were owner occupiers. Many women lived with families of origin or in-laws after giving birth, in accommodation that was usually overcrowded. A smaller number had access to studio or one-bedroom accommodation from the council. Two rented privately. The locality was variously used for GPs, hospital admission, library, venues for meeting friends, walking in the park, baby massage, gym, shopping, Surestart, mother and baby group and religious worship. Extended family visits, very often also local, were a common reason for going out, especially visits to parents’ home that in some instances functioned as second home to be used at any time (as respite from time alone with baby).

How do ethnic, racialised, cultural, religious, age-related, social class and gender intersect with motherhood identities?

The diversity within our sample afforded multiple intersections of the above social identity categories. While the sample was not of the numerical size to afford standard comparative analysis across sample subgroups, it was clear that similarities and differences in relation to ethnicity, class, age, partner status, educational status and prior occupation influenced women’s
biographies, meanings and experiences of becoming mothers. However, we found that to group the sample according to such criteria flattened out the differences within each group (for example the difference in working life experience of an 18 and a 24-year old within the white working-class group or the difference in religious observance in the middle-class group of Bengali heritage) and exaggerated the differences between groups (for example a young white English, working class mother and an older Bangladeshi mother, degree qualified - were very similar in their commitment to being stay-at-home mothers). So, although it would be possible to describe clusters, some of which broadly correspond to culturally familiar categories such as young single mothers, and stay-at-home mothers/wives, the uniqueness of the arrangements established by each mother coupled with their particular biographies cautioned against this organisation of our data analysis. Further, mothers experienced these categories as reductive. For example, one 17 year old mother stressed her determination to stay at college, despite expectations that, as a ‘young’ mother she would leave after the baby was born: ‘some other people… get pregnant at my age and they think oh, whatever, and they forget college and everything but no, not me…..yeah quite determined to do my education.’

Nonetheless, the correlation between age and class (all the working-class mothers were under 25 and the middle-class mothers older) pointed to influential differences regarding maternity leave and financial, accommodation and, to some extent, partner statuses. A further notable dimension of difference was between those of Bengali heritage (n=9) and the rest of the sample. This difference was largely based on the strong cultural sanctioning of marriage, coupled with extended family living arrangements in the Bengali community, although the latter did not apply to all mothers in this group and applied to some working class white and African Caribbean mothers. Religious observance was strong in this group (also for three others) and contributed to the experience of being valued in a maternal role. (‘There’s a lot of encouragement within Islam (…). I think it’s lovely to (…) feel like, yeah, (…) I’m doing a really important job.’)

The responsibility of having a child motivated some young mothers to study and become qualified and they wanted to have careers: ‘I suppose I’ve got a little bit more wiser when it comes to money, it’s made me realise what I wanna do in life (…) like get a career it’s made me think of that (Interviewer: and what do you hope for him?) I want a lot for him that’s why I wanna try and get a good job’. For those who had not embarked on careers before having their babies the obstacles to this were considerable - surrounding expectations of what kind of paid work they might find were low after they became mothers. This points to a potential receptivity to careers guidance among this group (Elliott and Sharpe, 2003).

In all but five cases (where families did not live locally) the family as a childcare resource was important, but not uncomplicated. In most Bengali and white working class families, there were many sources of childcare but in some cases reciprocity was expected and often onerous. For example (quoting interview notes), On returning to work after one year and leaving her son in the care of her mother-in-law, in the house in which he had lived since
his birth, Rabia, who lived with her in-laws since marriage and worked as a
graduate administrator, described how she used all her available spare time
doing batch cooking and keeping up with the cleaning and ironing. After two
weeks back at work (returning at lunchtime to feed him), she felt exhausted
and depressed and so instituted a new routine of keeping the weekends free,
but this still meant rising early and working late in order to carry out all the
duties that she continued to fulfil for the wider household, including her
husband. Her baby was more irritable when she returned, would no longer
leave her when she was at home, didn’t like her leaving in the mornings and
only slept at night if breastfed. She longed to have time to go to the gym and
to lunch with her friends.

Where there were many women members of the family living in the same
household, a mother’s challenge was sometimes about how to be special to,
and in charge of, their babies since there were so many willing substitute
carers (Woograsingh 2007).

For a West African woman whose family (and husband’s family) were back
home, the absence of family support was acutely felt: ‘You know one thing
about this country, you have to manage everything by yourself. Nobody will
help you to do this (…) It’s up to you and your baby and your husband.’

