



City Research Online

City, University of London Institutional Repository

Citation: Wilson, P.J. (2009). The impact of social influences on a woman's sense of self. (Unpublished Doctoral thesis, City University London)

This is the accepted version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: <https://openaccess.city.ac.uk/id/eprint/8606/>

Link to published version:

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

**The impact of social influences on
a woman's sense of self**

Penelope Jane Wilson

**Portfolio for Professional Doctorate in
Counselling Psychology (DPsych)**

City University

Department of Psychology

August 2009

Acknowledgements

I would like to thank my research supervisor, Dr Deborah Rafalin, for her support, advice and encouragement. Throughout this research process she has challenged and inspired me and has shown tremendous generosity in her willingness to share her time, experience and thoughts with me. She has contributed so much to my enjoyment of the research 'journey'.

My grateful thanks also go to all the women who agreed to take part in this study. This research would not have been possible without their willingness to share their experiences in such frank and vivid detail.

Finally I would like to thank my family and friends for their unfailing love, support and encouragement. Their unquestioning belief in me throughout the three years of training has been both humbling and uplifting and I am profoundly grateful.

City University Declaration

I grant powers of discretion to the University Librarian to allow this thesis to be copied in whole or in part without further reference to me. This permission covers only single copies made for study purposes, subject to normal conditions of acknowledgement.

List of Tables and Diagrams

		Page No
Section B:		
Table 1	Participants' Demographics	64
Diagram 4.1	Venn diagram to illustrate the ideologies and social norms which may influence a woman's decision to be a full-time stay-at-home mother	134
Diagram 4.2	Towards an explanation of the individual's process of managing threat experienced as a result of taking and holding the identity of stay-at-home mother.	135

Table of Contents

	Page No
Acknowledgements	1
Declaration	2
List of tables	3
Table of contents	4
SECTION A: The impact of social influences on a woman's sense of self	8
Overview	9
Identity challenges: Exploring the experiences of stay-at-home mothers	9
Cognitive behavioural treatment for social anxiety disorder and its relevance to women and mothers	10
Towards self acceptance: A cognitive behavioural approach to working with a woman's experiences of negative evaluation	10
SECTION B: Identity challenges: Exploring the experiences of stay-at-home mothers	12
Abstract	13
1. Introduction	14
1.1 The Socialisation of Gender Roles	14
1.2 Gender Role Socialisation of Women	17
1.3 The Social Construction of Mothering	19
1.3.1 The Importance of Children's Needs	22
1.3.2 Issues of Power in the Construction of Motherhood	25
1.4 Women as Mothers – What is the Current Zeitgeist?	26
1.5 Theories of Identity	29
1.6 Managing Threat to Identity	33
1.7 Researching Women's Identity	36
1.8 Managing Multiple Identities – Mothering and Paid Employment	38
1.9 Holding the Identity of Stay-at-Home Mother	40
1.10 Mothers and Mental Health	42
1.11 Positioning the Current Study	44

2.	Methodology	47
	2.1 Research Questions	47
	2.2 Rationale for adopting a qualitative approach	47
	2.3 Rationale for adopting Interpretative Phenomenological Analysis (IPA)	48
	2.4 Epistemological position	53
	2.5 Personal reflexivity	54
	2.6 Epistemological reflexivity	57
	2.7 Research design	58
	2.7.1 Construction of the interview schedule	58
	2.8 Sampling	61
	2.9 Inclusion criteria	62
	2.10 Recruitment	62
	2.11 Participants	63
	2.12 Interview procedure	65
	2.13 Ethical considerations	66
	2.14 Transcriptions	67
	2.15 Analytical strategy	67
	2.16 Validity, reliability and subjectivity	70
3.	Analysis	74
	3.1 Overview	74
	3.2 Social influences in the ideological construction of motherhood	74
	3.2.1 Own experience of being mothered	75
	3.2.2 Additional social influences	76
	3.3 Taking the identity of stay-at-home mother	79
	3.3.1 'Forced' decision versus free choice	80
	3.3.2 Views of others	86
	3.4 Experiencing identity challenges	88
	3.4.1 Loss	88
	3.4.2 Feeling judged by others	96
	3.4.3 How mothers should be	100

3.4.4	What are the success markers for full time stay-at-home mothers?	102
3.4.5	Loneliness	104
3.5	Coping with identity challenges	106
3.5.1	Judging others	106
3.5.2	Creating markers of self-esteem	110
3.5.3	Holding other identities	113
3.5.4	Holding and managing regrets	119
3.6	Taking stock	121
3.6.1	Time passing	122
3.6.2	Considering alternative identities	123
3.6.3	Rewards and paybacks	126
3.6.4	Life as stages	128
3.6.5	Re-affirmation of the importance of the role	131
4.	Discussion	134
4.1	Overview	134
4.2	Explanation of the Model	136
4.3	Relationships Between the Themes	138
4.4	Embedding the Study Within the Existing Literature	142
4.5	Implications for Transferability of the Findings and Contribution to Practice	145
4.6	Epistemological Considerations and Implications for Further Research	148
4.7	Personal Reflexivity	149
	References	153
	Appendices	168
Appendix 1	Interview schedule	168
Appendix 2	Example flyer	170
Appendix 3	Flyer appealing for ethnic minority participants	171
Appendix 4	Flyer appealing for Asian participants	172
Appendix 5	Telephone interview schedule	173
Appendix 6	Consent form for participants	174

Appendix 7	Demographic questionnaire	176
Appendix 8	Resource pack	179
Appendix 9	Emerging table of master themes with illustrative quotes	181
Appendix 10	Example transcript	199
SECTION C:	Cognitive behavioural treatments for social anxiety disorder and its relevance to women and mothers	245
	A definition of social phobia (social anxiety disorder)	246
	Features of social anxiety disorder	247
	The prevalence of social phobia	249
	Research on women and social phobia	250
	A consideration of Clark and Wells' (1995) cognitive behavioural model for the treatment of social anxiety disorder in women and mothers	255
	Group cognitive behavioural therapy for the treatment of social phobia	257
	Discussion	258
	References	262
SECTION D:	Towards self acceptance: A cognitive behavioural approach to working with a woman's experiences of negative evaluation by others	268
	Introduction	269
	Profile of the client and the referral	269
	Presenting problem	270
	Background	270
	Theoretical framework	271
	Initial assessment and formulation	274
	Contract and counselling plan	274
	Development of the therapy	275
	Use of supervision	281
	Evaluation of the work	283
	References	285
	Appendix 1: Initial case conceptualisation	289

Section A

The impact of social influences on a woman's sense of self

The impact of social influences on a woman's sense of self

The theme which pervades the different sections of this portfolio is the impact of social influences on a woman's sense of self. This theme is first evident in section B, a novel piece of research which explores the lived experiences of women who have decided to be stay-at-home mothers. The participants each describe how they made the decision to be a stay-at-home mother and the social influences that helped shape that decision. They offer a clear sense of how the decision to be a stay-at-home mother has impacted upon their identity and describe how they experience and manage any identity challenges. The data are discussed through a consideration of the importance of social influences in the construction and management of identity and how these impact upon an individual's sense of self.

In section C, the critical literature review on social anxiety disorder describes and evaluates empirical research and cognitive behavioural treatment for individuals experiencing fear of social evaluation by others. The review explores a current cognitive behavioural therapeutic treatment for social anxiety disorder, with consideration of its limitations and relevance for women and mothers. The review discusses how a greater consideration of the influences of the social context within theoretical models and treatments of social anxiety disorder might benefit counselling psychologists working with women, and mothers in particular. Section D of this portfolio offers a more individual account of the impact of social influences. The case study describes a woman's experience of negative judgement by others, the methods she utilised to avoid similar experiences, and the effect of these experiences and coping strategies on her daily life. With a focus on the therapeutic alliance, the case study discusses the possibility of change through the individual's experience of acceptance by another. A brief description of the three constituent parts is given below.

Identity challenges: Exploring the experiences of stay-at-home mothers.

Through the exploration of the lived experienced of being a stay-at-home mother, this study seeks to understand how the decision to be a stay-at-home mother may impact upon a woman's identity and how identity challenges are managed. The

study uses semi-structured interviews with eight women and explores the data through interpretative phenomenological analysis (IPA). The themes which emerge from the data are discussed with reference to existing literature on social identity and a model is proposed which seeks to move towards a greater understanding of the processes through which women experience and manage threat to their identity as a stay-at-home mother. It is argued that a deeper knowledge of these processes may be beneficial to psychologists working with similar client groups.

Cognitive behavioural treatment for social anxiety disorder and its relevance to women and mothers.

This literature review aims to explore and critique the theoretical understanding and treatment of social anxiety disorder from a cognitive-behavioural perspective and to highlight limitations to current research, with particular reference to the way women are categorised within research studies. It considers a specific cognitive behavioural model for the treatment of social anxiety disorder and questions the extent to which its recommendations can be embedded within women's lived reality. The challenges for counselling psychologists working with women from similar populations are considered with reference to the lack of research on women and mothers as discrete categories, and the lack of focus on the influence of the social context within current popular cognitive behavioural treatments. The similarities between symptoms of the disorder and some of the difficulties described by stay-at-home mothers are discussed and possible beneficial ways of increasing treatment efficacy for women describing symptoms of social anxiety are further explored.

Towards self acceptance: A cognitive behavioural approach to working with a woman's experiences of negative evaluation by others.

This case study demonstrates work with a single mother who presented with depression which appeared to be maintained in part from her experiences of being judged by others and her determination to avoid further judgement. The study describes the benefits and limitations of the cognitive behavioural approach taken with this client and offers a particular emphasis on the nature of the therapeutic

relationship and how this may have impacted upon the favourable outcome of the treatment.

Within this portfolio, the three sections aim to offer differing perspectives on how social influences may impact upon an individual's sense of self.

Section B

Identity challenges: Exploring the experiences of stay-at-home mothers

Abstract

Western society arguably contains contradictory and confusing social and political discourses regarding the role of women and the construction of motherhood. This study explores the lived experience of women who have decided to be full time stay-at-home mothers and have experienced identity challenges as a result. Through the interpretative phenomenological analysis of interviews with eight full-time stay-at-home mothers this study seeks to understand how the decision to be a stay-at-home mother may impact upon a woman's identity and how identity challenges are managed. As a result of this analysis it is proposed that identity challenges may be experienced and managed through social comparison processes, both within and between groups. It is further postulated that the decision to take and hold the identity occurs via a process of continuous re-evaluation and re-commitment to the role, which appears to be influenced by both traditional and feminist ideologies. This model is discussed in relation to the literature on social identity, and in particular Breakwell's (1986) theory of identity threat. It is suggested that a greater understanding of both the challenges and the coping strategies available to women at the personal, interpersonal and intergroup levels, and how these are contextualised within a social framework, may be beneficial for counselling psychologists working with this population.

1. Introduction

This introduction explores the socialisation of gender roles in Western society, discusses the competing ideologies around motherhood and considers how the role of mother might be socially constructed. In order to discuss how being a mother may impact on a woman's identity, theories of identity are considered with particular reference to research on threat to identity. The experience of holding a maternal identity is then discussed, with a focus on research which explores the difficulties of holding the multiple identities of working woman and mother. Finally consideration is given to research which has highlighted the difficulties experienced by women holding the identity of stay-at-home mother and the present study is positioned within the current literature.

1.1 The Socialisation of Gender Roles

Whether you are born male or female will be of major consequence for all aspects of your life; for the expectations others in society will have of you, for your treatment by other people, and for your own behaviour.

(Garrett, 1987, pp vii)

Each individual in society holds expectations or beliefs about what it means to be male or female. Before discussing the role of women or mothers it therefore seems important to consider how beliefs about gender roles are created and incorporated within a given society.

Brewer (2001) states that the construction of gender role expectations occurs as a result of different male and female socialisation experiences across the lifespan. The issue of gender has been positioned as a 'hotly contested concept' (Bradley, 2007) and appears to be a term which can be used within a wide variety of contexts. Bradley (2007) perceives the term as one which is "inextricably bound up with the centuries-long struggles over power between men and women" (Bradley, 2007, p.1).

There appear to be conflicting views about how to define men and women and the meaning of the terms sex and gender. For example, Oakley (1972) defines sex as

the biological difference between males and females, but views gender as culturally and socially constructed in order to offer societal rules for masculinity and femininity. Kessler and McKenna (1978) describe how gender is ascribed to an individual as a result of the genitalia which are assumed to exist or 'ought' to exist under an individual's clothes in order for that individual to belong to a binary gender category. Kessler (1998) therefore suggests that 'cultural genitals' become the method for attributing gender. Bradley (2007) takes a broader view, arguing that gender is a useful socially constructed category for making sense of the world, but one which is inextricably bound with politically oriented power relations between men and women. Unlike Kessler, Bradley perceives the concept of gender as a meaningful way of considering the lived experience of men and women in relation to each other. By this definition, gender can be considered not just as an individual attribute, but also as a social phenomenon, affecting every aspect of our lives.

Gender stereotypical expectations can be created through social interactions and an individual's identity negotiation (Deaux & Major, 1987). Butler (1990) argues that gender should be perceived as something that we 'do' rather than something that we are, and that we act out being a man or a woman through a set of repeated acts within a regulatory frame. Unlike Oakley, Butler argues that there is no distinction between sex and gender because they are created concurrently. Butler proposes that gendering operates at three levels: Gendering at the micro level of the individual occurs as a result of interaction through socialisation which is described as the complex, interactive process through which children learn appropriate roles within family and society (Brewer, 2001). Studies show that young children have clear ideas of the types of jobs which are suitable for men and women, learned from observing adults around them (e.g. Skelton, 1989). During adolescence, individuals move from the observation and rehearsal of gender roles toward their actual performance. During this time, the influence of peers is seen to be crucial, with severe social sanctions applied to individuals who deviate from the agreed norms (Brewer, 2001). The second level of gendering occurs within institutions such as schools. These institutions are argued to function within certain rules and conventions about gender which will constrain individuals' freedoms of gender expression. Whilst Bradley (2007) states that peer pressure is at its strongest during adolescence, which encourages youngsters to make gender-traditional career

choices, it has also been found that schools and the government's careers service, Connexions, make little attempt to challenge such gendered career stereotyping (Fuller, Beck & Unwin, 2005). The third level of gendered structure is at the macro or societal level. Here, the rules governing social interaction and social institutions integrate to produce structures of gender such as the domestic division of labour. Models provided by the mass media will also exert influence at societal level. Role-bound activities thus lead to the emergence of gender stereotypes, whilst the characteristics required by these roles become stereotypic of each sex (Diekman & Eagly, 2000). Socialisation continues across the lifespan, allowing these gender roles to become internalised as part of the identity of the individual (Oakley, 1972).

The influence of sex role traditionalism within society has therefore been challenged by feminist theorists such as Butler (1990), Oakley (1972) and Brewer (2001). It is not the intention in this paper to explore the alternative feminist theories, but it is argued that the influence of feminism has impacted upon and shaped postmodernist de-traditionalist thinking about women's roles. For a more in-depth discussion of the theoretical feminist debates see Barrett (1980); Marshall (1994); Tong (1989); Bryson (1999).

Marxist feminists (e.g. Barrett, 1980) have described gender as a relationship of inequality and oppression based on the economic relations of class. Radical feminism (e.g. Millett, 1971) has focused on gender as the prime source of social inequality, based on the argument that the sexual division of labour predates any form of class division, with the family and sexuality presenting the starting point for male domination over women. DiPalma and Ferguson (2006) stress the importance of understanding gender not only with regard to the social or cultural organisation of differences between the sexes, but also as a power dynamic which allows men to hold a more privileged position in relation to women. The radical feminist approach defines this system of domination as patriarchy. This patriarchal structure has been described at the individual level, the institutional level and through the structure of language, ideas and thought (Spender, 1985).

Feminist and functionalist theories of socialisation can be criticised for their deterministic stance which positions the individual as a disempowered, passive

vessel that lacks agency (Bradley, 2007). Such a perspective does not explain how changes in social rules and social roles do and have occurred over time. Walby (1986, 1997) proposes a theory of patriarchy which combines with the system of capitalist relations. Whilst the dual systems in this approach arguably combine to hold women in low paid jobs, the theory also allows for the possibility for one or other of the structures to change independently of each other, affecting gender power relations. Whilst Walby's work may not take sufficient account of the differences between women, it explains how gender relations have shifted over time.

For example, industrialisation resulted in the physical separation of the home and workplace with the introduction of mass-produced goods in factories and this coincided with the growth of the middle classes, where a non-working wife was a symbol of male success (Garrett, 1987). Society experienced a gender role shift during the two world wars when women were encouraged to work in 'men's jobs', such as drivers, munitions workers and farm labourers and in 1945 were assisted in working by the provision of 1,535 day nurseries for the under fives (Garrett, 1987), but after the war a campaign was waged to encourage women to stop work so that the men could reclaim 'their' jobs. This resulted in a smaller proportion of women in paid employment than before the war. By the end of the twentieth century, the shift back again towards a focus on the economic productivity of women meant that women were no longer constrained to the domestic role and were allowed to compete with men, to some extent at least. The application of Walby's (1986,1997) dual systems approach to these historical changes perhaps explains how the system of patriarchy has allowed for societal shifts.

1.2 Gender Role Socialisation of Women

Gender role theories stress that the different social roles and behaviour undertaken by men and women are defined by biology rather than cultural or social expectations. Since women bear children whilst men cannot do so, this distinction has been used to explain men and women's different roles, both within the family and in wider society. For example, Tiger and Fox (1972) propose that men and women are biologically programmed to behave in distinct ways. The male 'biogrammar' predisposes them to behave in an aggressive and dominant manner whilst women

are predisposed to care for children. Such theories provide support for Parsons' (1959) assertion that a woman's biologically-based innate predisposition is to carry out an 'expressive' role of nurturing and caring, whilst a man's biologically determined instinct is to undertake an 'instrumental' role in the family. Furthermore, Parsons proposes that this sexual division of labour within the family is essential for the 'normal' development of children in society in order to maintain social stability. By positioning motherhood as a woman's key function, this view also indicates that she should expect to make sacrifices and alter her behaviour accordingly (Bradley, 2007).

Feminists refer to these arguments as 'biological determination' (e.g. Mednick & Tangri, 1972) and challenge the extent to which men and women hold distinct biological categories. Oakley (1972, 1981) instead posits that 'male' and 'female' are categories at either end of a continuum, with sizeable overlap in the middle. Oakley argues that measurement of the differences between males and females have inevitably focused on the differences rather than the similarities and criticises the view that social behaviour is determined by biology, asserting that 'scientific' evidence is used to justify men's occupation of powerful positions within society.

However the power of socialisation appears to continue to impact upon societal expectations of women. Bradley (2007) argues that the mother's centrality in the home is an early lesson in gender for most children. She states that "women learn their view of mothering from observing their mothers" (Bradley, 2007, p.131), and suggests that this may encourage the same future gendered pathway. Valentine (1999) states that in 75% of households women continued to do most of the cooking, with working-class families displaying the greatest traditional division of tasks. If young people continue to be brought up to view their mothers and fathers taking these gender-traditional roles, it is perhaps not surprising that these roles become the default norm for their own families. Gillespie (2000) states that "the nurturing of children has universally been seen to be what women do and traditionally mothers are seen to be what women are" (p213). The traditional gender script which integrates the concept of woman and mother arguably helps conventional nuclear families decide their roles (Chapman, 2004).

An alternative view of gendered division of labour is offered by Lang and Risman (2006), who suggest that studies have shown a trend towards greater equality in the home. They propose that as women move into jobs which require uninterrupted commitment, more participation of men in domestic and caregiving roles is likely. They cite research by Davis and Greenstein (2004) who found that as a woman's education and income increases, the extent of participation in domestic chores by her husband also increases. Lang and Risman (2006) use such research to suggest that the eventual outcome of these changes may be freedom of traditional gender expectations and even gender convergence. However, this argument is then contradicted by their admission that, at present, women are still expected to be the primary caregiver, and that the role of nurturer is not yet fully acceptable for men. They also state that dominant definitions of masculinity are still linked to the role of breadwinner. It is therefore difficult to follow their argument that gender role rigidity is changing and could eventually converge. It appears more persuasive to consider these arguments in relation to Polasky and Holahan (1998), who propose the existence of a 'psychosocial lag' in our society whereby gender role realignment in the home has not materialised to match gender role realignment in the work domain. Indeed, Johnson and Robson (1999) state that "women expect, and are expected, to take responsibilities for domestic arrangements" (p286).

1.3 The Social Construction of Mothering

Child-rearing practices vary across cultures, which implies that motherhood must include social dimensions, not just biological dimensions. Woodward (1997) argues that motherhood takes place within different social, economic and ethnic contexts and that our ideas about what constitutes good or bad mothering result from culturally specific representations. Socially based theories propose that the desire to look after children is socially and culturally created, rather than biologically pre-determined: In the West, society is organised so that the biological mother looks after her children, but in some societies this role is taken by others, such as the grandmother or eldest daughter (Oakley, 1972).

The social perspective therefore defines motherhood as a social role and claims that the quality of this role is dependent upon how it is positioned and evaluated within a

given society (Boulton, 1983). The mother as subject in her own right was rarely considered in research until the 1980s (Rolfe, 2008), when feminist researchers began to carry out studies based on women's accounts (e.g. Boulton, 1983, Oakley, 1979). Irigaray (1993) positions motherhood within contemporary culture as being founded on an inauthentic position which silences passion and anger and denies mothers a voice, leading to the suggestion that the mother is 'spoken rather than speaking' (Kaplan, 1992). In order for mothers to speak, Whitford (1991) argues that motherhood must be recognised as a separate subject-position from womanhood, so that women are not reduced to the maternal function.

Studies focusing on children's development can be criticised for framing questions in a manner which continued to reinforce the view of motherhood as naturally rewarding. For example, Newson and Newson (1965) only asked *what* the women enjoyed about their children, thus presupposing that enjoyment featured as an important component of the relationship. This denied mothers the opportunity to voice any frustration or irritation. In contrast, Oakley (1974) in her study of London housewives, found that 70% of the participants were dissatisfied with their occupation, citing difficulties arising from the monotony of the role, the lack of intellectual stimulation and a feeling of isolation from other adults.

The amount of material written to provide information on how to mother seems to suggest that biology alone is not sufficient to equip mothers for the social role of caregiver (Woodward, 1997). In the past, childcare 'experts' such as Leach (1979) and Spock (1985) have pushed for the importance of a single, primary caretaker, and propose that the best person for this job is the mother. Arguably such assumptions privilege the needs of the child over the needs of the mother. Positioning socially appropriate childrearing as child-centred, expert-guided and labour intensive leads to what Hays (1996) terms an ideology of intensive mothering. Although alternative constructions of parenthood exist, such as shared parenting or involved fathers, the ideology of intensive mothering still appears to be dominant (Vincent et al, 2004). In an era when so many women must work, from financial necessity if not personal preference, this dominant ideology is in direct conflict with market driven economics, a dichotomy which Hays (1996) defines as the cultural contradictions of motherhood. McKie, Bowlby and Gregory (2001) further emphasise

the importance of the dominant ideology as one which “continues to underpin public, social and employment policies and notions of ‘the family’”. (McKie et al, 2001, p.234).

