



Children in Wales
Plant yng Nghymru

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'I feel a bit topsy turvy':
Psychological considerations
in becoming a mother
for the first time

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Research project: Identities in Process
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- Becoming mothers for the first time in Tower Hamlets
- 20 women recruited in late pregnancy, followed for one year
- Diverse sample - ethnicity, class, partner and family situations
- 'in-depth' methods - interview and observation

Why identity transition

- Rates of post-natal depression (alternative to a medical model)
- Changes in women's roles and gender relations (ongoing necessity of change with babies' development)
- Politics of 'parenting' & women's employment

diversity

- Not just class, ethnicity and age; also partner status, family support, accommodation
- Multiple ways of doing the best for baby
 - o Need for flexibility of professional support (no one best way) based on specific, situated knowledge

Four themes from findings

- Psychological upheaval and ordinary conflict
- Women's bodies, mothering and gender difference
- The pace of motherwork, the pace of contemporary adult life
- Advice, experts, learning and mother's mothers

Psychological upheaval and ordinary conflict

- From daughter to mother as well (who needs looking after here?)
- New settlement between 'time for myself' and 'putting the baby first'
- Psychological significance of mother's mother (occasionally father)
- 'Existential loneliness' (depression?)
- Consequential shifts in all other relationships (notably with partner/father)
- New mothers as intergenerational pivot

Women's bodies, mothering and gender difference

- Bodily memory, being one before being two
- Baby's agency in keeping the connection
- Intersubjectivity and joint attachment
- Men's bodies are different! (& baby knows)
- o Women's conflicting desires around being primary parent
- o Importance of babies' age in politics of (gender neutral) parenting

Advice and support - experts and others

- Multiple and conflicting sources of information
- Status of own mother's advice
- Learning from experience (and embodied memory)
- Different biographical meaning of same advice
- Listening, openness & no 'one best way'

Contrasting approaches to expertise 1

Sarah 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'. Yet later she could not bring herself to continue these researches because it was too worrying to risk finding out that her son might be behind other babies his age.

Contrasting approaches to expertise 2

Becky

‘I kept on saying to them that he’s not gonna come, he’s way too big, he’s not gonna come out of me. But doctors are doctors, they know this, and they think they know best, and they left me in labour. [there follows a long description of the following two days of labour during which doctors insisted on a natural labour] [Later] And one – one of the consultants – one of the doctors that was one of the consultants there, she come in and she was like, “Sorry for not listening to you. [faster] You alright?” And I was saying to them, I said to them, “Alright? [slower] I shouldn’t have to be never right, you should have listened. It’s my body.”’

Learning from experience

- Becky: I mean I've gonna try him soon on his back again, 'cos in the daytime he's starting to sleep a bit longer on his back. (INT: Right.) But when he was younger, and we used to lay him on his back, he would throw his arms out and jump. (INT: Yeah.) I dunno, like as if he was falling or something. (INT: Right.) So I thought – then the *only* way he'd get to sleep is if he's on his belly, 'cos he'll settle on his belly. (INT: Yeah.) 'Cos in the daytime, if he was laying on the settee or sitting on the settee, he would lay – lay on his belly on our chest. So I thought – he sleeps like that for hours – let me lie him on his belly, see how he is. And he was fine that way. The first time I done it, the first few times I laid him on his belly, he didn't sleep very well anyway. So I was a bit (.) scared, 'cos they say, "Don't lie them on their belly 'cos they can suffocate themselves." But he's – he's fine, he turned his head about and everything. And a few times he's put his face flat down, and he's left it there for a little while, but then he moves it. (INT: Yeah.) So I mean all these doctors, and all these people, say all these different things about what you should and shouldn't do, but personally, at the end of the day (.) it's your kid, you know what they're gonna like. (INT: Yeah, yeah.) So I don't listen to what they say. They always think they know best, but they don't really.

Changes of pace

- Slowing down to babies' pace
- Intensification of work in employment
- Pace as embodied
- Difficulties in changing pace
- Unemployment, return to work
- Implications for families

Observation. O at 12 weeks

She watched him as he woke, and talked gently to him. She asked him if he was waking now... his eyes had now returned to shut although he continued to wriggle and moan. He opened his eyes and Jane put her hand on his tummy and said to him: 'You're not quite sure are you?' She stroked him and spoke to him again, he stilled and opened his eyes, she moved the sheet from his face, and asked: 'Are you ready now... Are you ready now?' She released his arms from the sheet and touched his chin and lip, speaking to him brightly and smiling at him. 'Are you ready to wake up O? Are you O? Are you?' She stroked his chin and he smiled at her: 'Ah that's better, perhaps you are ready?' She stroked his chin again and he smiled again. 'What a lovely smile: you are nearly ready?' She smiled and kissed him lightly on the nose. Jane then moved away telling him she was just going to open the blind. He lay in his cot gazing towards Jane and then following her voice with his eyes as she moved to the window. When she returned she stroked his face & tummy again and again he smiled, she said: 'You are ready'.