In the families of younger mothers (white and black working-class), their
mothers (and fathers) were in employment and often still bringing up their own
school-aged children. Requests for childcare had to be carefully negotiated,
therefore. The existence of younger brothers and sisters had often been a
source of prior experience of childcare that enhanced confidence. In turn,
younger siblings helped with caring for their new nieces or nephews. One
mother described her 8 year old sister as ‘properly motherly’ with her son.
This was rarer amongst the white middle-class professionals whose
generational patterns were more differentiated. (‘I’ve never even changed a
nappy. (…) I’ve never bathed a baby obviously.’) These findings caution
against assumptions that need for professional support’ is associated with
mothers in particular social groups only (Gimson, 2008). They highlight the
importance of taking into consideration the availability of psycho-social
resources in the round rather than material resources exclusively when
assessing support needs.

These dimensions of social difference (which extended beyond the
conventional categories of social identity) were relevant because of the effects
of their multiple intersections on practices and experiences of mothering,
especially in relation to family support and the way this was structured by
accommodation and partner status. Educational qualifications and age
together affected prior job status, availability of maternity leave and therefore
independent financial status and re-entry into work. When combined with
financial provision by a partner, this also affected accommodation status in
that it affected their (in)dependence on local authority housing. However, the
biographical meanings of their social and material positions ensured variation;
for example, whereas in one family 24 was mature and old enough to be left
to get on with motherhood and adult life, in another 24 meant drawing almost
unconditionally on family help on the grounds of being still young.
These multiple positions had profound effects on everyday practices and thus, as practices became routinized, taken for granted, embodied and recognised by others as a ‘natural’ part of being a mother, they made their mark on emerging maternal identity: was there anyone else permanently in the same dwelling to support childcare, including early feeding if bottle feeding was established? When did the mother first leave the baby with somebody else? Did she (re)enter employment and when? Could she rely on the baby’s father for constant and ongoing support? Could she afford more than the basic expenses of childcare? Could she go out on her own? The answers to these questions affected the balance between ‘putting the baby first’ and ‘getting your life back’. These typifications were further differentiated by whether or not the mothers considered that motherhood had ‘always’ been part of their life projects.

Using methods that go beyond what is put into words, what can we learn from first-time mothers about embodied, unconscious, taken-for-granted and practical aspects of identity formation and change, and what role is played by processes of identification?

The use of psychoanalytically-informed observation was a significant innovation with multiple effects:

- providing a source of data consistent with the aim to understand identity to include what is hidden, dynamic, embodied, enacted and intersubjective (Hollway in press)
- revealing in the data the dimension of pace, and the necessary changes between adult (especially employed) pace and baby’s required pace; enabling this embodied aspect of time to be theorised as part of identity practices
- affording an alternative perspective against which to evaluate interview data
- influencing researcher field note writing and more generally use of researcher subjectivity (Elliott 2006)
- feeding into the practice of data analytic sessions (for example, reading aloud transcript extracts prior to group discussion; a practice which has been widely taken up by all those involved in our workshops)
- establishing the viability and power of this method in empirical social science research.

We conceptualise the dynamic process by which new features are taken into the self and furnish identity with new parts as identification (Hollway 2009a). While identification is a key concept in psychoanalysis and is useful in interpreting clinical data, social science empirical methods have not generated the kinds of data that afford evidence of such unconscious intersubjective processes (both repressed and taken for granted). However, being psycho-analytically informed, both our methods did so, in different ways and tapping different levels (Hollway 2008). New identifications (and disidentifications) with their own mothers came into play powerfully when our participants became mothers themselves. One notable outcome has been an insight into the way that new mothers function as an intergenerational pivot because of their
simultaneous access to identifications with their mothers and babies. They are simultaneously ‘self-as-mother’, ‘self-as-child’ and therefore ‘mother of self-as-child’ (Gous 2005). Recognition of the role of identifications in intergenerational transmission helps to account for continuity at times of social change.

What do women’s accounts of their experiences of learning about being mothers (e.g. from family, health and social care professionals and through the media), tell us about the processes of ‘subjectification’ of mothers and motherhood theorised in post-structuralist accounts?

Our emphasis on experience meant focusing not on the advice and information per se but on how it was experienced uniquely by each mother within the specificity of her setting, relationships and biography. These mothers felt primary responsibility for things that were not always or solely under their control. The background to this was an intense cultural debate about motherhood, evidenced by media reports, reflecting anxiety about mothers in paid work and competencies of young working-class mothers. In practice the responsibility for children’s welfare was shared in many cases. Mothers invested selectively in discursive positions to allay anxiety and provide satisfaction in their maternal role.