Western historical attitudes towards women imply a sacrificing mother figure as a central theme, with the myths of motherhood formed through the idealisation of the Madonna (Woodward, 1997). The contradictory nature of this symbolic idealisation of the mother figure is paramount, symbolising feminine perfection:

“Goodness, motherhood, purity, gentleness and submission ...Assumptions about role satisfaction, sexual differences, beauty and goodness are all wondrously compressed in this one icon ... Mary is mother and virgin”
(Warner, 1985, p. 336)

The contradictory message contained in such images; that the perfect mother is both a mother and a virgin, conveys the message that mothers should not be sexual beings (Woodward, 1997). The identity of ‘mother’ thus encompasses dual concepts of natural biology and of mythical purity and goodness, leading to an apparent contradiction in societal expectations of motherhood:

“On the one hand, mothers are ascribed an almost holy status, providing some recognition of their contribution, but locking them into expectations of extreme self-sacrifice. On the other hand, their work is considered nonwork, is not economically rewarded and is not generally respected.”
(Grace,1998, p.401).

Chodorow and Contratto (1982) propose that the fantasy of the perfect mother attending to a child whose needs are also fantasized, has led to the cultural oppression of women. This view is supported by Condor (1986), who found that almost all of the women in her study were constrained by their ideas and beliefs of what is best for their child, which led to physical and emotional sacrifice by the mother. The powerful discourse of motherhood is argued to compel mothers to put the wellbeing of their children first (Bradley, 2007). Shelton and Johnson (2006) suggest that the resulting mismatch between expectations of motherhood and the lived reality can be particularly problematic for first time mothers and emphasise the need for more realistic portrayals of motherhood.

Social constructionist research suggests two dominant discourses: The “intensive mother” who works tirelessly and selflessly to nurture her child, and the “successful woman” who nurtures a challenging and satisfying career (Hughes, 2002). Not surprisingly studies have revealed conflict arising from the need to create a sense of self from opposing subject positions. Woodward (1997) states that women’s magazines play a part in constructing notions of the ‘good’ and ‘bad’ mother and proposes that the ‘good’ mother of the late 1990’s is one who can ‘have it all’, juggling both children and a career whilst the ‘bad’ mother may now be seen as the mother at home. This position has arguably left women with a crisis of identity. On the one hand feminist discourses argue for women’s right to work beyond motherhood and this position appears to be not only supported, but actively encouraged by Western governments (Kahu & Morgan, 2007). On the other hand, post-feminist discourses offer a dichotomy where the home may be chosen over the career. Kahu and Morgan (2007) suggest that a transition period exists where discourses promoting autonomy such as “successful woman” are gaining strength, whilst discourses containing a more traditional view of gender such as “intensive mother” are waning.

Vincent, Ball and Pietikainen (2004) express a different view of dominant discourses: They argue that whilst the current political discourse arguably de-genders a woman by emphasising her economic contribution and capacity for professional fulfilment, they contrast this with their understanding of a social discourse which is seen to excessively gender a woman by constructing motherhood not only as a biological role, but the distinguishing female characteristic. By promoting ‘good’ mothering as the key to a child’s development, the social responsibility for this success is placed firmly on the mother (Vincent et al, 2004). These conflicting discourses lead one to question what the ‘ideal mother’ might be, and the criteria against which mothers are supposed to measure themselves (Woodward, 1997).

1.3.1 The Importance of Children’s Needs

Child-centred theories prioritise the needs and desires of the child with an emphasis on the centrality of the maternal role (Hays, 1996). Post-war research, which appeared to offer ‘evidence’ that non-maternal childcare in the early years of life is

linked with affective and cognitive deficits, focused heavily on the needs of the child (e.g. Thompson & Finlayson, 1963). Studies were used to support the argument that mothers should remain at home with their children and that infants experienced any separations as maternal rejection (e.g. Bowlby, 1973; Barglow, Vaughn & Molitor, 1987). By 1977 just under 60% of women were full-time housewives in Britain (Garrett, 1987) and researchers such as Oakley (1974) and Gavron (1966) found that their participants viewed a 'good' mother as one who stayed at home with the children.

The traditional mothering ideology and the current 'intensive mother' discourse (Hays, 1996) appear underpinned by child-centred research which positions 'good' mothering as crucial to a child's development (Vincent et al, 2004). Whilst research on the importance of the maternal relationship and its effect on child development seems relevant to this study, it is acknowledged that this is a vast field which is not the main focus of this research. In this sub-section certain key theories are touched upon in order to highlight their impact on mothering ideologies. For more in-depth exploration of psychoanalytic approaches to the maternal relationship see Bowlby (1952, 1973); Eyer (1992); Winnicott (1956, 1960); Chodorow (1978). For further discussion of historical childrearing practices see Dally (1982); Hardyment (1983); Hays (1996); Ehrenrich and English (1978).

Erikson (1956) emphasises the importance of psychologically stable mothering in effecting healthy child development. He argues for the importance of satisfactory mutuality between the "mothering adult" and the child in order to allow for the integration of the child's identifications through introjection and projection. He argues that

Only the experience of such mutuality provides a safe pole of self-feeling from which the child can reach out for the other pole: His first "love objects"
(Erikson, 1956, p. 47)

Attachment theory (Bowlby, 1969) positions the mother-child dyad as the basis upon which all other social relationships are built. Maternal affection is deemed critically important in determining the relationship between the child and its mother (or primary caregiver). The achievement of a close attachment allows the child to seek comfort,

support, nurturance or protection (American Academy of Child and Adolescent Psychiatry, 2005) and the first year is seen as critical in establishing this relationship. When the child is born, the mother's identification with her child is seen to lead to empathy, which Winnicott (1956) described as the basis of 'good enough mothering'. At this stage the mother is deemed to experience the child as an extension of herself which leads to a mutuality of needs and interests between the dyad, meaning that gratification of the needs of one is experienced as gratifying to the other. At about the age of 12 months, secure attachment is signified by the desire of the child to be close to its mother and by its subsequent distress in her absence (Ainsworth, 1969). In his emphasis on the crucial role of the mother, Bowlby (1952) warns of the results of "maternal deprivation":

What is believed to be essential for mental health is that the infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment ... A state of affairs in which the child does not have this relationship is termed "maternal deprivation".

(Bowlby, 1952, p11)

One of the first meta-analyses of research on infant child care and attachment classifications was by Belsky and Rovine (1988), who concluded that babies who had had more than 20 hours per week of childcare in the first 12 months were significantly more likely to be insecurely attached to their mothers than babies who had experienced much less childcare. However, despite two decades of research into the possible negative effects of maternal employment on children's well-being, the results of such studies do not show conclusive support for this position (Bianchi, 2000), although studies have found that when mothers return to work early in the first year of life this may impact negatively on the child (e.g. Belsky & Eggebeen, 1991). Bianchi (2000) makes a convincing argument that in considering past models of traditional mothering, there has been a tendency to over-estimate the amount of a mother's time in the home that is actually available for the child. She further postulates that there has been an under-appreciation of the efforts that working mothers make to invest in their children.

Bowlby (1969, 1973) also explores the concept of maternal separation anxiety, resulting from mothers' apprehension, guilt and worry about leaving their baby. He

suggests that mothers have an instinctive need to protect their infant, resulting in anxiety when separated from the child. This appears strongest in the first 24 months of the child's life. This theory has been considered when devising the criteria for participation in the current study (see chapter 2.9). Gnezda (1983) describes finding that women who expressed greater separation anxiety showed a greater investment in the maternal role and were less career orientated. These associations were apparent for women who were employed as well as for those who were not. Hock (1984) argues that women have to deal with their feelings about separating from their infants in order to be able to follow their career interests. However, studies such as Belsky and Rovine's (1988) arguably make it more difficult for women to deal with such feelings and subsequent studies have failed to find a significant relationship between the experience of non-maternal child care and attachment security (e.g. Roggman Langlois, Hubbs-Tait & Rieser-Danner, 1994). In a study commissioned by the National Institute of Child Health and Human Development on early child care (Early Child Care Research Network, 1997) it was conjectured that specific characteristics of the child, the family and the childcare may interact to determine developmental outcomes, including security of attachment.

1.3.2 Issues of Power in the Construction of 'Motherhood'

According to Warner (1994) if the 'good mother' is symbolised by the Virgin Mary, the bad mother is constructed and represented according to contemporary myths. A representation of the 'bad mother' is constructed by politicians and the media, symbolised by children of working single mothers left home alone, teenage mothers, and those existing on benefits. It therefore appears that the construct of motherhood is contextualised within an historically specific social and economic climate.

The political ideology of the Thatcherite government of the 1980s constructed motherhood within powerful discourses of morality and economics. Mothers were encouraged to stay at home or be considered "unnatural ... undermining the role of man, the father, in society today" (Innes, 1995, p.205). These discourses contain issues of power relations, with politicians presenting a sexual division of labour within the family and wider society as 'natural', a claim criticised by Kahu and Morgan (2007) who reason that governmental policy continues to influence women's lives by

promoting certain discourses that sanction or restrict their choices. Woodward (1997) suggests that when motherhood is publically recognised, it is often as the target for attack, such as through the social construction of the 'bad mother' and that idealised standards are culturally prescribed. Her view is supported by Rolfe (2008) who postulates that the discourses which define 'good' mothering are also used to marginalise those who are considered to deviate from these norms.

Graham, Sorell and Montgomery (2004) consider the task of forming and maintaining a contemporary identity to depend on the choices a woman makes. This implies that women have true choice, which perhaps conflicts with some other studies which talk about choice as being dominated by moral and political discourses. Gramsci (1971) offers the concept of hegemonic ideologies: Hegemony is achieved through the apparent rule of 'consent', but that such consent is based on defining existing power relations, such as traditional gender divisions, as both natural and inevitable.

1.4 Women as Mothers - What is the Current Zeitgeist?

Having discussed the social construction of gender roles and the historical attitudes towards women as mothers, consideration will now be given to modern attitudes, with an attempt to gauge current societal expectations around the roles of women who are mothers.

Vincent et al (2004) state that the current historical context in the UK is one where "to be a mother and not to work is becoming increasingly unusual" (Vincent et al, 2004, p571). Sociologists such as Giddens (1991) and Beck (1992) posit that modern conditions offer individuals the opportunity to experience increased freedom from the previously ascribed social norms of industrial society. "People are being removed from the constraints of gender ... men and women are released from traditional forms and ascribed roles" (Beck 1992, p105). The increase of female participation in the labour market is arguably one of the most significant aspects of change in women's lives since the 1970s. Between 1988 and 2008 the employment rate of women with children under five rose from 36% to 57%, whilst for women whose youngest child was aged five to 10, the employment rate was 71% in 2008 (Office for National Statistics, 2008).

Crompton (2006) holds a progressive view of societal change, postulating that the increased participation by women in the labour market has been accompanied by changes in attitudes by both men and women towards a belief that women no longer have to stay at home with a young child. However, although *discursive* attitudes are said to be shifting, there does not seem to be a correlational shift in *behaviour* within the family domain. Williams (2000) states that although mothers have increasingly returned to employment, they still retain the primary responsibility for domestic and childcare duties. Furthermore, in tandem with the duality of many women's roles is an increased requirement from employers for 'ideal workers'. These are individuals who will work full-time and appear immune from family duties or responsibilities. Research suggests an increase in work intensity, which requires an assumption in the workplace that workers have somebody else who takes responsibility for domestic duties and caring roles (Moen, 2003). If levels of work intensity have increased whilst women are also expected to be primarily responsible for domestic and family responsibilities, it is perhaps not surprising that 43 per cent of British women were in part-time employment in 2002 (Duffield, 2002). It would appear that the two positions of carer and intensive worker are untenable, leading perhaps to a 'choice' between them. Furthermore, an effect of part-time work is to continue to allow for gender inequality through reduced income and opportunities for career progression.

Bradley and Dermott (2006) cite further evidence which contrasts with Crompton's view of changing attitudes. When young men and women were asked if they believed that the concept of the 'male breadwinner' still existed, the majority said it did not. However, when compared with the actual practice of married correspondents with children, 56 percent of men said their working patterns had not changed following the arrival of the child, compared with only 9 percent of women. In addition, most married women reported doing the majority of the housework. It therefore seems that there is a divide between the discourse of equality and the lived experience. Bradley (2007) argues that this leads to a vicious circle of conformity: Pay differentials between men and women as a result of socialisation of gender-appropriate career choices lead couples to choose the higher-earning man to be the

main breadwinner which increases the likelihood of women staying at home, which helps perpetuate the economic inequalities.

Devos, Diaz, Viera and Dunn (2007) also question the extent to which social and political change have altered women's lives, arguing that expanded career opportunities for women have been seen as additions to, not substitutions for plans for motherhood. They postulate that 'having it all' (motherhood and a career) has not become easier in recent times. Although women might delay childbirth, parenting is still considered to be a "gendered talent and a gendered obligation" (Devos et al, 2007, p 257), leading female college graduates in the US to aspire to the goal of "superwoman". Such concerns are supported by Baker (2008), who theorises that as women have been most notably constrained by gender-based practices, they should be at the vanguard of social change, but questions whether this has actually been women's experience. Baker (2008) cautions that whilst second wave feminism brought women equality with men in the workplace by challenging the concept of women's naturalised and normalised responsibility for childcare and housework, a more circumspect approach should be taken about the extent to which social transformation has actually occurred outside the workplace.

Historical change has therefore arguably led to disparate current expectations that women should be nurturing mothers and homemakers but should also combine this with successful careers (Jacobs & Gerson, 2001). Vincent et al (2004) describe how the women in their study did consider that they had a choice, choosing to focus on their children rather than their careers. However, the researchers frame this choice within an understanding of the 'dominant cultural script' which positions men's involvement in childcare as voluntary. They suggest that a choice within such a script becomes easier to make. They also suggest that whilst the *conduct* of motherhood has become more diverse (allowing for working mothers, single mothers etc) the *culture* of motherhood (expectations and romanticism) remains static. Crompton (2006) suggests that individual's choices will be shaped by views on "the right thing to do" as well as by particular opportunities for work and caring, but she acknowledges that it is difficult to categorise what might orient these views. Glover (2002) tries to provide answers by suggesting that most women try to achieve some kind of balance between work and family responsibilities and that the achievement of

this aim will be reliant upon not only individual preferences but also the social, cultural and normative contexts around the acceptability of combining work and family. Whilst Crompton and Harris (1998) suggest that women's attitudes to work and family are not only affected by context, but also by the stage in the family life cycle, McRae (2003) positions women's decisions as being shaped by structural constraints such as the availability of childcare or the location and demands of the job, and also by normative constraints which involved underlying attitudes and behaviour towards employment.

It therefore seems very difficult to understand current societal expectations of women as mothers because the dominant discourses of 'mother as working woman' and 'intensive mother' are ideologically opposed. Although the existence of both discourses arguably offers women a choice between them, there appears an expectation that women will still hold prime responsibility for the care of young children, which may be problematic when considering how or whether to hold multiple identities. In order to explore how mothering might impact on a woman's identity, research on issues of identity and on managing threat to identity will now be considered.

1.5 Theories of Identity

What is identity? Breakwell (1986) views the term identity as highly problematic, with the meaning dictated by one's philosophical preferences. Whilst sociologists stress the importance of self-concept or identity as existing within a social and historical position, psychologists have emphasised the uniqueness and continuity of the self across time, but recognise that this exists within social processes (Gurin & Markus, 1989). Social psychologists have used the term 'self-concept' to mean a person's sense of unique identity which differentiates them from others (Brewer & Gardner, 1996), but this definition is further expanded by the acknowledgement that individuals additionally define themselves with reference to their relationship to other individuals and to social groups. This means that different self-constructs may be available to the individual at different times and according to social context. Many theories of identity therefore make a distinction between the individuated or personal

self and the relational or social self (e.g. Brewer & Gardner, 1996; Breckler & Greenwald, 1986, Breakwell, 1986).

Social psychologists have defined identity as the definition of an individual based on the groups to which he or she belongs (Hogg, Terry & White, 1995). Tajfel (1978) argues for the concept of a continuum, with personal identity one end of the dimension and social identity at the other. At the interpersonal end, idiosyncratic aspects of the self determine our actions, whilst at the group end our actions are affected by identification with particular social groups or categories. Turner (1988) believes that the salience of personal identity is dependent upon the given social context and thus the distinction between personal and social identity is a temporal one. The suggested fluidity of social categories means that the self is “dynamic, relational, comparative, fluid, context-specific and variable” (Turner, 1988, p144). More recently it has been argued that there is no distinction between social and personal identity. For example Timotijevic and Breakwell (2000) posit that social identity becomes personal identity, with the difference between the two concepts being a temporal one.

Identity has been proposed to be formed within a series of developmental stages. Erikson (1956) conceptualises an individual's global self-awareness resulting from a process of crisis and social identifications. By the end of adolescence, individuals will have internalised the social approval gained for their self-presentations (Harter, 2003), and consolidated their identity through shared goals and values with others (Nurmi, 2004), leading to a relatively complete inner identity (Erikson, 1956). This increasing sense of identity is experienced through knowing the direction one is taking and of feeling assured of recognition by significant others. However, this theory assumes that identity becomes integrated over time as the individual moves towards a more final self-definition involving “irreversible role pattern” and commitment. Erikson's theoretical framework has been criticised for failing to adequately explain the personal and social experiences constraining or impacting on psychosocial development of identity beyond adolescence, particularly for women (e.g. Raskin, 2006; Graham et al, 2004).

Theorists have sought to understand not only the individual's unique sense of self differentiated from others, but also the extent to which individuals define themselves through their relationships with others and with social groups. Concepts of identity developed from symbolic interaction (e.g. Mead, 1934) emphasise a self-concept which evolves via social interaction with others, leading to the development of multiple identities which can change over time. Mead (1934) proposes that the self is relational to the 'generalised other', which means that as individuals, we learn to act in ways we think others expect of us by interpreting the world as they do. Mead therefore argues that 'me' is a social construction. The emergent relational self is derived from an individual's connection to significant others, and the interconnection between these cognitive representations and the individual's self definition (Brewer & Gardner, 1996).

Social identity theory considers aspects of identity derived from group memberships (Tajfel, 1978, Tajfel & Turner, 1986). Arguing for a relationship between cognition and the social context, Tajfel (1978) asserts that in order to make sense of the social world an individual must not only compare him/herself to other individuals, but also evaluate the similarities and differences between social groups via social comparison. This means identifying those who share a similar group membership – the in-group, and those who are different – the out-group. These groups will differ in power and status, relational to each other. Tajfel (1978) theorises that people make decisions regarding the value of their own group by intergroup comparison, where the in-group is compared with other similar, but distinct out-groups. The motivation for these social comparisons is the need for a positive social identity; an identity which, in comparison with other groups, promotes both the in-group and self as positively distinct (Tajfel & Turner, 1979). The distinctiveness principle is believed to be an important value in Western cultures, necessary to an individual's meaningful sense of identity. However, Vignoles, Chryssochoou and Breakwell (2002a) suggest that distinctiveness is not a unitary construct, arguing for a differentiation between position, which refers to the distinctiveness of one's position within social relationships; and separateness which describes distinctiveness through psychological isolation or separation from others.

Some (e.g. Condor, 1989; Deaux, 1992) question the extent to which we can objectively assume that a social identity is claimed by all who happen to fall into a defined category or group. For example, Ethier and Deaux (1990) report that in a study of Hispanic students, nearly 15% did not accept Hispanic as an identity, even when directly asked. Deaux (1992) argues that acceptance of a social category is a personal option, not an objective reality and that it remains difficult to analyse social identities separate from a consideration of their personal meaning. She suggests that whilst some may define their identity via a specific in-group experience with no comparison to an out-group, others may compare with a variety of out-groups and that it is difficult to predict what that out-group might be. This highlights the importance of qualitative research which allows the social identity and the comparisons used by individuals to emerge from participants' own narratives, rather than researchers imposing categories upon them, determined by their own assumptions or expectations.

Drawing on the theories of social construction, social comparison (Festinger, 1954), social representation theory (Moscovici, 1981, 1988) and social identity theory (Tajfel, 1978; Tajfel & Turner, 1986), Breakwell's Identity Process Theory (IPT) (1986, 1993, 2000) proposes that identity is a product of the interaction between the individual and the physical and societal structures found in the social context. This product is considered to be dynamic and self-constructed, enabling the individual to replace, revise or remove elements of identity as necessary (Timotijevic & Breakwell, 2000). IPT describes the structure of identity through two dimensions: The content dimension comprises both social and personal identity characteristics such as group memberships and personal values and attitudes. The theory proposes no distinction between social and personal identity; rather through the course of an individual's life experience, social identity becomes personal identity. The second dimension is the value/affective dimension of identity which evolves and changes as a result of changes in societal value systems and the individual's response to such systems. This model construes identity as being constructed within a socially and historically specific context, which includes interpersonal and intergroup memberships and social influence processes such as educational and political discourses. These serve to establish values, belief systems and social representations of norms. The existence of contradictory ideologies and conflicts offers some freedom of choice in

the construction of the identity structure, thus the theory positions the individual as agentic in the creation of identity. Identity is therefore conceptualised as fluid, dynamic and determined by social processes, developing across time and experience.

IPT considers the structure of identity to comprise two processes: The process of assimilation and accommodation; and the process of evaluation. The process of assimilation and accommodation is essentially a memory system (Breakwell, 1993) involving the incorporation of new elements into the existing identity structure. These processes interact with each other to alter both the content and value of identity, as meaning and value are added to both old and new components of identity content. The four principles supporting the identity processes are: Individual distinctiveness; continuity across time and situation; self-efficacy; and self-esteem. Breakwell (1992) outlines the principle of self-efficacy as the product of self-evaluation. She argues that social approval is one of the cornerstones of self-esteem, but that the extent to which opinions of others affect the process of self-evaluation may differ according to the levels of efficacy available to the individual. Breakwell (1992) further proposes a relationship between efficacy and sex-role ideology, arguing that lower efficacy is associated with greater concern for the opinions of others, leading to greater acceptance of traditional images of gender roles.

1.6 Managing Threat to Identity

Having explored identity as a construct, consideration will be given to research which has focused on threat to identity. There does not appear to be an agreed definition of what 'threat to identity' might be. For example, Turner (1978) suggests that when the attitudes and behaviour expressed in one role are carried over into other situations, there is a merger of role with person, and this can often be the source of role conflict. Ethier and Deaux (1994) propose that new *environments* may challenge either the meaning or the value of an identity, whilst Breakwell (1986) describes *situations* which might threaten the identity, such as the loss of employment, or loss of a spouse. It could be argued that becoming a mother and staying at home to care for the child may challenge identity as a result of both

environmental and situational change. Furthermore, research suggests that any threat to identity should be examined within its historical context (Condor, 1989). Threats are said to challenge identity processes because social influence processes add specific social meanings defined by their historical context. Therefore the ideologies which contextualise both the nature of the threat and the subsequent coping strategies must be considered (Breakwell, 1986).

Erikson's (1963) definition of eight psychosocial stages are each characterised by a psychosocial crisis or threat to identity. Marcia (1966) suggests four identity statuses within the process of identity formation through crisis and commitment: The resolution of an identity crisis leads to identity achievement and commitment to a role, whilst the status of someone not yet committed to a role is described as moratorium. Foreclosure will occur where an individual is committed but has not experienced a crisis, whilst identity diffusion is defined as a lack of commitment to a role and no current crisis. Gilligan (1982) argues that Erikson's description of identity is limited, because it is rooted in a male perspective. Raskin (2006) addresses the issue of women's experience of conflict between work and family and proposes an additional component to Marcia's (1966) identity status paradigm, which she terms 'conflicted achievement'. Her findings suggest that in the work-family domain at least, individuals can be committed to both roles, and that such commitment does not necessarily need a resolution to the conflict experienced by holding both.

Turner (1978) suggests three criteria for role-person merger leading to role conflict: The first is a failure of role compartmentalisation; the second is that the individual resists abandoning a role even though there are available and viable alternative roles; the third criterion is the attitudes and beliefs that a person holds, which are appropriate to the role. Turner suggests that the more consistently others identify a person by their role, the greater the likelihood for the individual to merge with that role.

Breakwell (1986, 1993) argues that threats to identity can only be meaningfully studied in a social context because the structure of identity, the type of threat and the available coping strategies are so closely linked to the individual's dominant social beliefs and cultural expectations. Support for this position comes from a study by

Johnson and Robson (1999) who found that anxieties experienced by women in the transition to programmes of higher education arose from a number of competing issues within the social context. Breakwell (1986, 1993, 2000) conceptualises the social context of identity as comprising interpersonal networks, group memberships and intergroup relationships, which are assimilated into the content of an individual's identity structure. Threat to identity will occur when the identity processes cannot comply with the principles of continuity, distinctiveness, self-efficacy and self-esteem. Therefore strategies to cope with threat can operate at three levels: The intra-psychic level, the interpersonal level and the inter-group level. Breakwell (1986) posits that self-protection at the intra-psychic level will involve strategies relying on processes of assimilation-accommodation and evaluation, operating at the level of cognition and emotion, defined by either a deflection or an acceptance of the identity implications of the threat. At the interpersonal level, an individual may cope with threat by changing relationships with others, either by avoidance, or compliance. At the inter-group level, individuals may cope through group support, which can be achieved by the group altering the social representation of the threatening position, or by offering the individual acceptance and approval.

Vignoles, Chrysochoou and Breakwell (2002b) challenge the assumption made by social identity theory that individuals are motivated to maintain or enhance their self-esteem (Tajfel & Turner, 1986). Research by Vignoles et al (2002b) supports the alternative position that identity construction is equally motivated by distinctiveness, continuity and efficacy, not just self-esteem. However, these findings can perhaps be questioned as the research uses a sample of Anglican parish priests. Although in a later study Vignoles, Chrysochoou and Breakwell (2004) criticise others for relying almost exclusively on student samples, it can perhaps be argued that this study is also based on an unusual sample and is not necessarily representative of wider populations, thus limiting the extent to which these findings can be generalised.

Whilst Breakwell's (1986, 1993, 2000) identity process theory seeks to combine elements of social identity theory and social representation theory, it could be criticised for its lack of emphasis on the importance of social comparison in the management of threat. The importance of acceptance by others has been posited

as the most central of human motivations (Baumeister & Leary, 1995). Spencer, Fein and Lomore (2001) propose that because the self-concept depends so heavily on other's acceptance, concerns about failure in interpersonal aspects of the self can be particularly threatening to individuals. Whilst some studies have shown support for Festinger's (1954) hypothesis that individuals will make upward comparison, (e.g. Miller & Suls, 1977), Brickman and Bulman (1977) argue that social comparison with others seen to be in a more advantageous position is potentially threatening to the individual and are therefore avoided in favour of comparisons with others thought to be worse off. This theory has been extended by Wills (1981) who proposes that individuals will compare themselves with others who are thought to be in a worse position when they themselves are experiencing a decline in well being and when instrumental action is not possible. Such downward comparisons are argued to have a positive effect, allowing individuals under threat to feel better about themselves (Buunk & Gibbons, 2007).

Research which separates the social identity from the personal suggests that threats to the personal identity are seen as much more threatening than threats to an individual's social identity (Gaertner, Sedikides, Vevea & Iuzzini, 2002). Crawford (2007) posits that in performance tasks individuals will focus on the non-shared identity to distance themselves from a potentially aversive comparison with a better performing comparator. When the task is not self-relevant, participants are more likely to focus on shared identity. The difficulty with such research is that the arguably false situation of the laboratory to set up such comparisons may impact on the findings. Further qualitative research in the field may be useful to discover whether such comparisons occur in more natural surroundings.

1.7 Researching Women's Identity

Williams and Giles (1978) assume that 'womanhood' is a clearly defined social category and use social identity theory to explore women's group identities, defining women as a disadvantaged gender group when compared with men's social identity. Williams and Giles (1978) suggest that evaluating oneself as belonging to the social group 'women' invites unfavourable comparison with the out-group of men, as men occupy the dominant and higher-status group position. For women the social identity

taken from their subordinate gender group offers negative characteristics and inferior status.

Condor (1989) questions whether the reliance of traditional, positivist methods in research on social identity theory has constricted the development of a dynamic social identity approach to the study of women as a social category. Similarly, Breakwell (1979) argues that there is a lack of consensus regarding the characteristics of 'womanhood', and it is this which leads to an unsatisfactory social identity for women, rather than resulting from negative comparisons with men. She proposes that when a woman tries to integrate the woman that she believes herself to be with the woman that society says she should be, the resulting incompatibility leads her to feel marginalised, thus experiencing an unsatisfactory social identity. Although some aspects of being a woman may be common to all women, there are many sub-groups, some of which may directly contradict each other, such as the concepts of 'stay-at-home mother' and 'successful career woman' (Breakwell, 1979). Further support for this position comes from Baker (1989), who argues that women are a heterogeneous social group, with distinct social identities around work and domestic roles. This would mean that the social identity of a career woman may be markedly different from the social identity of a stay-at-home mother. Baker suggests that women are more likely to define their social identity by comparison with women in other groups, rather than with men. However, Condor (1986) proposes that women, like other low status groups, may choose to identify with the dominant group, sharing with men the negative stereotypes of their own sex and showing prejudice towards other women.

Baker (1989) proposes that 'mothers' should be conceptualised as a distinct social group, with a social identity established by comparison with other groups of women, rather than with men. Positivity of social identity depends on the degree to which motherhood is a chosen activity and on the existence and strength of links with other mothers.

1.8 Managing Multiple Identities: Mothering and Paid Employment

A large body of recent research on the social group of mothers has explored how women manage the identities of mother and working woman. For example, Vincent et al (2004) explore how professional middle-class women experience shifts in their self-identity resulting from motherhood, describing their participants as educated to have “careers rather than jobs” (p. 572). At the time of the study, some of the women were working full-time, some part-time and some were caring for their children full-time. The aim of the research was to understand how these highly educated participants resolved the tensions between two competing discourses: One valuing paid employment, particularly within high-status professional roles; and the other around contemporary mothering. This second discourse was defined as consisting of disparate discourses which simultaneously value and devalue the role of caring for young children. Vincent et al propose that the tension which exists in these conflicting discourses is representative of the confusion within society about the status and role of mothers and fathers, leading the participants to “live a contradiction by juggling options, possibilities and disappointments” (Vincent et al, 2004, p. 574), resulting from the social context, which arguably does not offer the opportunity for women to combine work and family in a satisfactory manner.

Hakim (2000) categorises women into three types: Home centred, work centred and adaptive. Home centred women are defined as holding a moral position which considers it inappropriate for mothers to work and this attitude is thought to explain why those who have invested heavily in their education and training give up work after having children. Although Hakim (2000) positions such diversity as evidence of positive choice for women, Vincent et al (2004) argue that the possibilities of choice are pre-empted by deeply embedded gender divisions of labour. They state that some of their participants who gave up work cited the impossibility of continuing with paid employment due to difficulties in finding childcare, or the demands of long hours. Others ‘chose’ part-time work, either because they made a clear choice to do so, or because the demands of inflexible jobs meant working full-time was too difficult to manage. This suggests that certain careers emphasise ‘presenteeism’ and long hours, a concept defined by Phoenix (1991) as the male model of work. Hakim (2000) defines the different patterns of women’s employment as the result of

individual choice rather than resulting from any such contextual constraints, but Crompton (2006) disagrees, arguing that the context of these choices need to be explored, particularly with reference to governmental policy making.

Graham et al (2004) suggest that the complexity of modern women's identity formation and maintenance is in part dependent upon the choices they make. They argue that full-time stay-at-home mothers must integrate into their identity their own and society's evaluation and expectations of their family roles and increased societal expectations that women will work outside the home. They propose that some women structure their roles hierarchically, giving priority to one role. Whilst this theory appears to be valid for women working in vocational roles, others in their study described their multiple roles as equally important, which suggests that a structural approach is limited in explaining identity formation for this population. Graham et al (2004) postulate that employed mothers maintain the integrity of their identity structures by compartmentalising their roles. Interestingly, 13% of the women in their study were termed as being "in transition", meaning that they were revising their investments and commitments to their role related identity which suggests a fluidity to identity structure.

In a study of working women with children under 18, Raskin (2006) examines women's identity, career salience, attachment and coping styles, hypothesising that identity (as conceptualised by Erikson, 1968) might influence how women relate to their working role. Her study, using a sample of middle class women, aims to explore the relationship between adult development, work and family. Of particular salience is thought to be the fact that most middle class working women of today did not have a working mother themselves, thus positioning them as the first generation to have to resolve their relationship to the workforce. In opposition to Vincent et al (2004) who argue that it is unusual for a woman with children not to work, Raskin (2006) takes the stance that although women's work identities have significantly shifted, expectations of the mothering role have remained relatively constant and quotes American research to support the idea that Western ideology still positions stay-at-home mothers as the norm, essential to the healthy development of well-adjusted children (e.g. Hattery, 2001). Raskin distinguishes between women who wish to develop a career identity whilst satisfying both social and individual

assumptions around the identity of a traditional mother, and those for whom a satisfying career is most important.

For some she suggests the notion “having it all” is the desired outcome and highlights a sense of identity conflict for working mothers based around two questions: What kind of a mother do I want to be? And how do I see myself as a worker? In explanation of her findings Raskin refers to Erikson’s (1956) identity status paradigm, operationalised by Marcia (1966). Raskin (2006) proposes that the results of her study support the concept of a sub-status, which she terms ‘conflicted achievement’ arguing that many of her participants with multiple roles consistently experienced stable, on-going internal conflict, even though they were equally committed to these roles. This experience of equal commitment appears similar to that expressed by the participants in Graham et al’s (2004) study above, many of whom spoke of equal importance ascribed to their multiple roles. As a result of her findings, Raskin (2006) argues that Marcia’s identity domains do not have to be mutually exclusive as an individual can be committed to both work and to family, thus positing that commitment to both does not require conflict resolution.

1.9 Holding the Identity of Stay-at-Home Mother

It has been proposed that to be a full-time mother situates one outside of society, and wholly inside family (Vincent et al, 2004) which is arguably a risky position to occupy:

The world presents, and mothers experience, the image of the lazy, mindless, dull housewife – and no mother wants to be included in that image.
(Hays, 1996, p.138).

Both Oakley (1980) and Pistrang (1984) posit that first-time motherhood leads to a loss of personal identity as a result of giving up work. Oakley (1980) claims that whilst work offers the individual positive factors such as personal enhancement, status, financial and personal independence and intellectual challenge, in contrast motherhood offers dependence, social isolation and loss of identity and status. Baker (1989) concurs, postulating that membership of the stay-at-home mother group offers the individual negative characteristics and a less positive social identity

in comparison with working women. In a study of 55 first-time mothers, Oakley (1980) reports that women who had demonstrated a strong work identity had low self-esteem as mothers and gained little satisfaction with their new role as mothers. These women were described as more likely to be well educated, older and have liberal attitudes about a woman's role in society. Oakley (1980) proposes that the sudden change in status resulting from assuming the identity of housewife-mother may seriously affect a woman's self-concept, whilst her contentment may be threatened by factors such as isolation, monotony, relentless responsibility and lack of money.

Hock and DeMeis (1990) explore the psychological factors which might mediate the relationship between employment, motherhood and mental well being and state that women who experienced incongruence from a wish to work, but who stayed at home as full-time caregivers reported higher levels of depressive symptoms. The researchers propose that after the birth of their first child, some women may struggle to reconcile psychological conflict around the opposing attraction of employment versus a belief in the traditional mothering role and that the experience of conflict may result in stress and depression. Interestingly, the study finds that women who also experienced incongruence through a wish to stay at home, but who were employed did not experience these higher levels of stress and depression. The husbands of this group of women were the lowest income earners of the four groups, perhaps allowing the women to value their own paid employment as contributing to their maternal role by supporting the family needs. This may have resulted in personal validation and no inherent contradiction between attitudes and behaviour, as the women were still providing care for the family. In contrast, the women who did not have to work, but who wanted to, would have to explain this by reference to their own needs, rather than the needs of the family – which departs from the traditional motherhood model. Hock and DeMeis (1990) conjecture that this position results in women deciding to stay at home with their children (thus following the traditional model) but suffering the consequences of psychological distress. Their findings support Oakley's (1979) suggestion that the decision to work or not to work is not just about level of income, or the needs of babies, but is in part about the perceived legitimacy of an individual's own needs.

Women's networks of relationships also appear to affect the experience of motherhood. For example, research suggests that women with lower occupational and educational status have social networks characterised by 'tight knit' links with family and friends (e.g. Gladieux, 1978). These networks offer a positive image and a more traditional view of motherhood, resulting in a greater likelihood of these women experiencing pregnancy and early motherhood as fulfilling. Women with less close ties with mothers and friends are often those with higher occupational and educational status and it is these women who are less likely to experience motherhood as fulfilling (Baker, 1989).

Although approaches based on the concept of social class have been criticised as problematic, containing a variety of meanings (e.g. Boulton, 1983), a number of studies have found a difference in satisfaction in the mothering role between working class and middle class mothers. Newson and Newson (1965) and Gavron (1966) report that working class women expected their families to provide them with their main source of satisfaction, unlike the middle class mother who found the presence of young children denied her the opportunity to find fulfilment. Boulton (1983) states that a large proportion of her middle class participants expressed dissatisfaction with their role, citing exclusive responsibility for the children as inhibiting their personal freedom and autonomy, leading them to replace their identity as individuals with their identity as mothers. In contrast, only a very small proportion of the working class mothers expressed a similar opinion.

Many of the middle class participants in Boulton's (1983) study emphasised the transient nature of the role, accepting their frustration regarding their sense of independent existence by looking forward to the future. Boulton (1983) suggests that this approach of "tolerance and anticipation" (p.99) appeared an effective strategy to sustain the women through difficult times, but that it was limited as a way of coping as it did not increase their enjoyment of their current situation.

1.10 Mothers and Mental Health

Research suggests that being a mother may be linked with an increased risk to mental well being. For example, Brown, Ni Bhrolchain and Harris (1975) found high

rates of depression in their sample of mothers: Thirty-one per cent of working class women with a child under six were clinically psychiatrically disturbed, with a rate of 15% for the sample as a whole. Similarly, Richman (1974, 1976, 1978) reported that 30% of her sample of mothers of three-year olds had been 'significantly depressed' over the past year, whilst Moss and Plewis (1977) found that 52% of mothers had suffered moderate to severe distress in the previous 12 months. More recently, Horwitz, Briggs-Gowan, Storfer-Isser and Carter (2007) studied a birth cohort sample in the North East of England and found that approximately 17% of women with young children showed elevated depressive symptoms. Furthermore, of those with depressive symptoms, 46% continued to experience these symptoms at the one year follow-up. The prevalence of postnatal depression has been estimated at between 3-24%, and this problem does not appear to be a transient one, as follow up studies have shown continued high rates of distress among women beyond the post-partum period (Boulton, 1983).

Women report significantly higher rates of major depression than men, and this cannot simply be explained by the fact that women may engage in more help-seeking behaviour than men (Alegria & Canino, 2000). Ussher (2000) reports that women with caring roles such as looking after small children or elderly relatives, are more at risk of mental health problems and suggests that estimates of the ratio of women to men suffering from disorders of depression and anxiety are as high as 6:1. Research suggests that increased rates of depression are noticeable in women aged 20-40 years, who are married with children (Bebbington, Tennant & Hurry, 1991), and show more severe rates of depression than women without children (Canino, Rubio-Stipec, Shrout, Bravo, Stolberg & Bird, 1987). Theories include a hypothesis of social causation, where the increase of depression in women of child-bearing age is linked to the problems of raising children in families with little social or familial support (Alegria & Canino, 2000).

In a study of depression following childbirth, Nicolson (1986) describes how women's experience of depression is pathologised. She argues that research on post-natal depression has categorised women as "faulty machines – whether this refers to their physiological or their psychological mechanisms" (Nicolson, 1986, p. 135). From a series of interviews with new mothers in order to explore the experience of post-natal

depression, Nicolson (1986) postulates that the difficulties experienced by these mothers were not necessarily psychological but due to the change in their social interactions, which over time affect women's perceptions of who they are and their ability to cope.

In a later longitudinal study on postpartum depression, Nicolson (1999) interviewed women one, three and six months after the birth, finding a paradox in women's experiences. Whilst women were happy to be mothers, they reported feeling unhappy at losses of autonomy, time, appearance, femininity, sexuality and occupational identity. Nicolson offers the suggestion that whilst society continues to construct the transition to motherhood as a "happy event", women are pathologised for their reaction to these losses. She argues that if women were encouraged to grieve for the loss of important components to their identity, then postpartum depression would be seen as a normal, healthy process towards psychological reintegration and personal growth. Arguably support for Nicolson's theory that loss of components of women's identity is linked to post-partum depression may be found from a study by Coley, Lohman, Votruba-Drzal et al (2007) who found that employed mothers experience better mental health and higher self-esteem than unemployed mothers.

In a longitudinal study aimed to assess whether role quality impacted on self-reported health in mid-life, McMunn, Bartley and Kuh (2006) found that at the age of 54, homemakers were significantly more likely to report poor health than women in the multiple roles group (employee, spouse and mother). Indeed, less than 3% of homemakers reported having excellent health. McMunn et al (2006) consider power to be associated with a patriarchal structure which has led to gender norms in social roles. Within this understanding of structure, they argue for the possibility of a relationship between the restrictions on role quality experienced by full-time homemakers and their subjective poor health measures.

1.11 Positioning the Current Study

Since the 1970s there has been qualitative exploration of the subjective experience of being a stay-at-home mother (e.g. Oakley, 1979). Raskin (2006) states that most

middle class women who are currently working did not have a mother who worked, suggesting that this is the first generation required to decide on their relationship to the workforce. They are also a generation who have grown up with opposing social and political discourses: One discourse values traditional gender roles, which continue to position the role of stay-at-home mother as natural and fundamental to the good of society. Opposing discourses challenge the patriarchal society, reconstructing women's identity to include paid work as well as mothering whilst political narratives devalue the role of the stay-at-home mother, instead emphasising the economic productivity of women. Throughout this study, the term 'traditional ideology' will be used to describe the ideology of the intensive mother (Hays, 1996), formed through socialisation of traditional gender roles and gender scripts (Valentine, 1999; Chapman 2004; Bradley, 2007). The opposing ideology which combines motherhood with paid work will be described as the 'de-traditionalist ideology' (Baker, 2008). De-traditionalisation is described as the destabilising of structural determination which removes people from the constraints of traditional gender roles (Beck, 1992).

Recent studies have explored the relationship between motherhood and paid work, whilst others have focused on the difficulty of returning to work after having a child (e.g. Vincent et al, 2004; Millward, 2006), and the issues arising from holding and integrating multiple roles (e.g. Raskin, 2006; Graham et al, 2004). Studies which have explored how women adapt to motherhood have largely focused on the transitional period (e.g. Smith, 1999). However, the link is not convincingly made in the literature on how a woman's decision to become a stay-at-home mother may threaten identity beyond the post-partum period, particularly within the current social context, or how any such threat is managed. The conflicting messages regarding the role of women and ambiguity surrounding competing current political, moral and social discourses and expectations arguably creates a tension in society resulting from confusion about the status of mothers caring for young children (Vincent et al, 2004).

Shelton and Johnson (2006) emphasise the value of exploring the complexities of motherhood over a longer period of time, not just focusing on the transition to motherhood. This study aims to explore how women decide to take the identity of

stay-at-home mother and to seek to understand how this identity is experienced and managed. The extensive literature on women's vulnerability to depression (e.g. Brockington, 1996; Alegria & Canino, 2000; Ussher, 2000) suggests that from a counselling psychology perspective it may be useful to seek greater understanding of the phenomenon. The changes in the social and political expectations of and for women suggest that the experience of deciding to be a stay-at-home mother and the subsequent management of that identity may be qualitatively different to the findings of researchers such as Oakley (1972). In addition, an in-depth study of the phenomenon in relation to theories of identity management has not been the focus of previous research. Furthermore, the 'myth of motherhood' appears to lead to contradictions between the ideology of mothering and women's lived reality within the current social context.

It has been suggested above that being a mother can lead to a decline in mental health. This study aims to place women who are mothers at the centre of this research and use their voices to describe and interpret their experience of being a stay-at-home mother. In accordance with Whitford's (1991) suggestion, this study aims to recognise motherhood as a separate subject-position from womanhood. It is hoped that a deeper understanding of the impact on a woman's identity resulting from the change from paid worker to full-time motherhood and the challenges that a woman faces, whether post-partum or in the following years, may encourage further development of woman-centred therapy, constructed within an understanding of the social and historical context, to enable women to develop better coping strategies pertinent to their own individual contexts and belief systems.

2. Methodology

2.1 Research Questions

To explore the lived experiences of women who have decided to be full-time stay-at-home mothers and have faced identity challenges as a result of this decision.

To explore and seek to understand how the decision to be a stay-at-home mother may impact upon a woman's identity and how identity challenges are experienced and managed.

2.2 Rationale for adopting a qualitative approach

As part of the decision to adopt a qualitative approach, a quantitative approach was considered and rejected. Quantitative research assumes that human behaviour occurs from generally applicable laws. It takes a positivistic stance, based on the belief that reality is knowable and objective (von Wright, 1993). In order to find the 'truth', quantitative research assumes that the 'real' world can become known and described through observable, measurable variables (Ashworth, 2008). However, in order to understand and explain a phenomenon, many argue that quantitative analysis reduces a phenomenon to a manageable number of identifiable variables (e.g. Giorgi & Giorgi, 2008). It assumes that science separates facts from values and is therefore 'value-free' (Robson, 2002) meaning that hypotheses can be tested against these scientific 'facts'. Such a reductionist approach has been criticised by Levins and Lewontin (1985) who argue that positivist Western science is unable to study the *interconnectedness* of complex systems because it seeks to separate them into parts which are then studied in isolation from the whole.

This study rejects the quantitative realist position with its assumptions of a relationship of cause and effect between structures and objects in the world. This research has been influenced by research from a relativist ontological position, which emphasises the diversity of subjective interpretations that can

be applied (Willig, 2008). A researcher who does not believe in a 'real' reality will not see themselves as capable of objective detachment, or of discovering how things 'really are' (McLeod, 2001). Instead, researchers working from within a qualitative approach take the view that people formulate their own reality and this approach is influenced by post-modernist thinking. Whilst modernism takes the view that our constructions relate to the real world and that knowledge can be advanced towards a greater understanding of a solid truth, post-modernism takes the stance that our conceptions do not touch the real world but are wholly constructed (Ashworth, 2008). Qualitative analysis in psychology does not position itself as 'outside human society, looking in' (Ashworth, 2008, p22), but instead acknowledges its position as embedded within a culture. Its aim is to bring to awareness the implicit assumptions that a particular social group may have, and to contextualise this within a specific historical framework. Ashworth (2008) postulates that qualitative research therefore focuses on the person's *construction* of their life-world rather than on their perception of it. However, the post-modern qualitative research paradigm also accepts that the presentation and subsequent representation of the individual's construction of their life-world is influenced by the presence of the researcher (Holliday, 2007). Thus in seeking to explore the lived experiences of women who have decided to be full-time stay-at-home mothers, the influence of the researcher will be considered and commented upon.