Pregnancy, labour, delivery, establishment of feeding are intensive times for women to acquire information in new areas. They get information from family members, medical experts and mass media. Participants varied as to whether they felt the need for expert information. One mother assiduously researched pregnancy and childbirth in books, on TV and the web because ‘as long as I have the knowledge and as long as I know what it is that it means, I’m OK’. The initial period at home was an intensive time for learning from experience with informal help (Hollway 2006b) and little time to consult experts unless there was a problem. Health visitors could provide a bridge between the world of medical expertise and family advice, notably over breast and bottle feeding, weaning and mother-baby facilities. Books were most often consulted on sleeping patterns and weaning.

If there was conflict of opinion between generations, for example whether breast feeding should be supported with formula (common in the Bengali community), expert advice was sometimes sought (also baby’s father’s support). The multiple, diverse and sometime contradictory advice afforded alternatives that could enable them to do what worked best. However, expert information could provoke anxiety about developmental progress or not being good enough. Some used a discourse of intuitive knowing to support not using – and not needing – expert information.

Positioning in expert discourses as a result of subjectifying power relations is one identity process among many. It is qualified and modified by the multiple and conflicting messages available within expert discourses and availability of informal advice. Women are agents in positioning themselves as bearing primary responsibility for their babies, in part responding to their babies’ singling out their mothers with active demands. Reality testing meant that expert advice was soon discarded if it didn’t work. Socially determinist
accounts of identity construction through expert discursive positioning of mothers (Rose 1990) can be refined (and rendered psycho-social) through including not only the complex and often contradictory messages surrounding her, but the unique meanings that advice acquires in the light of a mother’s biography and internal world.

**Activities** (under six categories):

- **Intersectionality and ethnicity** – a series of talks to academic and policy audiences in the UK and Europe.
- **Methodological development** – collaboration with our sister project, MoMM, (a series of joint group data analytic workshops where data were treated side by side and working methods shared);
- through networks of: mothering researchers (MaMSIE); UK psycho-social network; International Research Group for Psycho-Societal Analysis in Europe; Centre for Gender Studies, Oslo.
- **Tower Hamlets feedback** – to Tower Hamlets Community Research Network (Elliott and Gunaratnam, 2008); and Child and Adult Mental Health Services (see Additional Related Projects).
- **Mothers** - a well-received feedback session for participant mothers, with a party for their children, July 2007.
- **Policy and practitioner forums** – including child psychotherapists, trainee midwives and family service workers; in Scotland, Wales and England.
- **Psycho-social subgroup of Identities programme** - organization of and contribution to several meetings.
- **Additional related projects** – with Open University funding, a pair of focus groups conducted with Tower Hamlets mothers of Bengali and White ethnicity. The data substantiated project data as it related to the role of place in identity.

**Outputs**

The BaM study has produced a rich and complex data set available, anonymised, through ESDS. A non-technical report of findings was made available at a dissemination event hosted by the FPI. Many journal articles and book chapters are forthcoming or in preparation (see references). Further ESRC funding for Hollway will lead to a book based on the project. Open University funding for Elliott will lead to further outputs for practitioners, parents and field researchers and for Gunaratnam on culture, diversity and motherhood. (See section 2 for media interviews).

**Impacts**

Regarding the development of psycho-social theory and methodology, the project has already had significant impact on social science researchers in the programme, in the UK and beyond.

A start has been made on affecting how mothering is understood and differentiated from ‘parenting’ amongst different interest groups.

A requested article for ‘The Practising Midwife’ about birthing practices in a Tower Hamlets hospital is scheduled and is timely in relation to two reports on maternity services in Tower Hamlets (Tower Hamlets PCT & Barts and the
London NHS Trust, 2007, Picker Institute). Also timely is our finding that professional support and advice needs to be tailored to unique cases (rather than mothers categorized into types or offered universal models of best childcare practice). This relates to the role of health visitors (Gimson 2008).

**Future research priorities**

Hollway’s Fellowship affords opportunity for sustained development of theoretical, epistemological and methodological implications of the project, as well as data analysis on an expanded set of themes (fathers and other thirds, intergenerational transmission, siblings and lateral relationships). Joint workshops with several academic institutions focusing on doctoral student and junior researcher training are in the planning stage.

**Ethical considerations**

Interviewees were given a gift voucher worth £20 at the end of the final interview. Our psycho-social approach involves considering the impact on researcher and researched of being in people’s lives and learning intensively from them (Elliott, 2005, Elliott 2007). Our theorization of intersubjectivity and methodological development have been informed by, as well as informing, our ethical practice (Hollway 2008).

**Confidentiality**

Confidentiality was promised. With in-depth case study analysis, this principle poses ethical challenges beyond the usual mechanisms of anonymisation and security of data. In the case studies making up the special issue of *Infant Observation*, after a group discussion, it was agreed to aim to portray each mother with recognition and respect, basing what is written on the idea that these participants might read the results.
Appendix. References.


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