2.3 Rationale for adopting Interpretative Phenomenological Analysis (IPA)

IPA is an inductive approach, offering the researcher the opportunity to engage with the research question at the idiographic level (Reid, Flowers & Larkin, 2005) by exploring the participant's lived experience of their personal and social world, whilst recognising that the subsequent interpretation will be influenced by the researcher's own view of the world. IPA attends to all aspects of the lived experience, including feelings, motivations and beliefs systems and how these might be expressed in behaviour and action (Eatough & Smith, 2008).

In settling on IPA as the method most suited to this research, other qualitative methods were considered. The researcher's aim was to explore the lived experience of women who had decided to be full-time stay-at-home mothers, to

understand how this experience might impact on their identity and how such challenges are managed. Methodologies which define categories of meaning *before* data analysis is performed (such as content analysis) were rejected because the researcher did not wish to constrain the findings by imposing pre-defined categories. The most suitable qualitative methods allowing exploration of the experience were identified as interpretative phenomenological analysis (IPA) or grounded theory. Grounded theory, which was developed by Glaser and Strauss (1967), seeks to identify and extract categories of meaning which emerge from the data, and to explain the relationships between them (Willig, 2008). The aim is to produce a framework or theory which explains the investigated phenomenon. This approach was rejected for this study because, arguably, it does not take into account the role or subjective position of the researcher. The assumption is made that the data speaks for itself (Willig, 2008), however, many have argued that research observations are made from a particular perspective, and the observer's position will affect the very construction of the categories (Dey, 1999). In contrast, IPA acknowledges that the researcher is involved with the research process and that this involvement will both inform and influence each stage of the research process (Willig, 2008). Its emphasis on reflexivity allows for exploration of the relationship between the knower and the would-be-knower. This was felt to be most suited to the current study, as the researcher was aware of having a particular interest and position with regard to the phenomenon under investigation and wanted this to be explicitly acknowledged and reflected upon throughout the process.

IPA was developed by Jonathan Smith (1996) and is informed by two epistemologies: Phenomenology, in that it seeks to explore personal experience; and hermeneutics, in that it also aims to interpret this experience whilst recognising the central role of the researcher in this process. In order to both describe and interpret the participant's world, a double hermeneutic is involved:

“The participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make sense of their personal and social world.” (Smith, 2004, p40).

Phenomenology was proposed by Edmund Husserl (1859-1938) as a method of enabling fundamental concepts within all scholarly disciplines to be framed rigorously in a way that would give a firm basis to each science (Ashworth, 2008). Husserl rejected the psychological presupposition that something more fundamental lies behind experience, instead positing that what is experienced is the starting point. Phenomenology studies the way in which humans make sense of the world around them by considering that the context in which the experience takes place will affect the construction of the individual's reality. Moustakas (1994) suggests that the 'self and world are inseparable components of meaning' (Moustakas, 1994, p28) so that the perceived world takes place within a context of thoughts, emotions, memories and judgements. Phenomenology therefore attempts to describe the individual's perspective, to understand the qualitative diversity of those experiences and to extract their essential meanings (Kvale, 1996).

Whilst phenomenology seeks to set aside assumptions and describe the phenomena by immersing oneself in the phenomena until its essential features are revealed, hermeneutics assumes that understanding is a matter of interpretation. Contextualised within an historical and cultural perspective, it is recognised that the researcher comes to the research with pre-understandings which are embedded in our culture. In his book *'Being and Time'* (1962) Heidegger integrates phenomenology and hermeneutics in order to understand and make sense of the essential nature of being: The 'everydayness' (McLeod, 2001, p61).

IPA is also influenced by symbolic interactionism, which acknowledges that meanings are constructed within both a social and a personal world. Mead (1934) argues that mind and self result from social interaction. He postulates that the communication between an infant and its caregiver occurs before the infant knows what it is doing, or who it is. Therefore the individual experiences him or herself only indirectly, from the reactions and attitudes shown by others within the same social group. An individual's self-concept or identity is built up as the ability to reflect on one's own actions is acquired. Mead therefore argues that the individuated self develops in a social context, whose meanings

are situated within the person's culture, thus the person is a member of society first, and an individual second. Ashworth refines this argument by suggesting that 'people are constructed *and are also* constructors' (Ashworth, 2008, p18 - italics in original text). Furthermore, reflexivity on this process of construction allows the individual to develop a sense of self as a result of the interpretative action which occurs between self and others (Eatough & Smith, 2008). The inherent role of the researcher in IPA is therefore to interpret the participants' *construction* of their world.

Smith (2004) defines the three central features of IPA as idiographic, inductive and interrogative. Whilst there is no single, definitive method for carrying out an IPA study, the most common method of data collection in an IPA study is the semi-structured interview (Smith 1999). The researcher analyses each individual interview transcript, seeking to understand the phenomenon at the descriptive level (Willig, 2007). Thus the ideographic principle focuses on the primacy of the individual's subjective experience of reality (Millward, 2006). Once the cases have been extensively analysed, a cross-case analysis is conducted, to examine both the convergence and divergence of themes, and then an attempt is made to construct master themes which reflect the group's experiences as a whole. These integrative themes are still grounded in the data. Secondly the process is inductive, meaning that the themes emerge from the data. No attempt is made to formulate hypotheses according to existing theories or literature before engaging with the material. Instead, the themes and theoretical model emerge from the analysis and can then be related to the existing literature. Smith (2004) proposes that unexpected themes emerging from the data can be one of the most rewarding aspects of this approach. Finally, the approach is interrogative, as a key aim of IPA is to add to existing research by relating the results of the analysis to existing psychological literature.

In order to describe the phenomena in its totality, the researcher must bracket or set aside what she thinks she already knows in order to transcend presuppositions and biases. This allows the researcher to critically examine her usual way of 'knowing' about it, thus allowing her to seek to understand and

interpret somebody else's experience (Spinelli, 1989). Giorgi and Giorgi (2008) argue that our ability to live through events is greater than our ability to understand exactly what we do and why we do it. Therefore much can be revealed by analysing the meaning of others' experiences.

In seeking to interpret the individual's experience of a meaningful life-world, Ricoeur (1970) suggests that there are two kinds of interpretation. The first is the hermeneutics of meaning-recollection, which aims to describe the experience faithfully. The other is the hermeneutics of suspicion, which aims to make a much deeper interpretation, even challenging the initial account. This study is perhaps more closely aligned to the hermeneutics of suspicion: By taking a critical stance at the interpretative stage, asking questions arising from the data, the researcher seeks to understand beyond the awareness revealed by the participant, thus foregrounding the role of interpretation within the method.

Whilst the idiographic style of analysis in IPA does not allow for grand generalisations to a wider population, Brocki and Wearden (2006) postulate that IPA analysis should not merely retell the respondents' accounts. Interpretations made from the data are made cautiously, and are made with an awareness of contextual and cultural issues. Smith and Osborne (2008) caution the researcher that the aim is "to say something in detail about the perceptions and understandings of this particular group" (p55). By foregrounding the *interpretative* component within this study it is hoped to offer not only an understanding of this phenomenon, but also some insight into how this knowledge may enable counselling psychologists to offer useful support to others experiencing a similar phenomenon.

As a consequence of placing this study within a qualitative paradigm, analysis of the data does not contain numbers or percentages. Krueger (1994) advises that numbers should be avoided, as their use may imply that results can be projected to a population, which is not within the parameters of a qualitative study. Instead qualifiers such as "several participants" or "most participants" will be utilised to explain the data (Krueger, 1994).

2.4 Epistemological Position

Eatough and Smith (2006) argue that IPA emphasises experiential research as opposed to discursive research. Whilst discourse analysis focuses on the way language constructs people's worlds, IPA puts greater focus on understanding and making sense of individuals' ways of thinking and being. The epistemological position taken in this study has been influenced by Eatough and Smith (2006) who posit that IPA can be described "as taking a light constructionist stance in contrast to the strong constructionism of discourse analysis" (p485). Whilst there is a recognition that people's narratives and conversations are contingent upon and constrained by their cultural language, their stance is one which stresses the importance of cognition by suggesting that there is more to our lived life than historically embedded linguistic interaction. This view of IPA therefore, is one concerned with teasing apart the relationship between thoughts, discourse and behaviour. This is not to suggest that these components are seen as isolated, separate functions, but that cognitions are an important part of being-in-the-world.

Whilst consideration has been given to the role of social constructionism in seeking to understand the explored phenomenon, this epistemological position has been tempered by Willig's (1999) view that a critical realist approach can be taken to social constructionist work. She argues that although a social constructionist viewpoint allows us to notice that there can be different ways of describing an event, it does not help explain "why things are as they are and in what ways they could be better" (p38). Willig argues that a social constructionist perspective does not mean that a relativist position has to be adopted. Whilst not suggesting that the social environment is reduced to a set of objective, external stimuli, critical realism maintains that the particular social conditions that the individual chooses to appropriate create his or her environment. This means that the social environment can be recognised as objective yet also unique and personal to each individual (Willig, 1999). Although critical realism does not take the positivist stance of an objective 'reality', there is therefore an acknowledgement of the existence of relatively enduring economic and social structures. Within this perspective, social

constructionism can be implemented to make sense of these relatively intransitive structures contextualised by more transitive historical and cultural perspectives. The epistemological position of this IPA study is therefore allied to the 'light constructionist stance' posited by Eatough and Smith (2006), but anchored within the critical realist stance argued by Willig (1999). This means that this research explores the lived world constructed by the individual as an example of subjective reality, whilst holding the notion that some elements of that reality are to some degree fixed and relatively enduring.

Willig (1999) argues that understanding social structures allows possibilities for future action. Thus a model which explains not only what participants experience, but also contextualises these actions within a framework of other possible actions accounts for the present but also creates future potentialities. Offering counselling psychologists an understanding of the range of actions available, and how these actions are contextualised within a social framework may be beneficial for future clinical work.

2.5 Personal Reflexivity

The epistemological position taken in this study necessitates a focus on researcher reflexivity. Whilst Holliday (2007) cautions that reflexivity can be an ambivalent term, it involves some acknowledgement of an interconnectedness between the researcher, her methods and the politics of the social world under investigation. In order to offer as much transparency regarding possible researcher subjectivity in this study, this section will be written in the first person.

My subjective position as researcher on this particular study is clearly relevant and has affected both the choice of research subject and the research method to be used. I am a White, British mother of two children and made the decision to remain at home as the principle caregiver when they were small. As the years went by, this position became more and more difficult to reconcile with my own needs for intellectual and social stimuli. The conflict arising between my chosen identity as a stay-at-home mother and the differing reality negatively affected my mental well-being.

My own struggle with my identity as a stay-at-home mother affects my position as researcher and observer of the experiences of others. Smith (2007) acknowledges Heidegger's concern with the role of presuppositions in interpretation. He agrees with Heidegger's view that the researcher brings their fore-conception to the analysis and will interpret in the light of their own prior experience. Thus my aim is to offer my experience and my attempts to bracket it in order to allow for a greater transparency in understanding what I find, how I choose to interpret it and the possible limitations imposed on those interpretations. Larkin, Watts and Clifton (2006) state that "any discoveries that we make must necessarily be a function of the *relationship* that pertains between researcher and subject-matter" (p 107).

At the planning stage of this research, my presuppositions were that I would find many women who were struggling with their role as stay-at-home mother. Based on my own experience and those of my friends, I believed that I would find three main themes: Boredom, isolation and loss. My main difficulty was one of boredom and I hypothesised that others may experience similar challenges. I considered that others might hold similar beliefs to those that I held, leading to a struggle in resolving conflicting beliefs that one is doing an important job with the daily reality of a boring, mundane existence. I also thought that isolation may be a contributing theme, hypothesising that those with good social support networks might find it easier to cope than women who were isolated from friends and family. Again this was from my own experience of being the first amongst my friends to have a child and feeling the lack of social support. The third theme that I expected to find was loss. As a theme, this arose not only from my own experience but from many discussions over the years with friends who were also stay-at-home mothers. I had considered the theme of loss might include loss of money, aspects of relationships, career achievements and prospects. Finally I thought about the possible demographics of my self-selecting participants. I hypothesised that women who had had a 'career' (i.e. an actively chosen employment path, perhaps requiring specific qualifications) or were more highly educated than average might be more prevalent in the sample because I thought these factors might

impact more severely on the perception of loss and boredom, and that those who experienced this might struggle most with the mundane aspects of their current role. These thoughts were grounded in my own experience and those of my friends and therefore led to the supposition that this might be the case elsewhere.

I was aware during the data-gathering stage of my central position as researcher. A positivist position assumes that researchers can remain outside their research, acting as an observer who extracts the truth and yet my own experience of collecting data positioned me very differently. In considering this issue before the interviews took place, I had been influenced by Wilkinson and Kitzinger's (1996) exploration of representation of 'the Other', and by Oguntokun's (1998) experience of being seen as 'Other'. This had led me to question my initial belief that I was similar to the participants in my study. The demographic data does show clear similarities: Our ethnicity, culture, age (I am 44), educational background and the experience of being a stay-at-home mother are all shared. However, I began to consider the differences which may affect my ability to accurately represent these participants' experiences. I considered how they might view me as 'Other' by focusing on different components of my identity. On meeting to carry out the interviews, the participants did not know that I had children, or that I had assumed the identity of a stay-at-home mother. The person I represented in the here-and-now was a woman training for a doctorate and working as a counselling psychologist. I could be perceived as part of the world beyond children, holding a working identity, and as such could not perhaps be expected to understand or empathise with these women's experiences.

My consideration about how others might view me initially affected how much I chose to share with my participants. By challenging my own assumptions that I would be seen as similar, I began to believe that, no matter what I chose to share, I may still be seen as 'Other'. I therefore chose to reveal very little about myself pre-interview, focusing on my identity as researcher. I felt that this role was accepted by the first participant, but the second and third specifically asked me if I had children and I was content to tell them. However, the fourth

participant (Eve) made me reconsider what information I volunteered before the interview. I had a clear sense from her body language and speech that she felt defensive, even angry towards me, perhaps believing that I was in some way judging her life choices. My decision to allow participants to view me as they wished – as similar or as other, suddenly felt contaminating to the interview process. Once the uncomfortable interview was over, and I was preparing to leave, my participant asked me a question which resulted in my telling her that I had children and had stayed at home to care for them. There was an immediate change in her body language, her facial expression and her tone of voice. I was left feeling that if we carried out the interview again, I may have heard something very different.

As a result of this experience I became more forthcoming in the social interaction which took place on meeting with the remaining participants. Holliday (2007) suggests that once the researcher is in the research environment, there is bound to be a period of time during which relations are worked out. Herrera (1992) describes how her participants changed towards her once they knew she was a wife and mother, reflecting that this identity served to make her appear less threatening – perhaps by losing something of the 'Other'. My experience bore out this view and affected my presentation of myself in the role of researcher in subsequent interviews.

2.6 Epistemological reflexivity

Willig (2008) emphasises the importance of epistemological reflexivity. It is feasible to suggest that these interviews could have been subjected to discourse analysis which may have given some considerable insight into the social construction of the participant's subjective experience. This would perhaps have given a more in-depth understanding of the implications of social construction on subjective experience and offered a greater challenge to the apparent 'truths' by which women live their lives. However, taking the route of discourse analysis would not have allowed exploration of how the individual's particular sense-making feeds back into and therefore shapes her social environment. Willig (1999) argues that something more than a deconstruction of the taken-for-granted is needed. A method of analysis is required which also

explains “why things are as they are and in what ways they could be better” (p38). Epistemological considerations are further discussed at the end of this study, in section 4.6.

2.7 Research Design

The aim of this study was to analyse in detail how participants make sense of their experience. Smith and Osborn (2008) suggest that there are a number of ways to obtain suitable data for analysis, but perhaps the best method is by using a semi-structured interview which allows the researcher to understand the life-world from the participant’s own perspective (Kvale, 1996). This study therefore collected data via a single, semi-structured one-to-one interview with each participant.

Interviews were fully transcribed, and identifying information was removed. The transcripts were then subjected to interpretative phenomenological analysis, which is more fully described and explained in section 2.15.

2.7.1 Construction of the Interview Schedule

The interview schedule consisted initially of eight open-ended, non-directive questions, with a series of more explicit prompts available to the researcher to help the participant explore their thoughts about the question if required. The aim of this schedule was to try to enter the life world of the participant and to offer the participant an opportunity to be heard. The questions were therefore developed to act as triggers to encourage the individual to talk (Willig, 2008). The interview schedule was updated to include a further question which emerged as potentially important to the research from the analysis which had begun on the transcripts of earlier participants (see page 60). The final interview schedule is attached as appendix 1.

The main task of the interview is to understand the meaning of what participants say. Kvale (1996) suggests that the interviewer should respond to participants with meaning-orientated replies, such as rephrasing the content of a statement as demonstrated by Rogers (1965). The research interview thus

has a basic framework, with a specific purpose, but proceeds like a normal conversation.

Larkin et al (2006) argue that the choices a researcher makes regarding which particular questions to ask of which particular participants will have real implications for the research and that these choices relate to what we think we already know about the phenomenon. The particular questions which formed this interview schedule were influenced by Breakwell's theory of threat to identity (1986). The questions were formulated with a specific focus on identity, aiming to allow the participant to describe the lived experience of being a full-time stay-at-home mother, but not to constrain her from describing *her* experience. Thus questions were developed to try to explore whether the experience of taking and holding the identity of full-time stay-at-home mother had had any effect on her self-concept, and if so, what the participant understood this effect to be. Questions also explored the participant's management of this identity. Questions were phrased to allow the researcher to exhibit what Kvale (1996) calls deliberate naiveté, by offering an openness to unexpected phenomena, rather than expecting to know what would be said, and how this might be interpreted.

In line with Smith and Osborne (2008), the interview schedule was developed so that the first question (asking about the participant's child/children) was broad, general, concrete, and designed to put participants at their ease. More complex, thought-provoking questions appeared later in the schedule in order to allow time for the participant to relax and become comfortable with the process.

The second question asked participants about the paid work they did before they had children. This question aimed to gain an understanding of their previous working identity, what work meant to them, and what it offered. It also allowed participants to think back to their previous identity, thus inviting a later comparison with their view of their current identity.

Question three aimed to uncover some of the influences which may have affected the participant's decision to become a stay-at-home mother. The purpose of this question was to explore how the woman herself felt she had arrived at this decision – whether it was a choice she had made on her own, or whether it was influenced by her partner, family, or other people or circumstances. In addition it was hoped to uncover some of her attitudes towards the role of 'woman' and of 'mother'.

Question four asked for the participant's own experience of being mothered. This question was added as an additional question for the last two participants. By this stage, the process of analysis had begun on earlier transcripts and themes were beginning to emerge. In reflecting on the possible social construction of gender roles offered by the participants, and the emerging importance of their own expectations of women as mothers, it appeared that one influence on these attitudes might be their own experience of being mothered. Most participants had offered this information voluntarily in their narrative, but in order to ensure that the question was formally covered, this question was added to the interview schedule for the final two participants.

Spradley (1979) suggests that four different types of interview questions can be formulated: Descriptive, structural, contrast and evaluative questions. Whilst the first four questions were descriptive, question five was an evaluative question, asking participants how their identity as a stay-at-home mother made them feel about themselves. In seeking to gain an understanding of their construction of their life-world (Ashworth, 2008) this question allowed some exploration of the emotional effect of this construction.

In order to learn how the identity of stay-at-home mother is constructed in relation to others, question six asked participants what they felt their identity said about them, with probes to enquire about how others might view them, and how this makes them feel about themselves and others. Question seven asked if this identity has affected relationships with others. This question sought to elicit descriptions about the effect of the identity on participants' wider social

networks and whether membership of these may have altered as a result of their identity.

Question eight asked whether the identity of stay-at-home mother described them completely, or whether the participant felt that other identities existed. This question aimed to understand how participants managed their self-concept. Question nine (asked if participants mentioned more than one identity) sought clarification about how these identities fitted together, thus identifying coping strategies used in identity management.

Finally, question ten simply asked the participants if they wished to say anything else as part of the interview. This was to allow clarification of anything that had been said before, but also offered the participants an opportunity to talk about a relevant issue of which the researcher was not aware, or had not thought important enough to include. This therefore reiterated the position of the researcher as naïve, lacking presuppositions, but possessing curiosity towards new and unexpected phenomena. This question also allowed for the conscious awareness that a researcher will still have fore-understandings and presuppositions. By being conscious of this, such an open question offered the opportunity for the unasked to be asked, and for the participant to offer rich data which may otherwise have been missed.

2.8 Sampling

This study was carried out using eight participants. Reid et al (2005) suggest that IPA does not conform to the traditional linear relationship between participant numbers and good research, but involves detailed case-by-case analysis using small sample sizes. Smith (2004) states that many studies use between five and ten participants, although he argues that it is possible to conduct IPA using just one case. Warnock (1987) views deep exploration of the particular as offering the opportunity of getting closer to the universal, thus generalisability may be thought of in theoretical rather than empirical terms (Smith & Osborn, 2008). The use of eight participants thus appeared to be conducive to offer detailed analysis of the phenomenon, whilst allowing a more

generalised understanding of the phenomenon at the theoretical level via the interpretations drawn from the data and the links made to current literature.

2.9 Inclusion Criteria

In order to be eligible to take part in the study, a potential participant was required to be a full-time stay-at-home mother, with at least one child aged between two years and 18 years old. Although it would have been interesting to explore the experience of stay-at-home fathers, it was felt that this might lead to the exploration of more than one phenomenon, and so the criterion was limited to women only.

The criterion to have a child of at least two years old was to ensure that participants had at least begun to separate from their child, so that maternal separation anxiety (Bowlby, 1969, 1973) and the child's close attachment (Ainsworth, 1969), both most evident in the first two years, are possibly less foregrounded for the women, thus allowing exploration of women's attitudes towards their own separate identity (see chapter 1.3.1 in the introduction for a more in-depth discussion of the theories of maternal separation anxiety and child development).

2.10 Recruitment

Sampling in an IPA study is purposive, with the aim of finding participants 'for whom the research question will be significant' (Smith & Osborn, 2008). A theoretical sample was recruited, comprising participants who fitted the selection criteria, and who self-selected for the study by volunteering to take part. Information about the study, with an invitation to take part, was displayed on flyers of two different sizes, both A4 and A5. A4 posters were displayed with a tag giving the researcher's phone number for interested parties to tear off, and were particularly suited for display in pubs, clubs etc. A5 flyers invited the individual to just pick up the leaflet and were available in any location where there was prior agreement that a stack of these could be left visible to the public. The flyers were coloured yellow, in order to attract positive attention (Aslam, 2006) and were distributed in locations in Hertfordshire, Essex, South

London, North London and West London. A copy of this flyer is attached as appendix 2. In considering how to recruit as broad a sample as possible, the flyers were distributed to a range of locations within reasonable travelling distance of the researcher. These included locations where mothers might spend time, such as coffee shops, soft play areas, libraries, and schools. It also included locations where women who might not necessarily wish to identify themselves primarily as mothers might spend time, such as gyms, cinemas, nightclubs, pubs, beauty salons, book shops, garden centres and restaurants.

In addition, an advertisement containing the same information as the flyers was placed in an issue of the quarterly magazine of the North London branch of the National Childbirth Trust. This is a charitable organisation which exists to promote information about childbirth and parenting, and to offer support networks run by and for mothers with babies and young children.

The wording of the flyer aimed to be non-directive whilst encouraging the self-selection of women who were struggling with some element of the stay-at-home role. The term 'identity' was not explicitly stated. The flyer asked if the potential participant had 'decided' to be a stay at home mother. The question was framed using 'decide' not 'choose' to allow for the possibility that women may feel they had not freely chosen this role. The flyer then asked if readers had struggled with the impact of this decision. The question aimed to appeal to the target research population without explicitly stating that the focus of the research would be on identity.

The wording used in the flyer aimed to allow a reciprocal exchange, whereby the participants had the opportunity to be heard, whilst the researcher obtained the required data (Robson, 2002).

2.11 Participants

Smith and Osborn (2008) suggest using a homogeneous sample. The argument for this is that the researcher is searching for meaning of a lived experience, which involves describing and interpreting data in depth rather than breadth by interviewing a very small number of participants. A broad,

heterogeneous sample may inadvertently lead to more than one phenomenon being described and interpreted, thus making it difficult to draw any useful conclusions from the data. In order for a homogeneous sample to be obtained, purposive sampling is carried out by actively recruiting a small group of participants for whom the research question resonates. This sample appeared to be a homogeneous one, the table below shows the demographic details of the sample.

Table 1: Participants' demographics

Participant	Age	Qualifications	No. of children	Ages of children	Relationship Status	Ethnic Origin	Previous Job Classification ¹
Linda	38	Post Grad Qualification	1	3 ½	Married	White British	Social Welfare Associate Professional
Susan	48	Post Grad Qualification	3	16, 14, 10	Married	White British	Surveyor
Kate	34	Degree	2	2 ½, 1	Married	White British	Functional Manager
Angela	41	Diploma in Higher Education	3	7, 4, 2	Co-habiting	White German	Functional Manager
Eve	44	Degree	2	6, 4	Married	White British	Functional Manager
Naomi	52	Post Grad Qualification	2	17, 14	Married	White American	Health Associate Professional
Marie	40	GCSE	2	5, 3	Married	White British	Business & Finance Associate Professional
Catherine	41	Diploma in Higher Education	2	11, 7	Married	White British	Sales Associate Professional

From the table it may be observed that the age range is 34-52, suggesting that the research describes the experience of older mothers. In addition, the group is educated to a graduate/post-graduate level, with only one mother completing her education at GCSE level.

The researcher was also aware that the ethnicity of the sample was homogeneous. Although within the category of 'white' there were differences, as the sample included a German and an American, all the participants were White Westerners. The researcher tried to broaden the ethnicity of the sample

¹ Job classification used is the Minor Group title according to the Standard Occupational Classification 2000 (Office of National Statistics, 2000).

by specifically targeting areas containing ethnic minority populations. Although the flyers were re-written appealing for participants from these groups and distributed in areas with ethnically diverse populations (Islington, North London and Buckhurst Hill, Essex), no further participants put themselves forward for inclusion in the research (see appendices 3 and 4).

A ninth participant was interviewed for this research but during the course of the interview it became apparent that she did not meet the criteria for inclusion. Although she described herself as a stay-at-home mother, she was on a year's sabbatical from her job which had begun after her statutory period of maternity leave. At the time of interview she was trying to decide whether to return to work and had felt that taking part in this study might help her make that decision. The interviewer completed the interview in full, but removed her data from any subsequent analysis.

2.12 Interview Procedure

Potential participants were asked to contact the researcher by telephone or by email. Upon initial contact, a telephone interview took place to check that interested participants met the criteria for selection (the telephone interview schedule is attached as appendix 5). It was then explained to the participant that the researcher would like to conduct a face-to-face interview. Information was given about the expected length of the interview, and that it would be audio-taped and transcribed. It was also explained that all identifying information would be removed so that the participant would remain anonymous in any work resulting from the interview. If the participant was happy to continue, an interview was arranged. Interviews took place in the participant's home, at a time to suit her. Each participant was given the choice for the interview to take place at her home, or at another location, but all requested that the interview took place at home.

Before each interview commenced, the participant was requested to sign a consent form (see appendix 6) to show that they understood the purpose of the research; that they were fully informed about the interview process; that they consented to the interview being audio-taped and that they could withdraw such

consent at any time. In addition, each participant completed a demographic questionnaire (attached as appendix 7). After these two forms had been completed, the interview began, using the attached interview schedule (appendix 1).

No payment for participation was made. The participants were offered the opportunity to tell their story and express their thoughts and feelings. Robson (2002) reasons that a lack of payment helps protect participants from a possible power differential between researcher and interviewee, thus making it easier to withdraw consent if so desired.

2.13 Ethical Considerations

Participants' interviews included discussion on the challenges they experienced in reconciling identities such as mother, woman, partner. Whilst there was no foreseeable threat to participants' psychological well-being, it was recognised that any in-depth discussion may lead to discomfort. Therefore, on completion of the interview each participant was fully debriefed in order to identify any unforeseen harm, discomfort or misconceptions (British Psychological Society, 2006). Each participant was offered the opportunity to talk about how it felt to take part in the process, and whether anything that was discussed has left her feeling discomforted. In compliance with the British Psychological Society's (2006) guidelines on duty of care in research, each participant received a resource list, which detailed local and national organisations offering counselling and support. This resource list is attached as appendix 8. Each participant was reminded that they could contact either the researcher or her supervisor by telephone if they had related questions or concerns.

Consideration was given to the issue of safety concerns around meeting strangers in their home. Following Craig, Corden and Thornton's (2000) suggestions for a code of practice, certain precautions were taken by the interviewer. The initial contact was made by telephone, which meant that a phone number was available, and also offered an opportunity for an initial assessment of threat. Visits all took place within daylight hours. The full

address and the telephone number were given to a close relative of the researcher, with information regarding the exact time of the interview. Upon completion of each interview, the researcher telephoned to say that the interview had been completed and that the researcher had left the property. It was agreed in advance the steps that should be taken if the researcher did not make this call within an agreed timescale. Whilst this clearly had an impact on confidentiality, safety considerations also had to be prioritised. Details of participants' addresses and phone numbers held by the relative were erased immediately after each interview.

As part of the informed consent, participants were offered access to a report on the final findings. Six out of the eight participants requested a copy of this report.

2.14 Transcriptions

Each interview was recorded on an Olympus digital voice recorder (DS-2300). It was then transcribed verbatim, including false starts, pauses, laughs, stutters and sounds such as "umm", so that the researcher could work with a transcript as true to the original interview as possible. In order to ensure anonymity, identifying features of the participants were altered. This included their names, and those of their family, place names, job titles and any other identifying features. Each interview was transferred onto a CD and kept in a locked cabinet at the researcher's home. A key matching the participant to the anonymised transcript and pseudonym was kept separately from the data. Both the CDs and the key will be destroyed once the research is fully completed and assessed.

2.15 Analytic Strategy

The approach in IPA is an idiographic one, whereby detailed examination of one case continues until some degree of understanding or gestalt is achieved (Smith, 2004). Each case is subjected to the same rigorous examination, followed by a cross-case analysis which leads to the integration of common themes, whilst still allowing for difference across the group.

Analysis of the data was influenced by the guidance offered by Willig (2008) and by Smith and Osborn (2008). It began before the interviews took place, with the researcher attempting to follow the first step of phenomenological research as proposed by Husserl (1859-1938) and described by Spinelli (1989), which is known as the rule of epoché. This requires the researcher to set aside, or bracket her initial biases and prejudices, in order to be open to the experience offered by each participant. This openness is believed to allow greater accuracy in describing and then interpreting the experience. This process was also followed after each interview, offering the researcher the opportunity to think about her reactions to the participant including the participant's way of being, her views, her home, her way of mothering. In essence, anything that may affect (either positively or negatively) the way the participant's voice would be subsequently interpreted by the researcher.

Husserl's second rule of phenomenology is the rule of description. Spinelli (1989) suggests that the essence of this rule is to describe, not explain. The researcher began this first stage of analysis by listening to the recording of the first case in order to transcribe it. The transcript was then read through twice and notes were made in the left hand margin. These included initial thoughts and observations, an attempt to summarise or just describe each part of the text, questions and associations, and some preliminary tentative interpretations. Willig (2008) suggests that such annotations are an opportunity for the researcher to engage with the text and document any issues that arise upon this first encounter with the text.

In the second stage of analysis the transcript was read again, and the right hand margin was used to identify and note emerging themes. Where a similar theme was noted more than once, each occurrence was annotated, using the same theme title. Husserl's third rule is the rule of horizontalisation, which requires the researcher to treat each descriptive item at this stage as of equal importance. Thus no attempt was made to impose any hierarchy of importance on the items, so that the participant's whole experience could be examined with as little prejudice as possible.

Once the script had been analysed in this way, the emergent themes were listed and clustered via their shared meanings or possible relationship to one another. For example, 'lack of financial independence', 'loss of confidence' and 'lack of status' formed a cluster of 'Loss'. Willig (2008) states the importance of clusters making sense in relation to the original text. This requires the researcher to move back and forth between the themes that are being constructed and the original text to ensure that the emerging connections are grounded in the text. It also heralds the start of a more analytical ordering, as the researcher begins to make sense of these connections (Smith & Osborn, 2008). However, this stage of the analysis is iterative, meaning that whilst interpretative strategies are being utilised, the researcher's sense-making is constantly checked against the participant's transcript, with examples of participants' phrases supporting the emerging related themes. Thus the fourth stage of the analysis involved the production of a summary table showing the clustered themes, with quotations in illustration of each theme.

After this analysis had been performed on the first transcript, the same procedure was applied to each of the remaining transcripts. Once this was completed, an integration of themes was carried out. Willig (2008) reminds the reader that integrative higher order themes must be grounded in the data, in the same way as lower level themes. Therefore emerging superordinate themes were checked against the transcripts. At this stage a decision was made on which themes should be discarded, and which would be focused upon. Discarded themes were those which appeared peripheral to the description of the phenomenon. The result of this integration was an emerging table of master themes and clusters of sub-themes, with illustrative quotes from participants (see appendix 8).

Once the table of master themes had been created, the process of writing-up the analysis was begun. This aimed to provide a narrative account of the participants' experiences, seeking to explain and illustrate the themes, but also to interpret the findings and link these to the existing literature.

2.16 Validity, Reliability and Subjectivity

It is suggested that the epistemological position taken in this study makes defining validity and reliability problematic. The influences of social constructionism and relativism do not sit well with the concepts of reliability and validity, which are more closely aligned to a reductionist epistemological position, relying on truth as a stable, definable concept. Ashworth (2008) suggests that qualitative research progress is measured insofar as new theories are an improvement of previous theories. Koro-Ljungberg (2008) defines validity as the possibility or process that “enable scholars to establish various knowledge claims rather than to execute an objective evaluation of truth or demonstration of the researchers’ fixation on transcendental truth” (p988).

In order to promote validity according to Koro-Ljungberg's definition, the researcher aimed to show transparency regarding the collection and analysis of data allowing the reader to assess the extent of researcher subjectivity or bias during this process. McLeod (2001) advises qualitative researchers to keep a personal research journal, which can serve two purposes. Not only will it capture the process of ‘meaning-making’, but its development should begin with a clear account of the presuppositions and expectations with which the researcher begins the process of data collection. Wilkinson (1988) argues for researchers to offer transparency regarding the perspective from which they approach their work, including details on gender, ethnicity and age. This information on the researcher is available in the section labelled personal reflexivity (2.5). The researcher detailed her preconceptions and expectations of the research before any attempt was made to recruit participants. This also forms part of the section labelled personal reflexivity. Yardley (2008) suggests that in quantitative research standardised questions in a structured interview is believed to reduce the chance of error and therefore maximise validity. However qualitative research assumes that people will give different answers to a question depending on context and so rarely give ‘reliable’ responses. Furthermore the interview itself will be influenced by the researcher through the formulation of the questions, the analysis and the interpretation of the findings.

The semi-structured questionnaire used in the present study aimed to ensure that each participant was asked standard questions which were not leading, but which allowed for differences to be explored via a series of prompts to encourage the participant to say more. In addition, understanding of the participants' meaning was checked with the participant by offering a re-phrasing of the content of a statement, as suggested by Kvale (1996). A reflective section which acknowledges how the researcher may have influenced the findings is included.

Explicit consideration of the research term 'reliability' is sometimes avoided by qualitative researchers because of its traditional quantitative link (Robson, 2002). Robson argues that the term 'reliability' requires re-conceptualising in terms which are appropriate to qualitative study and suggests that this re-framing might include a transparent audit trail which allows others to gage the extent of the thoroughness and honesty of the researcher's endeavours. Willig (2008) postulates that qualitative researchers may be less concerned with the concept of reliability because qualitative work aims to explore an experience or phenomenon rather than measure an attribute, but she recognises that there is disagreement amongst qualitative researchers about this. Madill, Jordan and Shirley (2000) argue that it is right that qualitative study be open to scrutiny in order to assess how reliable the findings might be. They identify three epistemological strands which arguably exist on a continuum within which the researcher might work (realist, contextual constructionist and radical constructionist) with each strand carrying different implications for evaluation of reliability. Whilst epistemologically realist studies may be evaluated through the use of triangulation of methods and/or researchers, contextual or radical constructionist researchers may reject the traditional concept of reliability as one which assumes that there is one reality (Madill et al, 2000). Koro-Ljungberg (2008) argues that qualitative research does not lead to one truth, but encourages other truths and realities. The reliability of the research therefore rests on the ability of the researcher to grounding findings in the participants' actual descriptions and to offer transparency into their own internal models and personal constructs (Madill et al, 2000). Madill et al (2000) further propose that studies should be evaluated for reliability according to internal

coherence, deviant case analysis and openness to reader evaluation. Internal coherence acknowledges the extent to which the analysis makes sense, or is “non-self-contradictory” (Madill et al, 2000, p13). This internal coherence can be supported by material which explains exceptions to the rule. Such deviant cases may substantiate the theory by showing alternatives to the expected pattern. Openness to reader evaluation is considered to contribute to reliability by the extent to which the study adds to the reader’s understanding of the phenomenon.

In accordance with Madill et al’s (2000) proposals, the present study aims to promote reliability through analysis which is grounded in the participant’s own words and descriptions. Once the theme labels had been constructed in a theme table, a colleague was asked to cross-check the texts with the theme table, to verify that the themes could be found in the text, and that the labels ‘made sense’ to a naive reader. The study further aims to promote internal coherence by offering transparency of the researcher’s own dominant scripts and internal models. Furthermore the inclusion and exploration of a deviant case is proposed to add credence to the reliability of the model which emerges from the analysis.

The researcher does acknowledge that subjectivity will exist in qualitative research, but challenges the realist position which implies that subjectivity is the polar opposite of objectivity. Kvale (1996) states that

‘the interview as such is neither an objective nor a subjective method – its essence is inter-subjective interaction.’ (p66)

Taking a position influenced by relativism means allowing for the theoretical argument that truth and reality are culturally and theoretically constructed and therefore any interpretation is by its very nature subjective. However this position is also influenced and underpinned by critical realism meaning that these constructions may be accounted for and transcended. A propensity for openness allows the researcher to move towards the unknown and to consider other values, beliefs and interpretations. Regular meetings with a supervisor

allowed preconceptions, beliefs and expectations to be brought into awareness, scrutinised and challenged. The process of reading a diverse range of texts on philosophical issues, perspectives and qualitative research continued to challenge the researcher's belief system and broaden her openness to new ways of describing and understanding her own and others' life worlds.

The researcher encourages the reader to follow her meaning-making through the analysis of the data, but also to be aware of the researcher's stance so that the extent to which the interpretation is influenced by the researcher can be considered.

3. Analysis

3.1 Overview

The participants in this study were asked questions which sought to explore the experience of being a stay-at-home mother with particular emphasis on how this experience may have impacted on their identity. In order to offer a meaningful description and interpretation of their narratives in relation to the research question, the analysis has been organised into five broad categories or superordinate themes. These are: Social influences in the ideological construction of motherhood; taking the identity of stay-at-home mother; experiencing identity challenges; coping with identity challenges; and taking stock. Each superordinate theme contains a number of clustered sub-themes. Whilst the themes have emerged from and are embedded in the data, it should also be recognised that they have been constructed by the researcher “through an interaction with the data” (Willig, 2008, p44) in an attempt to explore and meaningfully interpret the participants’ experiences.

The five superordinate themes appear to describe a process through which the participants seemed to go in their experience of taking, holding and managing the identity of stay-at-home mother. The presentation of the themes therefore aims to reflect the process contained in the participants’ narratives. What emerges from these descriptions is the suggestion of a circular process, where these stages appear to be experienced and re-experienced by the participants. This is explored more fully in the discussion section.

3.2 Social Influences in the Ideological Construction of Motherhood.

A theme which appears to permeate the entire analysis is that of social influences in the ideological construction of motherhood. As discussed in the introduction, traditional gender-role expectations emphasise the importance of the mothering role (Chapman, 2004), whilst an opposing, de-traditionalist discourse about the “successful woman” (Hughes, 2002) positions motherhood as part of who a woman is, rather than all that she is. The inclusion of this superordinate theme is an attempt to consider some of the conflicting and competing discourses available to the women

in this study which appeared to influence their decision making, but it is important to stress that the influences mentioned in this theme are embedded within the remaining themes in the analysis.

3.2.1 Own Experience of Being Mothered

Of those who spoke about their own experience of being mothered, all mentioned their own mothers staying at home with them full-time during the years leading to secondary school. Angela describes how this experience affected her own decision:

The stay-at-home mum was actually something we didn't [] agree before having children really. But both my mum and Mark's mum were stay-at-home mums, so for us was a bit of a [] natural flow.

(Angela, 178-182)

It was never, never in my mind that I would go out to work. Not even part-time I didn't even [] consider that.

(Angela, 200-202)

There is a sense from Angela's narrative that her decision to stay-at-home was easily taken and did not require a weighing-up of options which suggests that, for this couple, the traditional gender roles were the most salient. Linda, Susan and Eve also describe their experience of being mothered:

My mum was at home with my sister and I until we both started primary school.

(Linda, 326-328)

My mother was around till I went to boarding school and then she was always around for me in the holidays.

(Susan, 377-379)

I've always just thought if I had kids I would want to be with them in their early years. My mum did mostly for me and I always felt quite secure and loved and I think that was it really. I wanted to give them a, a stable background.

(Eve, 91-95)

Eve's perception of her own childhood as secure, loved and stable appears linked to her memory of her mother staying at home. This positive experience may be a powerful factor in her choice of how to provide love, security and stability to her own children, perhaps affecting her decision to privilege the stay-at-home mother identity over a working mother identity. These participants' experiences of being mothered

seem to follow the traditional gender script and appear to support Bradley's (2007) view that women learn their view of mothering from observation of their own mothers, perhaps leading these women to adhere to the traditional ideology of motherhood.

3.2.2 Additional Social Influences

In addition, the women in this study offer examples of religious, social and political influences which appear to have impacted upon their mothering identity. For example, Naomi describes the influence of her Jewish background:

I'm also Jewish you see, and Jewish women are notoriously very maternal.
(Naomi, 709-710)

Although Naomi does not specifically equate this view of Jewish women as maternal with her identity as a stay-at-home mother, it perhaps implies a culturally specific expectation of the importance of the mothering role which could have affected her decision. Naomi's traditional views of motherhood mentioned above appear opposed to her initial expectations of her mothering identity:

I was desperate to sort of have her in America and keep working but my husband, we had to come back here, and I really thought I could do it all. There were people at my job who did it. You know, there was a social worker who was a mother and another doctor. And I thought, oh yeah, I'll be just fine.
(Naomi, 154-159)

Here the de-traditionalist ideology seems salient, leading Naomi to expect that she "could do it all" by combining a working role with a mothering identity. Naomi describes taking on a full-time mothering role and seems to find a way of integrating these competing ideologies:

I knew I could do this and I could turn it into, in a sense, my profession.
(Naomi, 227-228)

It may be that by reframing her role of mother as a "profession" Naomi can integrate the intensive mothering ideology with her previous view of herself as a successful career professional. Linda did work initially after having children and appeared to hold expectations which were influenced by de-traditionalist ideology:

R: I'm wondering what influenced your decision to [] return to work?

Linda: Oh, 'cause I thought I could do it all! (laughs)

(Linda, 276-278)

Here the “have it all” discourse (Hughes, 2002) is apparent, but Linda’s laughter suggests that there is perhaps a difference between her expectations and the reality. Marie offers an explanation of what might be expected of and by women when they take the mother role:

I do think some women feel that when they have children [] you have to then suddenly fit into this role of sort of being a mother, so it's not really acceptable to go and [] paint the town red.

(Marie, 657-662)

However, Marie argues against holding this traditionalist social representation of mothers for herself, saying:

I've never bought into that. I don't understand that at all.

(Marie, 705-706)

There is a clear suggestion of social norms defining “being a mother” which appear to be rooted in the traditional ideology of what is an “acceptable” mother, and yet this representation of motherhood appears to be one that Marie feels she can ignore. It seems as if Marie has found a way of balancing her belief in the value of the stay-at-home role with a rejection of the prescribed social representation of mother. Such strategies will be considered further in section 3.5.3. The social representation of motherhood is further revealed by Kate:

A lot of mothers [] lie. I mean they lie about how good their kids are [] and how much they enjoy it, and do they ever have a day when they sit in a heap and cry?

(Kate, 658-664)

Kate’s words suggest a social representation of motherhood where it appears unacceptable to be a mother who does not enjoy the role, or to show any possible hint of failure. It appears from Kate’s narrative that such feelings should be hidden, leaving her unsure how other women might experience their role. There appears to be further conflict for Kate between traditional social and de-traditionalist political discourses. For example, she describes her own mother’s view of mothering:

My mum, who is a stay-at-home mum, always advocated that you should stay at home.

(Kate, 632-647)

This suggests the traditional script has clearly been formative for Kate. She seems to use this belief in the traditional ideology of mothering to reject alternative discourses:

The other day I got a letter [], some government initiative saying "Going back to work is good for you and it's good for your child". And I'm like "No, no. Who says? Who says that it's good for you?"

(Kate, 205-209)

Kate's narrative suggests a sense of conflict between the government initiative telling her that to work is good, and her own contradictory belief ("No, no") which is perhaps influenced by the socialisation of her own mother's traditional ideology. However, there is a clear sense from Kate that her views and those of society are opposing:

R: What's society's view of you?

Kate: Disappointment.

This short answer suggests a sense of 'knowing' how others feel about her. It must be very difficult to hold an identity which is apparently held in such disdain, leading others to feel disappointment about her. There is also perhaps a sense of disappointment from Kate towards society: Her question "who says it's good for you?" suggests that she believes herself to be right, leading her to resist the perceived dominant expectations being imposed by others, and allowing her to navigate her own course through her and others' ideologies. Other women in this study also appear aware that their own beliefs do not 'fit' with current social discourses. For example Linda says:

I think being a mum in itself is a very good and worthy job, but just doesn't fit in culturally with what's seen as the norm these days.

(Linda, 731-734)

One can imagine how difficult it might be to hold an identity which does not 'fit' in society. Linda then offers a sense of her own belief that the political discourses are not necessarily correct:

What the government have done is very positive, but [] there's a false perception that it's normal and healthy to return to work as quickly as you can

[] and perhaps not enough positive action to make it the norm, and support you to be a stay-at-home mum if you want to.

(Linda, 757-64)

Linda seems quite clear that describing a return to work as 'normal' is a "false perception" and that the government should do more to encourage others to take the traditional role of full-time mother. There is perhaps a sense of disappointment from Linda that the identity of stay-at-home mother is not supported and made "the norm". Eve also speaks of the political discourses which conflict with her own beliefs:

I get cross when I hear the government telling, telling everybody [] that you should all go out to work and provide a good role model for your kids and all that. Because I think I've done the best thing for them in staying at home looking after them.

(Eve, 124-129)

Like Linda, it seems likely that Eve struggles to maintain a position devalued by society and one might wonder at the effect this position might have on her self-esteem.

These women seem to offer a complex and confusing picture of opposing ideologies of women as mothers. They offer a sense of how traditional ideology may both frame and constrain their construction of motherhood whilst competing social and political influences continue to challenge their ways of being. The remaining themes discussed in this analysis continue to reflect the influence of competing social and political discourses available to the women in this study, and the reader is therefore reminded that the theme of social influences in the ideological construction of motherhood is one which permeates the entire analysis.

3.3 Taking the identity of stay-at-home mother

Each participant in this study spoke about how she made her decision to become a stay-at-home mother. The participants' narratives around taking this identity appear to cluster around two themes which help describe and explore the decision. These themes are: 'Forced' Decision versus Free Choice; and Views of Others.

3.3.1 'Forced' Decision versus Free Choice

Descriptions of the factors which influenced the decision to become a stay-at-home mother seemed to differ considerably. Some participants spoke of freely choosing this identity whilst others described this decision as forced in some way. For some the decision appears to have been relatively straight forward, and was made before the baby arrived. For example Angela says:

There was no way that I was going to give my [] tiny baby to someone else to look after and me [] going out to work. [] That wasn't really what I was looking for in motherhood.

(Angela, 184-188)

Marie had waited a long time to become pregnant, and she too spoke of a clear decision:

That probably cemented my idea that if [] we ever did have children, that I would stay at home with them []. In my mind it kind of became this [] utopic scenario [] to be at home with kids and it was something that for a long while I didn't think [] we would achieve.

(Marie, 128-135)

These women's narratives describe a sense of knowing from the outset what they wanted from motherhood and seem rooted in traditional ideology. In contrast, Eve describes how she made the decision to stay at home:

I think I'd sort of reached a burn-out point to be honest. I felt really tired and [] I'd had enough and so it was a good time to quit. And I couldn't go back to that job with the kids because of [] the hours and the pressure and [] phoning the States [] or Australia at the opposite end of the day and I knew I couldn't do that with little children. And I didn't really want to get nannies and what have you. So it was better for me to stay at home with them full-time.

(Eve, 100-108)

Eve describes her choice as something that suited her needs – “I'd had enough and so it was a good time to quit” which suggests the decision was freely made. However this narrative has a second theme to it. Eve describes how difficult it would be to return to a job which requires long hours because of its international element - “I knew I couldn't do that with little children”. This sub-theme suggests an awareness of the possible problems which might arise from returning to this work, and how difficult it might be to hold the dual identities of mother and working woman. It is

possible that Eve's recognition of these difficulties may have contributed to her decision to be a stay-at-home mother and suggests a possible conflict between two ideologies, both of which appeared available to Eve for consideration. Her narrative perhaps lends support for Vincent et al (2004) who argue that choice should be framed within an understanding of the dominant cultural script.

Other participants spoke of the decision as something that was given to them, or a forced choice in some way. Naomi describes how she and her husband came to England whilst she was pregnant, which meant that she had to resign from her job at a hospital in America:

It wasn't my choice. I had no choice because my husband had to come back here and therefore I came. So it was kind of given to me, the choice.
(Naomi, 159-163)

Taking the identity of full-time stay-at-home mother appears to contrast with the views of mothering that Naomi had held whilst in the States:

In college you, you were pretty much taught you would do it all. [] You saw people around you, oh they got a nanny, they get an au pair, you know you could do it, you can keep working, you can be super.
(Naomi, 186-192)

The contrast between Naomi's original views that "you can be super" and her subsequent decision to be a stay-at-home mother is perhaps explained by her feelings about looking for work in a new country after a period of time at home:

After 6 months it was daunting to try something new. I was so comfortable in my job in [American City]. It was so much who I was. My identity. That I was afraid of trying to do it somewhere else.
(Naomi, 209-212)

I was scared to go back to it, you know cause it's challenging
(Naomi, 1109-10)

Naomi seems to have taken the stay-at-home role largely through finding herself in a different country and a fear of the challenges of working in the UK. There is a real sense from her narrative of a lack of choice for her in taking this identity. She describes the strategies others use in order to "do it all" - "they got a nanny, they get an au pair" – but these strategies appear unavailable to her. It is theorised that

losing “who I was” perhaps left her struggling to consider the range of choices available to her around her new identity as mother, constraining her view that “you can be super” and thus possibly contributing to her perception that she had no choice. There is also a sense of the conflicting ideologies influencing Naomi’s decision. Whilst her initial plans appear rooted in the ideology of de-traditionalism “you were pretty much taught you would do it all”, her lived reality appeared to be at odds with this expectation.

Other mothers in this study initially appeared more aligned to de-traditionalist ideology, initially continuing to work after having their baby and holding the dual identities of ‘working woman’ and ‘mother’. Linda describes how she returned to work, able to share the role of caregiver with her husband because of her unusual working hours:

Although we didn’t have to pay for any childcare because one of us was always around, we weren’t ever seeing each other. [] I went back for about [] eight months [] I just couldn’t carry on, so I, I resigned.

(Linda, 80-90)

I wasn’t really very good at being able to do the job I don’t think, in the way that I had, because I just was so tired.

(Linda, 153-155)

Linda’s comments, that she could not do the job in the way that she had, seems a common theme amongst those who initially worked after becoming a mother. Kate describes working from home:

It was just [] the worst of both worlds. [] I wasn’t having [] the plus points of working [] the adult conversation and [] getting out of the house. I was having sort of the worst of both cause you’re in the house, you can hear the child screaming, you’ve got somebody else looking after it, you’re trying to get your work into a very short period of time and so that’s what made me give it up.

(Kate, 128-137)

Kate also relates her perception of the difficulties of holding a job and being a mother:

I don’t think that you can work and be a mother of small children and do them both very well unless you really pick your career. [] One of the biggest things is I knew that I was failing both.

(Kate, 292-296)

Kate's narrative suggests a problem of compromise: By working from home she appears to try to juggle the dual roles of mother and worker. She describes how hard it is to be a mother and an employee and to "do them both very well". This suggests that Kate was not prepared to compromise on either of her roles, leading her to feel that "I was failing both". It seems very difficult for Kate to consider compromising her standards for either motherhood or paid work, leading to a sense of forced choice between them. Both Kate and Linda describe recognising that they could no longer do the job in the way that they had before and this appears to have resulted in conflict in trying to hold dual identities of 'working woman' and 'mother'. Kate speaks of trying to "get your work into a very short period of time" perhaps challenging her feeling of commitment to the role in comparison to the commitment she may have shown before becoming a mother, leading to a sense that she was "failing". In the introduction it was noted that employers require 'ideal workers' who are not constrained by family responsibilities (Williams, 2000; Moen, 2003). It seems as if Kate struggled to reconcile the positions of intensive worker and carer.

Catherine appears to describe a similar experience concerning the difficulty of combining the identities of mother and employee. She describes her perception of the workplace for a pregnant woman:

I found out that I was pregnant with Vicky. It was almost like, well, commiserations rather than congratulations, you know, because it was definitely a single person's life. [] A lot of the people there weren't really married and the others certainly didn't have any children [] so I just knew that there wasn't any room really for, for me [] once I got pregnant.

(Catherine, 112-127)

Catherine left this job but found another, more local part-time position and describes how difficult it was to hold this job whilst also holding responsibility for the care of her children, the second of whom was often ill.

It was [] quite embarrassing actually for me because I'd get a phone call [] could I go and collect William from nursery because he'd come down with something, and I could sort of see my boss going "Oh God, not another phone call!"

(Catherine, 44 – 49)

Catherine speaks of her struggle to accept that she could not give the same commitment to her job that she did before:

I like to give [] a good percentage of myself to work and, and be quite committed to it and if I can't I just feel guilty [] even if I have a [] very good reason why I can't be at work because of the kids, I just feel, you know I'm letting people down.

(Catherine, 186-193)

In both of the above narratives, Catherine speaks of feeling guilty when her identities as mother and as working woman clash. Prioritising the mother role seemed to lead to guilt in the working role, perhaps because this required change from the 'ideal worker' position (Williams, 2000), thus challenging Catherine's perception of continuity of her working identity. It may be that this experience of conflict between the two identities was an important factor in Catherine's decision to be a full-time stay-at-home mother:

So I ended up leaving [the company] and I ended up owing the nursery money because obviously even though William was in hospital for two weeks I still have to pay the fees. [] I decided after that that I, I have to make a choice at the moment and that is to, to stay at home whilst the kids are young [] because I just couldn't work it out really. I couldn't work it out in my head how I was going to do it.

(Catherine, 53-68)

Although Catherine says "I have to make a choice", there is a sense from her narrative of the difficulty of coping with these two roles and of the conflict resulting from trying to hold both these identities. Like Kate, this conflict seems to have led her to choose between them "because I just couldn't work it out really. I couldn't work it out in my head how I was going to do it". In an attempt to resolve this conflict, it seems that Linda, Kate and Catherine decided to disengage from the working woman component of their identity.

Susan describes how initially she was able to continue with her job at a college, taking her children with her to work:

I took the babies with me to work. And then I had a nanny when they became toddlers. [] I was never in for a full day, but we would go together [] they would be in my office and she would entertain them in my office. [] Nobody was ever going to complain about that.

(Susan, 193-200)

Susan describes how the subsequent relocation of the college also led to a change of organisational culture:

I appreciated that when they moved [] they were going to be part of a bigger department. It wasn't going to be the cosy, comfy-cardie lunatics that I worked with. They would be boxed in. They would be given a framework.
(Susan, 295-299)

Susan's perception of the change in organisational culture from one which accepted children at work to one which "would be boxed in" appears to have affected her choice. She explains the decision to stay at home full-time:

The commute really was the [] issue for me. It just wasn't doable. [] I decided that I didn't want a job because I didn't want to look back and say I wish I'd been around for the children, because whatever you do you can't go back in time and you can't go back to when your children are little. That's gone. So I decided that that's what I wanted to do.
(Susan, 307-316)

The shift in organisational culture, together with the longer journey, appeared to alter the ease with which Susan had originally been able to hold the identities of working woman and mother.

Naomi spoke of thinking that "you can be super" (Naomi, 192) and this belief that it would be possible to hold dual roles appeared a common experience for a number of the participants in this study. Linda had expected to continue to work and describes the reality once she had her son:

I thought I could do it all! [] I just thought [] "Oh, I've experience of children, I've taught for five years so I know what it's all about." Of course I didn't at all. It's completely different.
(Linda, 278-289)

There is a sense of surprise from these participants at how difficult it was to try and hold the dual identities of working woman and mother. It is theorised that the difficult choice they describe results from the impossibility of giving 100% to more than one role and the need to compromise. This seems to be a very uncomfortable concept for the women in this study.

As explained in the introduction, Breakwell (1986, 1993, 2000) proposes that threat to identity occurs when the identity processes of assimilation-accommodation and evaluation cannot comply with the principles of continuity, distinctiveness, efficacy and self-esteem. It seems as if those participants who initially tried to hold on to their working identity may have experienced threat to continuity as they were unable to offer the same commitment (e.g. time, energy, availability) to their work that they had previously offered and this may have led them to see themselves as less able or competent at work. Faced with a reduction in commitment because of their other commitment to the mother identity appears to have led to a concern that “I’m letting people down” (Catherine, 193) or “I was failing” (Kate, 296). It is possible that a change in continuity to their identity as a working woman may also have affected their experience of distinctiveness. Without 100% commitment, it may be difficult to stand out in one’s job, thus changing the positive distinctiveness one might expect from one’s working identity. Finally, the constraints imposed by holding a dual identity, leading to the sense of “failing” may have affected self-esteem. Breakwell (1986) suggests such a threat to identity results in conflict and that one way of resolving this conflict is to remove the identity. It is possible that the participants who initially held dual identities perhaps experienced this threat and resolved it in this manner, by removing their working identity and choosing the traditional stay-at-home mother identity, rather than trying to hold both a working identity and a mother identity.

3.3.2 Views of Others

Whilst this theme could feasibly cluster under the superordinate theme of social influences in the ideological construction of motherhood, this theme is less about the socialisation of ideologies and more about current influences or ideologies of others which may affect the *meaning* of taking the identity. Some of the participants spoke of the decision to be a stay-at-home mother as theirs, and theirs alone. Others talked of the views of significant others such as their partner or close family. For example, Linda describes the traditional views of her parents-in-law and of her own parents:

Certainly my husband's parents [] think that it's the done thing that the mother should stay at home, I think because they're from the generation when women did. That I should be at home and I should raise the family. [] My

mum and dad are [] a bit more demonstrative and it's quite clear that they think it's very good.

(Linda, 237-245)

Although Susan spoke of the decision to be a stay-at-home mother as one which she took herself, she speaks of her husband's traditional view of the role of mothers:

I think my husband's view is that, that mothers [] are best to look after their own little children, but I, he would have supported me in my decision.

(Susan, 354-357)

There is a sense from these participants' narratives that taking the identity of stay-at-home mother is supported by the wider family and meets with their approval. For Linda there is a clear acknowledgement of an expectation by others that she will (and should) take this identity. However Kate's experience appears more confusing. She describes her own mother's attitude to mothering:

My mum, who is a stay-at-home, always advocated that you should stay at home.

(Kate, 632-633)

However Kate also describes her parents' attitudes towards both working and parenting:

My mum never had a career and she always said to us, "You, you get a training, you get a career, you work.

(Kate, 278-280)

My father is [] funny cause he's got 3 daughters and [] he educated us to the point that we all went to university and we all had good jobs but he [] was also incredibly disparaging to my mother and about my mother and [] that's our kind of role model and [] she stayed at home to look after us and that's what he perceived as her.

(Kate, 466-473)

Kate describes confusingly mixed messages from her mother, who told her "you get a career, you work", but also advocated staying at home with children. She describes how her father seemed to hold a negative view of her mother's stay-at-home identity. This confusion over how others might perceive the importance of the identity appears in her narratives about her husband's view of her own mothering role:

My husband is pleased that I stay at home to look after the children.
(Kate, 375-376)

I think it's quite odd that a lot of husbands don't respect their wives for staying at home. [] You know I think my [...], I think my hus- I don't, no, I don't think he does respect the fact that I stay at home [laughs]. I think he like the fact because it means that he doesn't have to worry about the children.
(Kate, 474-481)

Kate's uncertainty about how her husband might view her identity as a stay-at-home mother is evident in this narrative. She appears to begin to say that her husband does respect this identity ("I think my hus-"), but as she stops and thinks, she changes her mind, "no, I *don't* think he does respect the fact that I stay at home". It must be very difficult to hold an identity which appears to be advocated by members of the family but which does not gain their respect. It may be that this confusion affected Kate's decisions regarding her identity, perhaps influencing her initial decision to try to hold dual identities as both working woman and mother and later her decision to take the identity encouraged by her mother, "my mum ... always advocated that you should stay at home".

3.4 Experiencing Identity Challenges

The third superordinate theme emerging from these participants' narratives is the experience of identity conflict. All but one woman in this study described experiencing some kind of identity conflict as a result of being a stay-at-home mother. The difficulties seemed to arise as a result of the need to assimilate the maternal component into the individual's current identity structure. The participants in this study described experiences of conflict which appeared to cluster around five key themes. These were: Loss, Feeling Judged by Others, How Mothers Should Be, What are the Success Markers? and Loneliness. Encountering some or all of these difficulties appeared to lead the participants to experience identity conflict.

3.4.1 Loss

Most of the women in this study made reference to their current identity by describing losses from their previous identity. In order to make sense of and

understand the meaning of these losses, it appears important to consider the women's previous identity as 'working woman', what holding that identity meant to them and the losses incurred when paid work was no longer a part of their identity (when referring to a woman's previous identity, the term 'working woman' will be used through this study to denote a woman with a paid job).

Naomi appears to look back with nostalgia at what her job gave her, using effusive adjectives to describe the work and the people, but also offering insight into how her job contributed to her self-concept.

I worked with some fantastic people. [...] Oh, it was incredible, [...] it was wonderful, it was very good.

(Naomi, 61-80)

It gave me self-worth, it gave me an acknowledgement again for what I [] worked towards.

(Naomi, 103-105)

This description of meaning or purpose contrasts with how she describes her current role:

I felt hey, this is not so bad. And then the time just goes fast and you realise hey, this is not so bad.

(Naomi, 593-595)

The language changes from excitement, with its use of adjectives such as "fantastic" and "incredible", to acceptance, with the repeat of the phrase "this is not so bad". The different descriptions suggest an experience of loss for Naomi, resulting from the change of identity from working woman to stay-at-home mother. Both Marie and Naomi also describe a link between their job and their self-concept:

If you have a [] strong work role, you become very defined by your job. Um, and your job almost becomes [] an extension as it were, of you. [...] it's outside pressures that perhaps make me feel more poignantly about that.

(Marie, 231-238)

I was so comfortable in my job []. It was so much who I was. My identity.

(Naomi, 210-211)

The link these participants make between job and self-concept leads to a suggestion of loss of sense of identity when this link is severed. Naomi asserts that the job "was

so much who I was". It seem as if the loss of that role outside the home may lead to losing certainty of self, with a resultant need to define oneself in a new way. Turner (1978) suggests that person and role have merged when there is a pattern of failure of role compartmentalisation. Both Marie and Naomi seem to have experienced this merging of person and role in their previous work, speaking positively of the experience of the job becoming "an extension as it were, of you" (Marie). This leads one to consider that these women may have experienced a real sense of loss once that positive merging with the working identity was removed. If this is the case, it would suggest that the sense of self may need to be restructured in order to regain an understanding of 'who I am'.

Both Kate and Linda describe how the change of identity from working woman to stay-at-home mother feels for them:

I don't have an identity now I think. I mean I do, but it's not anything like it used to be. You know I used to have a very firm, fixed idea of who I was.

(Kate, 154-157)

It still shocks me, even now, even three and a half years on. [] I'm still surprised at how defining [] as a life-moment that, that has been for me. [] I'm still coming to terms with it.

(Linda, 896-901)

Whilst the merging of self with a previous working role appeared to offer beneficial rewards for Naomi and Marie, the *lack* of working identity appears difficult to overcome for all four women. From Kate and Linda's descriptions there is a sense that the loss of the working identity has not yet resulted in an adequate restructuring of identity. For Naomi, her working identity is so important to her sense of self, that she still holds on to it. She has not worked as a health professional for 17 years, other than in a holiday camp for a few weeks each summer. In spite of this she describes the importance of using her maiden name for this work:

My maiden name is my working name. So I still work under my old name [] and I did that on purpose cause I say that's who Naomi is. That's my other, my other life and I didn't want to lose that.

(Naomi, 778-781)

It seems as if on some level Naomi still privileges her working identity over her identity as mother. She describes this working identity in the present tense to

explain her current sense of self “I still work under my old name ...that’s who Naomi is”.

The women in this study spoke of the structure of paid work and of the difficulties they experienced once they had lost that structure. Intrinsic in their accounts is the notion that in paid work one can expect and will receive feedback through a formalised, explicit system of payment and assessment.

You have a job, you get a pay cheque. That’s a sense of satisfaction. You get an assessment every six months.

(Naomi, 340-342)

There is a sense in these women’s narratives of their recollection of the immediacy of explicit feedback at work which allowed an individual to measure her performance and receive recognition by others. Both Angela and Eve describe concrete, tangible results of their work:

If everything went right you were absolutely exhausted but quite elated because [] things went well and you could actually see the finished product sometimes the next day on television.

(Angela, 150-154)

Seeing the end product is quite satisfying ‘cause you get a named product.

(Eve, 60-61)

This description of recognition at work contrasts dramatically with the participants’ description of the loss of explicit recognition in their role as a stay-at-home mother. For some it is difficult not to apply the standard method of appraisal used in paid work. For example, Angela says:

of the last eight years I’ve been nappy-changing non-stop. I’m still waiting for my medal and my award! Um, and my pay-rise.

(Angela, 55-59)

The women in this study appear to struggle with the loss of recognition which is so much a part of paid work, and speak of needing some kind of recognition for the mothering role they now carry out:

It comes down to being appreciated by [] different people for things you, you achieve really. Getting, getting appraisal really, [] like a well done. Because you don't get that as a mother.

(Angela, 613-620)

Kate describes obtaining recognition at work and compares this with her mother role:

When you're doing paid work, [] if you do it well and you're good at it, [] it sets you apart from people because, you know, you know you're better. But actually, being a mother, [] there's nothing that does set you apart actually.

(Kate, 1076-82)

Losing clearly understood methods of gaining self-worth through recognition of one's work appears problematic in trying to understand one's unique sense of identity. Brown (2001) argues that we divide the world into categories, not just to make sense of the world, but to make sense of ourselves. Thus we assign others to particular groups and situate ourselves in relation to these groups. Tajfel and Turner (1986) suggest that our identity is largely defined through our group affiliations and argue that it is therefore in the individual's interest to view their in-groups positively in order to derive a positive self-concept. This need for a positive self-concept may lead to a bias in assessment of group worth in comparison with other groups, which Tajfel labelled "the establishment of positive distinctiveness" (Tajfel, 1978, p.83). And yet, Kate's description of motherhood above suggests she is struggling to find positive distinctiveness in the role because "being a mother, there's nothing that does set you apart actually". It seems possible that this lack of positive distinctiveness may contribute to her negative self-concept.

A common issue to the participants was loss of their own earned income. Prior to the decision to be a stay-at-home mother, participants described their financial independence through paid work outside the home. Kate describes how difficult it feels to lose this independence:

I had financial independence and I think that's been something that I've found very ... [] I don't know how people don't find it hard actually.

(Kate, 168-172)

Kate describes how the family income does not belong to her in the way that her previous income did:

And he goes "but it's our money". He would never think of it as his. But I still think of it as his.

(Kate, 546-547)

Linda describes similar feelings as a result of losing her directly earned income:

I've had moments when I've [] felt very negative about it, [] partly because I'm not earning any money and I find that very difficult to accept - that [] none of the money that's coming into the household is through my direct efforts, so I don't feel completely independent when I'm making purchases. I always think that I've got to sort of declare it to my husband!

(Linda, 192-198)

Kate and Linda appear to struggle with a felt sense of constraint on spending as a result of the loss of their earned income which seems a key issue in understanding these participants' sense of loss. Linda describes this as no longer feeling "completely independent". It is possible that Linda's comments that "I always think that I've got to sort of declare it to my husband" may contribute to a sense of loss, not just of financial independence but perhaps of independence itself. Linda describes a loss of independence when spending money because she has not directly earned it. Kate, too, appears to discount her unpaid work in comparison with her husband's paid work which seems to make it difficult to spend the family income on herself:

I'll say something like "Oh, I saw this shirt the other day I really wanted to buy and I liked it, but I'm not". He's like "why?" I said "well it's not exactly like I've earned it".

(Kate, 544-546)

Perhaps the suggestion that these women are discounting their work compared to their partners' work can be understood in relation to the current political ideology which constructs paid work as desirable for women (see Kahu & Morgan, 2007 for a detailed exploration of how governments may seek to influence and change the dominant cultural ideology). There is a suggestion from Kate and Linda's narratives that they may have in some sense internalised the economic argument that paid work is privileged over unpaid work. Vincent et al (2004) posit that "within families, there is always the possibility that the worth of work and the worth of the worker are reduced to a financial calculation". Jahoda (1981) postulates that work is a person's strongest link with reality; offering both latent and manifest rewards. The manifest

rewards are the monetary benefits of working, but the latent benefits are equally valid, helping to define an individual's status and competence. Kate's possible internalisation of the privileged position offered by paid work appears to affect her sense of worth because however hard she works, "it's not exactly like I've earned it" (Kate, 546). It could be hypothesised that for these participants the meaning of work is derived from a *direct* contribution to society, and not by any indirect contribution via the family. If this is the case, it is perhaps not surprising that there is a sense of conflict for these participants resulting from the loss of financial independence and in holding an identity which appears to suggest a level of dependency.

In addition to loss of financial independence, Naomi speaks of the loss of physical boundaries for a stay-at-home mother, in comparison with the clear existence and demarcation of boundaries as a working woman. Loss of boundaries appears to add to her experience of difficulty:

A job is nine to five. You go out the door and you can shut it off and you could just, you know, go home and watch TV, whereas in mothering, motherhood you don't.

(Naomi, 316-19)

As a mother, [] your home is your whole space. It's your job, it's your home, it's your resting place, it's your eating place, it's your place where you have sex, every, everything happens in this one place.

(Naomi, 381-389)

For Kate, the loss of boundaries are both physical and temporal:

I used to read 5, 6 books a week [] I don't get a bus journey to work, so that's no time to myself, I don't get a bus journey home, I don't get a lunch hour and you're suddenly, like God, from the moment you wake up it's sort of all go isn't it?

(Kate, 361-365)

The loss of these boundaries appears to be important to the experience of difficulty for these participants. One might conjecture that a lack of physical boundaries leads to a blurring of distinctions between different facets of identity. This would suggest that the explicit physical and temporal boundaries which define the working identity perhaps also helped create defined boundaries for the various parts of the self. Breakwell (1986) suggests that individuals cope with threats to identity by compartmentalising components of the identity structure. Kate appears to be

struggling to do this, perhaps because the lack of actual boundaries makes it very difficult to compartmentalise the various facets.

Some of the participants spoke of losing important elements of their relationships as a result of the decision to be a full-time stay-at-home mother. For example, Angela recalls shared activities with her partner as an important aspect of their relationship. On becoming a stay-at-home mother the subsequent loss of these activities appears detrimental to the relationship and the loss is keenly felt:

before children we travelled together quite a bit as well which is basically, or was, part of our, of our relationship. [...] This part of the relationship has completely fallen apart and I miss that very dearly.

(Angela, 275-80)

For Angela, the identities of partner and mother appear to be very difficult to fit together, with the mother identity seeming to taking priority at the expense of other identities she may also like to hold:

Ben [her child] comes in our bed every single night, so you feel like you don't have any respite whatsoever really because you, you got constantly a child near you. [...] Obviously it disturbs a functioning relationship with a, if a child walks in at 11.30 at night.

(Angela, 457-67)

Kate appears to have experienced a loss of confidence since taking on the identity of stay-at-home mother in comparison with the "ballsy" attitude she held as a working woman:

I was very good at what I did. And yet, there's something about [...] motherhood has taken all my confidence away from me [...]. I was, I was ballsy. You know I'd ask for things [...] because I had the attitude well, if you don't ask you don't get. And I think that [...] it's taken that away.

(Kate, 190-197)

Although Kate is not specific about why or how motherhood has taken her confidence, perhaps it can be contextualised by Boulton (1983), who states that society values production over reproduction (childbearing and child rearing) and argues that care-giving as a role is unrecognised by society. Its low status occupation is subsequently reflected in women's low self-esteem as mothers. It is

feasible that society's lack of recognition might in part explain Kate's feelings of low confidence.

3.4.2 Feeling Judged by Others

Almost all the women in this study spoke of feeling that they were judged negatively by others as a result of their stay-at-home mother identity which seemed to further exacerbate feelings of identity difficulty:

People perhaps have an idea in their mind of what somebody who just stays at home ... "who just", I mean [] that was quite an important slip of the tongue there [], that does highlight I think how people often perceive people who stay at home with their kids. That it's, um, a lesser role in some way.

(Marie, 238-244)

Marie's description of the identity of stay-at-home mother as "a lesser role in some way" seems to suggest a perceived loss of status. Kate, too, describes the loss of status achieved through work:

When I did paid work I used to get recognition. [] It sets you apart from people because [] you know you're better.

(Kate, 1070-1079)

I think people look at you and they think that you've either, you either stay at home looking after your children because you were never successful in your working life []. Or they just think that you're stupid and just mad.

(Kate, 244-49)

Kate's description of how others might view her mothering identity is in stark contrast to her perception of her working identity, which set her apart and allowed her to "know you're better" than others. This suggests a loss of the status she previously experienced in her identity as a working woman.

Naomi and Linda also describe others as critical of their stay-at-home mother identity. This leads Naomi to defend her role from a perceived lack of status in comparison to paid workers in her home, which seems in contrast with the high status her previous role afforded her. Both Naomi and Linda seem to suggest that working as a stay-at-home mother is not seen as work by others, or that this work is somehow 'lesser' in comparison to paid work:

When you have people working in your house and they think you're just a housewife, um, you want to say, "Oh, but I work too". And I do work. You know, I do have things to take up my day. And you do feel sometimes you have to defend it. And I don't like, I don't like that. At all.

(Naomi, 785-790)

Naomi speaks of having to "defend" her role as a stay-at-home mother and appears surprised that this defence is needed against working women as well as men. She tells of a female decorator that is currently working in her home:

I just think that women still to this day have an image if you are at home. [] I face it more when I do work in the house. [] Builders and [] sort of macho [] men, and in this case even a woman I'm dealing with now []. I thought it would be different and she's dishing it out to me the same.

(Naomi, 290-296)

Naomi seems to feel judged by these builders and decorators. In considering how this may make her feel, it is perhaps relevant to recall her previous job as a specialist nurse, and the way she described how this made her feel "It gave me self-worth, it gave me an acknowledgement again for what I [] worked towards" (Naomi, 103-105). It is postulated that her experience of feeling negatively judged by her decorator, "she's dishing it out to me the same" must be very difficult to cope with and may lead to a lowering of self-esteem. Linda also speaks of feeling judged by others over her decision to be a full-time stay-at-home mother, again offering the sense that this role is not seen as work:

To actually say "Well, no, [] I am actually going to follow the old-fashioned model", I think [] lots of people think "Oh well, that's, that's unusual. You don't have to, you could work."

(Linda, 752-757)

There is a perception by some of the women in this study that the negative judgements made by working people are echoed by wider society. Eve and Kate describe how the Government appears to view their identity negatively, as if their choice is less valued than a paid worker:

They are saying that your position as a full-time mum is not very valid. Um, you're not a valid person if you're not working. But I think people who work as full-time mums work really hard.

(Eve, 142-147)

You know, I've chosen to stay at home and look after my children and there I am getting Government initiatives telling me that actually what I'm doing is completely worthless and I should go and get a paid job! And I thought that's so wrong!

(Kate, 214-218)

There is therefore a sense from these participants' narratives that making the decision to stay at home full-time means one has to defend one's position from others in wider society. Kate and Eve's view that others are wrong is echoed by other women in this study, suggesting a clear sense of conflict between the perceived views of others and of self. For many of the participants, this belief that others view and judge them negatively appears to impact upon the way they view themselves, thus perhaps threatening their feeling of self worth. Kate describes how this makes her feel:

It's almost like being a traffic warden you know. You walk down the street and think "Oh is that the only bloody job you could get is as a traffic warden?" You know, no-one says "Oh God, how great that you decided to give up your career and, you know, and look after your kids and try and make them grounded, well-rounded people"

(Kate, 265-71)

Linda describes feeling judged by other professionals. She speaks of her unease at how nursery school teachers assess her child's progress against defined criteria and the way this makes her feel as a mother:

So even if it's, you know, holding scissors, [] they're assessing and they're ticking [] I'm sure I'm not alone in [] feeling that it's your fault when your child has done something. That somehow it has to [] have some correlation to what's happening at home, or how you're raising your children.

(Linda, 558-577)

Linda seems to feel that the measurement of her child's progress relates to her ability as a mother. Linda's experience suggests a perception that it is not just advice being offered by experts, but some kind of assessment of parenting. Kate describes a similar experience with her GP:

The doctor said to me the other day [] "Have you ever thought about going back to work?" I'm like "My God, even the frigging doctor thinks I shouldn't be a full-time mother!" I thought "Do they say this to everyone or is it just my parenting skills?"

(Kate, 620-626)

It is perhaps not surprising that these participants experience a sense of conflict if they are interpreting their identity via assessment from 'experts'. This perception of negative judgement by others may lead to a sense of threat for these women. Breakwell (1986) suggests that threat to identity may occur when continuity of self-definition is threatened because self-esteem is no longer achievable via social approval. The participants in this study seem to experience a change of status resulting from the perceived loss of social approval and this perhaps contributes to the experiences of conflict which they describe.

The lowly status the role is afforded by others pervades the women's discourses with one exception. One participant offers a very different view of the status afforded by the role of full-time stay-at-home mother:

There's definitely in this area of London a, a, a social cachet about being a stay-at-home mum. [] That you know, "My husband's got a big job in the City and I can have six kids and stay at home", and that's, there's a definite social cachet to it.

(Susan, 430-436)

For Susan, being a stay-at-home mother affords her a position of high status, which she appears to achieve by linking her identity with her husband's well-paid and prestigious job. Thus she seems to achieve her status by association with his. Williams and Giles (1978) suggest that women may enhance their own self-image by defining themselves through their husband's status and occupation and Susan's strategy seems to lend support to their theory. Although Susan experiences operational difficulties with the role, she is the only participant who does not appear to experience identity difficulty arising from a perception that the change from a high status working identity results in a perceived lower status as a stay-at-home mother. Unlike the other participants, it seems that Susan does not perceive a stay-at-home mother identity as lower status and so continues to gain self-esteem via social approval within her social circle:

Most of my friends are former barristers, doctors, lawyers who stay at home.
(Susan, 439-440)

Vignoles et al (2002a) argue for three different forms of distinctiveness: Difference, position and separateness. Arguably, Susan is able to find positional distinctiveness

through her social relationships and social status, which seems to ensure continued self-esteem and self-definition. Susan describes how a working friend hates her job, suggesting that her friend would not choose this identity voluntarily:

And one of my best friends, she's a [] very full-on consultant surgeon and hates her job. Hates the men she works with, um, but she's the primary breadwinner so she, really no choice, she's just looking for retirement.

(Susan, 459-463)

For Susan, her perception of what it means to hold a working identity appears to compare poorly with holding the identity of a stay-at-home mother.

There is definitely a social cachet to people who are on bicycles, taking their kids to school, who don't have to get home and get in a suit and get into the City, because they don't have to earn the money.

(Susan, 490-493)

Susan therefore appears to experience no threat as a result of social comparison with others. Instead, the comparison is positive, leading to a positive self-concept (as posited by Tajfel and Turner's (1986) social identity theory). Furthermore, there is no mention of a perceived sense of loss of financial independence. In contrast with others in this study there appears to be status gained from being at home and not having to "earn the money". Although Susan does not explicitly state this, perhaps she is able to see the family income as 'her' money in a way that the other participants struggle to do. This perhaps suggests that she is comfortable with the concept of a family income earned either directly or indirectly.

3.4.3 How Mothers Should Be

Many of the women in this study appear to have an idea of how a mother should be and this seems to lead them to experience a sense of conflict between their ideals and their reality. These views are arguably rooted in a traditional perspective of womanhood and motherhood which perhaps competes with the de-traditionalist ideology which was more salient in the women's descriptions of their working woman identities. For example, Angela describes times when she has considered taking on projects which would require her to focus her attention away from the family and how difficult she finds this:

I put myself under stress to achieve something that is absolutely unnecessary. [] I want to do a website. Then I [] put the family kind of second then. And that makes me obviously feel even worse because I'm not the attentive, caring mother I actually would like to be and it's a bit of a vicious circle.

(Angela, 920-926)

This indicates that Angela perhaps privileges the mother identity over other possible identities and appears to lead to a conflict between the different identities that she could hold. Catherine appears to hold a particular view of what a maternal person may, or should look like, describing herself as lacking the necessary attributes:

I've always regarded myself as not a very maternal person. [] I'm not an earth mother type of thing.

(Catherine, 437-439)

Catherine's narrative seems to suggest that to be maternal means somehow encompassing the identity entirely, as signified by the concept of "earth mother". Kate also describes how a mother is "expected" to be, although she does not elaborate on who might be expecting this of her.

We're not expected to be ballsy as a mother. Or gobby. [] I always think of [] mothers being a bit sort of quiet and meek and not being sort of opinionated.

(Kate, 910-914)

This description of a mother contrasts with Kate's description of her working identity where she states that "I was ballsy" (Kate, 193). Kate's narrative suggests the notion of compliance with the expectations of self or others. Goffman (1976) describes compliance as playing a role, whilst Breakwell (1986) argues that compliance is an interpersonal coping strategy which can be utilised to reduce threat to identity. However, it must be very difficult to hold an identity which requires characteristics at odds with those displayed in a previous identity. It is therefore not surprising that this may lead to the experience of difficulty as one tries to hide or offer characteristics in order to comply with gender role expectations of self and others.

Linda describes how she believed that she would just 'know' how to be a mother:

I think I was very, um, not arrogant but just overly confident that I would know what to do.

(Linda, 915-916)

The clash between these participants' sense of self and the view of how a mother 'should' be appears to lead them to experience difficulties in their mothering identity. Not only do they describe how a mother should be, but they also speak of the views and expectations of others in defining a successful mother. Woodward (1997) suggests that motherhood is a role characterised by culturally prescribed idealised standards. Whilst Gieve (1989) comments that "nature is expected to come to the aid of women to transform themselves from individual to ideals" (1989, p.viii), women are simultaneously bombarded with advice on how a 'good' mother should behave.

The women in this study describe such advice coming not only from their social groups, but also from 'experts', which seems to result in a negative effect on self-esteem when participants measure themselves against this idealised image:

I was reading in this book about what you should do for toddler tantrums and it just said that you should never ever shout. And I was like "Yeah, they must come and live in my house". And I was going "How the hell are you meant to never ever shout?"

(Kate, 682-687)

Shelton and Johnson (2006) propose that the word 'should' contains a moral dimension of self-criticism which is entrenched in societal expectations and ideals of motherhood. The suggestion of clear rules on what a mother should *not* do appears to compound the conflict experienced from the loss of success markers or performance feedback found in paid working and discussed in the previous section on loss and to suggest that criticism of the mothering identity is experienced not just from the self but by others. One might ask the question that if the criteria for success are not explicit, how can one know if one is living up to the idealised mother image? It seems as if the women in this study are struggling to answer this question.

3.4.4 What are the Success Markers for Full-Time Stay-at-Home Mothers?

Whilst Kate appears to have some sort of concept about what a good mother should look like, it seems harder for her to translate that into an understanding of successful mothering. For example, she compares her child's behaviour to that of children of working mothers and acknowledges that her child does not compare favourably. It is

conjectured that her child's bad behaviour perhaps exacerbates her feelings of low self-esteem through looking for success markers via her child:

And the worst thing is, you can't turn round and say "my children are better in school, my children are better behaved, cause they're not. And it, my eldest, Zoe, behaves outrageously.

(Kate, 252-256)

This view is echoed by Angela, who describes being the same parent to all three children, whilst receiving different feedback on them:

Someone says "Oh your children are, are well behaved and they were as good as gold. Um, but you know you can be the same mother to [] three completely different children. And one of your child, children might get the appraisal and the others not.

(Angela, 621-626)

There is a sense of confusion in these descriptions regarding how one might measure success as a mother. This confusion can also be seen in Naomi's narrative:

So if Danielle is going to get the science prize for her year, [] that's not about me. Now if I got an award [] at a conference, [] that's different cause it was a job, I earned it. Now you may say that her getting the science prize, I had a big role in it cause I'm her mother [] and I do take on the role more of motivator. [] It's not a stand-up, let's all applaud, [] here's your £5000 bonus for getting your daughter the science prize, it's not, it would never happen. Some people think it should though [] but I think that is so wrong of parents to do that.

Although Naomi says that the science prize is "not about me", there is also a suggestion behind the words that there should be some recognition for the role she has played in facilitating this – "I had a big role in it cause I'm her mother". Once again Naomi applies the framework of paid work to the problem, suggesting that if she got a prize at a conference, she would have "earned it". However, there is still an underlying sense of the lack of recognition by others regarding the amount of unseen and therefore perhaps 'unearned' work that she has put in to "getting your daughter the science prize". Thus the lack of recognition the participants have already described seems to extend to confusion around how one measures success as a mother. There is no certainty that recognition can be obtained from the success or failure of one's children, or whether this reflects success or failure as a mother.

3.4.5 Loneliness

All the women spoke of loneliness in their role as a stay-at-home mother. The loss of social contact for some leads to a feeling of isolation from the wider world:

But for the most part though it's lonely. I think it's lonely. I think there can be days I don't really talk to people, which for me is weird, cause I like people.
(Naomi, 850-852)

You think "Oh, there's a world out there and I'm in my little cocoon here doing day after day [...] the same things really.
(Angela, 347-349)

For Marie the loss of social contact appears to lead not only to a sense of isolation but also of boredom:

I need to have an adult conversation, and pass comment perhaps about something that's happened you know in the wider world. I find that, if I'm just literally putting the kids to bed and that's it, [] that can get tedious.
(Marie, 577-582)

Boulton (1983) posits that an identifying feature of the mothering role is its exclusion from others outside the home, and its heavy burden of work and responsibility. Oakley (1974) argues that the social isolation of women is a significant factor in their dissatisfaction with motherhood. The women in this sample speak of being isolated, not just from the wider world, but from social support. For Angela this isolation seems to result from her role as mother, leading to a lack of time or opportunity to find support from others. Angela appears to express a sense of isolation which is unfulfilled by the three children around her. She describes how listening to her children's laughter makes her feel even more isolated:

If socially I can't see as many friends as I would like to, then that can make me feel quite isolated, even though I have three lively children running around in the garden, giggling. But the, the, the Angela then feels quite isolated.
(Angela, 679-684)

It could be hypothesised that the feeling of isolation Angela describes suggests a conflict between her identity as mother and her core sense of self – a self perhaps unfulfilled by the mother identity. This may be considered with reference to Lopata's

(1971) view, who postulates that isolation from interaction and intellectual stimulation and the limited opportunity to display a range of personality behaviours impacts on a woman's sense of personal identity. Marie's sense of isolation appears to suggest loss of previous social networks. It seems difficult for her as a stay-at-home mother to find support or friendship from similar others:

I've really struggled since leaving work to find particularly what I would call like-minded people.

(Marie, 642-644)

In the same way, although superficially Linda and Susan seem to have found similar others, there is a sense of isolation from others within the in-group – that other stay-at-home mothers are in some way not similar:

I haven't been to many, um, different groups where I've felt completely, [] you know, happy.

(Linda, 633-636)

So many mothers you know, er, deal with 3, 4, 5 children at home, and they didn't have any issues. It just seems to be me.

(Susan, 666-668)

Neither Susan nor Linda appears able to identify with the in-group, seeing them in some sense as 'other'. Susan's perception of other mothers suggests a sense of isolation through her belief that "they didn't have any issues. It just seems to be me". This attitude seems to position her as being outside the in-group, and therefore perhaps unable to elicit support or understanding from others, thus compounding the feelings of isolation she appears to describe. Breakwell (1986) describes how threat can be managed via group support where the group all share the same type of threat. Although many of the participants appear to share similarities in threat, the women seem to describe very little support either offered or received by others within the in-group. This may be because these mothers appear to position themselves outside the in-group, seeing them as in some sense 'other' and therefore perhaps unavailable for support.

In summary, the experience of identity conflict described above by the participants involves loss of status, financial independence, boundaries, success markers, recognition and social support. In addition, the women in this study describe their

view of how mothers should be and describe the perception that others view the identity negatively. The resultant experience is described by Kate:

And sometimes when I have a bad day [] I do sometimes think [whispers] "You have no idea what I've given up".

(Kate, 606-610)

It seems that the loss experienced is almost unspeakable, or perhaps reflects Kate's concern that by vocalising this she is not being as a mother 'should' be. Her whispered words powerfully convey the difficulties that the participants have described and perhaps express a sense of the conflict these women appear to be experiencing in holding this identity.

3.5 Coping with Identity Challenges

The fourth super-ordinate theme emerging from the data explores how the participants in this study cope with the experiences of identity challenge described in the previous section. In order to gain a better understanding of the coping strategies described by the participants, this section is broken down into four themes which seem to illustrate the participants' experiences: Judging Others, Creating Esteem, Holding Identities and Holding and Managing Regrets.

3.5.1 Judging Others

Some of the participants in this study spoke of their perception of working mothers, and seemed to compare themselves with this group. Kate relates a recent experience of going out with a group of working women. She says:

Only one of them has got a child and she works []. By her own admission she was never going to do the motherhood thing.

(Kate, 236-239)

Kate's description of someone who works and "was never going to do the motherhood thing" suggests that she does not appear to consider the concept of 'working mother', instead dividing women into those who stay at home full-time, and therefore "do the motherhood thing" and those who have children but hold a working identity and are therefore perhaps not doing motherhood. The implication is that Kate perhaps chooses to see motherhood only as a full-time occupation.

Naomi speaks of the care she takes in speaking to her friend who is a working mother:

I have a very good friend who had to go back to work and sometimes I feel I have to watch what I say [] that's her choice, that's her need, so you just sort of have to alter the way you might say something.

(Naomi, 524-529)

There is confusion in this narrative about how Naomi sees her friend's identity. Initially she explains that her friend "had to go back to work" but then describes this as "that's her choice, that's her need". It is unclear whether Naomi sees her friend as someone who had this decision imposed upon her or chose to return to work voluntarily. Naomi seems concerned that her friend may be vulnerable to implied criticism, thus necessitating care over how to phrase her words. This appears to suggest that Naomi perhaps sees her own identity as the correct one, and that Naomi has to "watch what I say" to avoid revealing a sense of censure over her friend's choice of identity.

Marie emphasises the positive factor of 'time' available to full-time mothers when speaking of her friend who is a working mother:

She lacks the time and then she feels guilt so she feels she needs to devote all of her outside of work hours to her children and then doesn't feel that she has time for anything else.

(Marie, 375-380)

Eve also speaks of her experience of some working mothers:

I know some mothers just have to go back to work, they can't cope with being at home with small children.

(Eve, 181-183)

Through social comparison with working mothers there is a sense of preference for the stay-at-home identity through these women's narratives. Being at home full-time allows one to "do the motherhood thing", to have time for one's children and suggests an ability to cope with being at home which working mothers lack. This positive focus perhaps lends support for Turner's (1978) theory that individuals look for positive distinctiveness through membership of the in-group. In these narratives

the women in this study seem to have framed their differences in comparison with working women in such a way as to make them feel positive about their chosen identity and what it says about them.

The women in this study also offered descriptions about other mothers who hold the same identity as them by staying at home. Although the above narratives suggest a positive view of their in-group in comparison to the out-group of working mothers, a different picture emerges when these participants talk about women *within* the in-group of stay-at-home mothers.

Naomi speaks of meeting non-working wives through her husband's work:

I don't like going to partners' dinners with my husband cause I'm bored there. [] I have nothing in common. These are women who are busy doing their house and [] I don't like that. I don't like that world.

(Naomi, 672-678)

Naomi chooses to see herself as different to women "who are busy doing their house" and are therefore boring. At the time of the interview, Naomi's house was being decorated, resulting in the interview taking place in her garden. In the previous section Naomi speaks of feeling judged by the female decorator:

When you have people working in your house and they think you're just a housewife, um, you want to say, "Oh, but I work too".

(Naomi, 785-787)

It could be conjectured that her condemnation of other stay-at-home mothers suggests that she sees herself as 'Other'. And yet her choice of reason for that condemnation ("women who are busy doing their house") is a label that could feasibly be applied to her. Yet again, Naomi's narrative leaves one with a sense of confusion over her own sense of identity.

Marie appears to echo similar sentiments in describing other stay-at-home mothers:

I find it hard to meet people that actually would like [] to have the social life that I like to have. I like to go out and have fun and I find that there is [] a lot of dullness.

(Marie, 652-655)

These accounts suggest a negative perception of other stay-at-home mothers and a sense that these participants do not view themselves as similar. Some of the participants explicitly reject the concept of the identity of stay-at-home mother as one which describes them completely. For example Marie says:

God if that was all of it then I would be mortified. I would feel that [] would be boring, shallow. [] There's so much more I feel than [] to just be defined [] by that.

(Marie, 436-440)

Marie's view that there is more to her than her mother identity was echoed by others. Her description relates a sense of horror that she could be seen 'just' as her mothering identity:

People do like to put people in boxes. [] That does jar with me. [] If you pictured the clichéd image of [] someone just slobbering on their sofa watching Jeremy Kyle as being the stay-at-home mum then no, [] that's definitely not me and I would be offended, hugely, if that was somebody's perception.

(Marie, 605-612)

Marie appears concerned that people might 'put her in a box' by seeing her according to a stereotype. It is not surprising that she rejects the identity when we consider her description of a stereotypical stay-at-home mother. And yet, in describing other stay-at-home mothers, the women in this study seem to offer a lack of understanding that others also may be more than their stereotypical labelled identity. For example, Kate describes her perception of women who enjoy being full-time mothers:

The only people who really love it are really stupid. Most of them are very stupid.

(Kate, 1022-1024)

Whilst the women in this study therefore reject the stereotypical view of a stay-at-home mother to describe themselves, it seems that this same negative view is used by them to describe others holding the same identity. If this is the case, it appears that these participants are placing themselves outside the in-group of 'stay-at-home mothers', emphasising their differences and seeming to reject appearances of similarity because of their negative connotations. It could be that acceptance of this negative stereotypical view would lead to a greater loss of self-esteem. However, by applying the stereotypical view only to others within the in-group, it is also possible

that this acts to elevate one's own feelings of self-esteem, leading to an experience of positive distinctiveness when compared to the negative stereotype. Tajfel (1978) has described the importance of positive distinctiveness as a method of creating and holding self-esteem. It may be that these participants are elevating themselves above others within the in-group by applying negative stereotypes to others but not to themselves. This may act to increase their own feelings of status within a perceived low-status group, by the use of downward comparisons against negative stereotypes. This way of coping perhaps lends support for Buunk and Gibbons (2007) who argue that downward comparisons allow individuals under threat to feel better about themselves.

3.5.2 Creating Markers of Self-Esteem

Marie describes her view of working people, not just working mothers, and compares herself to them:

[I am] very interested in [] business and commerce and world politics. [] I would have probably almost a greater voice and opinion on that sort of thing than many of the people I know that work who always say "Well I just don't have time to keep up [] with current affairs". [] I find that quite interesting actually that I can sort of be (how can I say this without sounding really arrogant?) more knowledgeable or more aware [] of what's going on in the world than people who are actually at work.

(Marie, 445-456)

Marie appears to elevate her position by comparing herself positively with "people ... that work". Marie uses the concept 'knowledge of current affairs' to position herself favourably and thus obtain greater self-esteem. In comparison with others who work she is "more knowledgeable" and "more aware ... of what's going on in the world". Thus Marie seems to raise her status above working others, by choosing something at which she can excel which perhaps allows her to experience feelings of self-worth.

Gaining self-esteem through choosing the criteria by which to compare self with others can also be seen in Naomi's narrative regarding her friend. She tells how "I talk about politics" and what this offers her.

I have a friend I walk my dog with and I talk about politics so I just tend to like that kind of thing [] to make me feel smart.

(Naomi, 667-670)

It appears that Naomi's friendship offers her a chance to position herself favourably by choosing something at which she can "feel smart". It is not clear whether this offers Naomi the opportunity to elevate herself above her friend ("I talk about politics"), or whether the two of them enhance their position by comparing themselves with others who do not talk about politics, but the result appears to be a sense of self-esteem or self-worth, gained through feeling smart. By selecting positive criteria against which to compare self with others, the women in this study appear able to create self-esteem. It would seem that this may act as a positive coping strategy in managing conflict resulting from holding the identity of stay-at-home mother.

Some of the women in this study worked hard to find positive distinctiveness through their children, and were able to do this even when their children's distinctiveness appeared initially to cause them difficulty. For example, Kate describes her daughter's strong character:

Spitting at the man who's helped me carry the buggy down the stairs is an issue you know. And then you say, "Please say sorry to the very nice man that's just helped us." "NO!" And you can see him looking at you going "Well you're a crap mother". And you're like "I'm really sorry".

(Kate, 1126-1130)

In Kate's narrative, her child's bad behaviour appears to result in Kate feeling judged by others and experiencing low self-esteem. Kate then speaks of having her daughter's friend to tea:

And this child was just bland. [] It wasn't shy it was just [] grey, beige, you know. And for all of my children's hideous characters, [] at least I know that Zoe will [] never be walked over. Ever.

(Kate, 1193-1197)

Kate seems to take her child's characteristics which cause her some difficulty, and at times lead her to feel like "a crap mother" and turns them into something positive by comparing her child with a quiet, shy child. She appears quite condemning of this little girl, referring to her as "it". She elevates her daughter's behaviour by

comparison with her playmate who is “just grey, beige”. Through comparison, her child’s more colourful personality becomes a positive quality, meaning that she will “never be walked over”. This perhaps allows Kate to move away from the negative distinctiveness she experiences through others’ judgement of her child’s behaviour (“you’re a crap mother”) and find a far more positive meaning to it, thus allowing her to protect her own sense of self-esteem and to find positive distinctiveness as the mother of a child who “will never be walked over”.

Susan appears to react in a similar way to Kate, turning an initial problem into positive distinctiveness. She speaks of her son, who was expelled from school before his GCSE’s, leading her to find him a place at a ‘crammer’ tutorial college:

I don’t think that I appreciated that it was going to be full of immensely feral, very affluent, mostly drug-problem related children [] and Johnny said he had to have some friends and he therefore did make friends there and he ended up with a crowd of people that would be out till three, four in the morning.

(Susan, 41-45)

She describes how this experience led her to consider another school for her son’s A levels:

We felt that it had amazing facilities. [] Very high staff ratio. Johnny’s a competition-level fencer and he would like to take his fencing further [] and we decided to go for it. So it’s the second most expensive school in the world.

(Susan, 78-84)

As I said, it is the second most expensive school in the world. [] You’ve clearly got to be able to afford it, but it was a very eclectic group of people.

(Susan, 1243- 1264)

Although Susan has clearly struggled with the problems her son’s expulsion caused, she emphasises the fact that his new school is “the second most expensive school in the world”. In doing so, this appears to offer her a sense of elevated status by placing her amongst those who are “able to afford it”. It is therefore perhaps possible that in emphasising the expensive nature of the school, she finds a sense of self-esteem by comparing herself favourably against those who cannot afford the fees. The emphasis she places on this also seems to allow her a sense of positive distinctiveness through her son’s membership of this school which she could not

gain from his membership of the group of “feral ... mostly drug-problem related children”.

Festinger (1954) argues that people establish personal worth by making social comparisons with others, but that these judgements involve highly subjective interpretations. The freedom of interpretation enables the individual to evaluate themselves favourably. It would appear that some of these women are finding self-worth through subjective social comparison. Breakwell (1986) extends Festinger's theory, suggesting that self-protection through evaluation can occur by considering that the value of an identity component is relative, not absolute. She posits that a comparison which shows the existence or the lack of a characteristic in a positive light when compared to others may lead to a negative becoming a source of satisfaction. It is postulated that both Kate and Susan appear to be evaluating components of their identity in line with Breakwell's theory.

3.5.3 Holding Other Identities

Some of the women in this study spoke of being able to hold other identities in addition to the identity of stay-at-home mother. For example, Linda states:

I don't see myself just as a mum, because there are other things that I do. I sing with a choir. I still teach Sunday School. I still do get [] out and about and have time on my own and [] I've started [] running again.

(Linda, 336-341)

Linda's narrative suggests that she is able to hold different identities which, together, make up the whole person. Catherine also appears to hold a number of identities and describes how she manages to do this:

I think I can fit them in quite easily, the different identities. You know, being a mum, being a wife, [] having fun with [] friends. [] I think I can fit them all in pretty much []. You get your different heads on don't you for different [] occasions don't you?

(Catherine, 622-632)

Linda and Catherine's narratives suggest that they experience a number of components to their identity and manage to integrate these. Marie, too, speaks of holding different identities:

I want to do the thing with the kids and I want to be at home with them, but equally I am very driven in what I want to achieve personally [] with my [] garden, with the food we eat, [] with the way the house is.

(Marie, 277 – 278)

Marie appears to manage these different parts of herself by keeping each component very separate. She explains how she uses her time, describing herself as “ferociously organised” (Marie, 306).

I get up one day and think, right, we’re going to have a really [] great gourmet dinner tonight, or actually we’re [] just going to have a salad and I’ll spend the day gardening, or [] I’m going to sit down and work further on my blessed verb conjugation in Spanish.

(Marie, 555–561)

There is a sense from Marie’s narrative of her management of these identity components: It seems as if she only holds one identity at a time, but holds it completely, so that she is cook, or gardener or Spanish student. This strategy for managing her different identities can perhaps be considered with reference to Breakwell’s (1986) theory, which suggests that individuals deal with threat to identity by using acceptance strategies which aim to modify the identity structure with the minimum amount of damage to self esteem, continuity or distinctiveness. One such acceptance strategy is compartmentalism: By compartmentalising the problem component which is being added to the identity structure, the implications of the change are diminished, as the addition to the identity structure does not taint the rest of the identity. Breakwell posits that compartmentalism allows the incompatibility between different aspects of identity to exist, because they are never directly compared. Whilst acknowledging that she is a stay-at-home mother, Marie emphasises her other identities – as cook, gardener and language student. Perhaps by focusing on the importance of these identities in defining how she sees herself, Marie manages to segregate the unacceptable facets of her stay-at-home identity.

Both Susan and Naomi also speak of holding other identities:

I'm [] the full-time [] mover and shaker for my mother. I'm the one that if anything needs to do to her house, anything needs to be done, I'm the one that organises it.

(Susan, 499-501)

I think I want that identity – that I'm a nice person [] I can give. [] And to do that I have taken on roles, [] I've always been active in the kids' schools for example.

(Naomi, 840-844)

Although Susan and Naomi speak of other identities, these descriptions can perhaps also be defined as variations of their mothering identities. Being a “full-time ... mover and shaker for my mother”, or being “active in the kids' schools” both appear to be nurturing, caring identities. Thus perhaps it can be argued that these alternative components are facets of the same identity, rather than separate components such as those described by Marie. However, holding these roles seems to offer both Susan and Naomi a positive expression of their self-concept, allowing for the identity description “I'm a nice person” (Naomi, 840).

Some of the women in this study did not feel that they held other identities, instead expressing the opinion that the identity of stay-at-home mother described them completely. For example, Kate replies:

Sadly I think full-time stay-at-home mum actually is completely what I am. Because that does describe it.

(Kate, 895-899)

Kate seems to accept this identity as being all that she is and yet states that she accepts this “sadly”. The reader is reminded of an earlier response from Kate in which she says “I don't have an identity now ... I used to have a very firm, fixed idea of who I was” (Kate, 154-157). Therefore although Kate appears to accept on some level that this is “completely what I am”, it leaves her with regrets. This apparent acceptance arguably leaves her to feel that “I don't have an identity now” and the effect of this is revealed in her self-talk around her current identity:

I would quite happily sit and debate my point and I don't really now, cause I kind of think, “well, what do you know, you're just a mother”.

(Kate, 460-462)

Becoming “just a mother” appears to have considerably affected Kate’s feelings of self-worth, and perhaps suggests that the negative stereotypes used by the women in this study to describe other stay-at-home mothers have been internalised by Kate, resulting in a lowering of self-esteem. The reader is reminded of the analysis in the previous section which highlighted Kate’s apparent compliance in how a mother should be as “being a bit sort of quiet and meek and not being sort of opinionated” (Kate, 912-914). Breakwell (1986) suggests that one strategy to cope with threat to identity at the interpersonal level is compliance, and it seems that this may be a method that Kate is employing. However, this compliance seems to leave Kate with a sense of sadness when describing her mothering identity as “completely what I am”. Furthermore, this apparent compliance is contradicted by her statement that “I don’t have an identity now”. Although Kate appears to try to reduce a sense of threat to her identity by compliance, this seems to leave her with no fixed sense of identity. It is therefore questionable how useful this strategy might be in managing the sense of identity conflict which is apparent in Kate’s narrative.

Eve was asked the standard question about her identity, which is repeated here for ease of reference: “Some people feel that the identity ‘full-time stay-at-home mum’ describes them completely. Others feel that they have other identities that aren’t reflected in that description. What is your experience?” In response, Eve confirms that this account describes her fully:

I think it probably pretty well covers me actually. We don’t have a wild social life or anything to give myself another identity. [] No, I suppose that covers it.
(Eve, 254-256)

Eve then asks what others have answered to this question, saying:

To do what though? I mean, an identity of their personality, or, I don’t understand really.
(Eve, 270-271)

The following transcript shows the interaction between the researcher and Eve as she seeks clarification:

R: Well I suppose it could be something like, I don’t know, that they’re a keen sportsperson [] or something that isn’t really reflected in that, in that term of mum.

Eve: No, I think it probably covers me pretty well.

R: So how do you feel about that? Sounds like you've very much taken on that identity, and that, that covers you?

Eve: Yes, so I'm happy with that.

R: Mmm

Eve: Is that a derogatory term?

R: No, not at all. No. No. Why? Does it sound it?

Eve: Well you were indicating that there could be something else there or making me feel, if not, why not?

(Eve, 272-286)

This transcript is offered in full in order for the reader to gauge the extent to which the interviewer indicates “that there could be something else there or [] if not, why not?” The question aimed to explore how Eve described her identity and was offered in exactly the same way as for the other participants. Eve is not the only participant to reply that the label entirely encapsulates her sense of identity, and yet her response is categorically different. It is possible that the interviewer in some way unintentionally implied that her response was in some way not enough. However it is also possible that in describing herself as holding this single identity Eve felt that this must lead to negative evaluation by others. Eve appears to hold the identity of stay-at-home mother completely – an approach which may be considered with reference to Breakwell (1986), who suggests that one acceptance strategy to cope with threat to identity is the strategy of fundamental change to the identity structure. She argues that this may mean sacrificing continuity, distinctiveness and self-esteem in order to assimilate the new elements into the structure, such as an unemployed man who accepts unemployment as ‘a way of life’. Although this challenges continuity, distinctiveness and self-esteem, it has the advantage of ameliorating the threat and its resultant anxiety. Eve subsequently says:

I think if you'd got me when the children were a bit younger it would have been more of a struggle perhaps, because that's [] hard work [] and makes you think “Oh God, perhaps I should have gone back to work and some nanny can look after the kids”.

(Eve, 295-301)

Eve's comment “if you'd got me when the children were a bit younger” implies that she has perhaps struggled with her decision to stay at home more than she is willing to divulge. It may be that Eve's acceptance of the identity ‘full-time stay-at-home mother’ as a total definition of herself removes the incompatibility between her previous self-definition and the current definition. It is theorised that being

questioned about her identity perhaps highlighted this incompatibility and clearly made her feel very uncomfortable. A more in-depth discussion about the interview with Eve is contained in section 2.5.

Angela describes the difficulty of trying to hold or integrate other identity components:

I can't dedicate as much time [] to that Angela outlet in order to have the balance. Basically I'm, I'm out of balance at the moment.

(Angela, 355-357)

You have a few [] Post-Its there and you know that the washing needs doing and the cooking needs doing [] but then you have [] your private Post-It pile somewhere and [] whilst you're ironing you try to think of what you'd like to do []. And then you think, "Oh [] go on ironing be finished now, and then by the time you've finished the ironing then there's dinner to cook and you don't get round to, yeah, finish [] your dream.

(Angela, 737-747)

It can perhaps be understood from Angela's narrative how difficult it seems for her to find time beyond the identity of mother to "think of what you'd like to do". Angela explains how she might solve the difficult of managing her other identities:

I could do with condensing them down I think. At least two! I might feel a bit happier then.

(Angela, 649-652)

Faced with feeling "out of balance" Angela's coping strategy is to try to suppress other identities by "condensing them". It seems as if altering the salience of the mothering identity in order to create space for the existence of other identities is not a feasible option for Angela, or may not have been considered. Angela's belief that she should condense her identities perhaps offers the reader a greater understanding of her perception of the importance of the mothering identity over other possible components and the strength of the traditional gender norms that Angela seems to expect. There is however a sense from her description of being in some way trapped in the identity through physical and temporal constraints. The identity seems to take all available space, reducing consideration of other identities to the role of a "dream".

3.5.4 Holding and Managing Regrets

Some of the participants spoke of feeling regret. Kate describes her own sense of regret:

I don't ever regret giving work up. I do sometimes actually, that's wrong. [] I do sometimes regret giving it up.

(Kate, 138-140)

Kate's contradiction of her original statement ("I don't ever regret giving work up") perhaps illustrates her sense of confusion. Although it is not clear what drives this confusion, one might consider this in relation to her earlier opinions around how mothers "should" be and her apparent allegiance to two conflicting ideologies which led her to initially work and then to stay at home. It may be that Kate feels she should not regret giving up work, although this would seem to contradict her feelings, which she then shares: "Actually that's wrong". Alternatively, her view that she does not regret giving up work may be related to those aspects of the role that she does enjoy or to her belief that what she does is important (see sections 3.6.3 and 3.6.5). Kate appears later to place more emphasis on a sense of regret:

I think you do give up a lot. A huge amount. [] I think it isn't just work. And I would say to most of my friends, I say "If you can go back, go back".

(Kate, 566-569)

Her sense of regret is evident in her advice to her friends to make different choices to those which she has made. There is perhaps a gathering sense of urgency in her narrative, which starts with the conditional tense "I would say" but changes to the present tense "I say". One is left feeling that Kate starts to express her views as advice, but continues this as a warning: "If you can go back, go back".

Naomi's narrative also conveys a sense of holding regrets:

You cannot have regrets. [] People have this philosophy "coulda, shoulda, woulda" and I think that's a dangerous place to go. A very dangerous place to go.

(Naomi, 640-645)

Although Naomi does not elaborate on why it would be dangerous to think about her regrets, one is left with a sense that she dare not contemplate thinking about how her life might be different. To do so would be “a very dangerous place to go” and therefore any regrets cannot or must not be accessed. Naomi seems to work hard to avoid considering the concept of regrets, and does so by emphatically refusing to hold them, “you cannot have regrets”. It is difficult from her words to believe that she does not experience these, but seems to manage this potential difficulty by remembering her past achievements in her previous job.

She said “You’re not unhappy mommy that you gave up working” and I said “Really I’m not”. And part of it was that I did all this first. I can always look back thinking [] it was good. It was really good.

(Naomi, 135-145)

It seems as if Naomi can use the memories of her past achievement and satisfaction as a working woman to perhaps offset any unhappiness that she might feel now. When she does feel unhappy her strategy appears to be to “look back” and remember that “it was really good” and this strategy seems to allow her to cope with difficult days in her present role:

Not every day is great and I think that’s what I’ve learned now. [] But I want to be happy. I want it to be nice. And there have been times when it’s not been, and ... I made it. [] I got through that. And I hope I can continue to do that.

(Naomi, 992-997)

Achievement in Naomi’s current identity appears to be measured by a focus on ‘getting through’. By thinking about times when she has not been happy, or it has not been “nice” and to notice that “I made it ... I got through that. And I hope I can continue to do that” she appears to find a way of coping with current feelings of regret or unhappiness.

Catherine looks back at the effort she put in to her working identity and considers what it means to her if she does not return to this work:

All the work and effort that I’ve put in, over and above the hours of work, and [] the extra qualifications I’ve did in the evenings for [] a couple of years [] and you think “ooh, [] what have I done? [] Have I wasted that if I don’t go back to it?

(Catherine, 318-325)

Catherine describes a concern that she may have wasted her hard work and effort in gaining additional qualifications if she does not return to her previous working role. The phrase “ooh, what have I done?” could feasibly relate either to her concern that she has wasted time in the past on something she no longer needs, or that she is wasting her time now by not returning to something she has worked hard for. It is not clear whether this is a lament for something lost in the past, present or future.

Whilst Catherine’s regret could be positioned as rooted in the past, present or future, Angela’s narrative suggests a sense of regret rooted in the present but which also encompasses the future:

After eight years, that’s where crunch time is for me at the moment. I find it very difficult to [] hold myself back and say “hang on in there for a few more years and then you can go and do whatever you like once [] all the children are at full-time school”.

(Angela, 318-325)

Angela speaks of having to “hold myself back” and “hang on in there”. There is a sense in her narrative of a position which is becoming more difficult to hold or to reconcile with her own need to “go and do whatever you like”. In these women’s narratives there is therefore a sense of regret which seems to move back and forth between the past and the present but also to project into the future. Angela’s concern that she must “hang on in there” until her children go to school implies regret at what this might cost her over the coming years, whilst Catherine’s contemplation of wasted effort if she does not return to her previous role implies a cost situated in the past.

3.6 Taking Stock

Earlier themes in this analysis have explored some of the issues the women in this study faced in making the decision to be a stay-at-home mother and this final superordinate theme explores some of the influences which appear to hold these participants to this decision. Within this superordinate theme are the sub-themes of: Time Passing, Considering Alternative Identities, Rewards and Paybacks, Life-Stages and Affirmation of the Importance of the Role.

3.6.1 Time Passing

The women in this study with older children offered a conscious awareness of time passing and this seemed to be allied with an understanding that components of their identity were either already changing or might change in the future. These participants' descriptions suggest a sense of redundancy through their children growing older. For Naomi an awareness of becoming less needed seems to instil a feeling of loss:

If there's a lack of need for a week or a month [] you feel at a loss. And sometimes you could start giving it when it's not asked for, or not needed and you have to know when to back off.

(Naomi, 490-493)

Naomi explains this reduction to her role by reference to her working identity:

It would be [] like in my job if all of a sudden we had no patients so you're sitting at your desk going, "OK, I've got all this to do and no-one's coming" [] and you feel you're missing that and you want more of that because it makes you feel good.

(Naomi, 507-512)

Naomi's description of becoming less needed by her children suggests a feeling of emptiness, like a hospital with no patients. There seems a similarity here between her identity as a nurse and her identity as a mother. Both appeared to offer her a sense of worth through being needed. Perhaps the gradual loss of a sense of worth through being needed as a mother of teenage children reminds her of the loss of an important part of her working identity. Her working and mothering identity seem to merge in this narrative, partly due to her use of the present tense as she says "so you're sitting at your desk going OK I've got all this to do and no-one's coming". It seems as if "lack of need" by her children has given Naomi a renewed sense of loss of a core component of her identity. Susan also speaks of becoming less involved and how this makes her feel:

We've ended up with Johnny [] at a school where probably we'll be the least involved that we'll ever be, but then at 17, 18 you might say he's not wanting me involved that much anyway. [] It saddens me really.

(Susan, 1183-1187)

There is therefore a sense of regret in both Naomi and Susan's narratives as the changing nature of the role seems to lead to a feeling of being less needed. Being needed seems to "make you feel good" (Naomi) and its loss is missed. However, Catherine sees the impending signs of redundancy differently, describing this as liberating:

Catherine: As the years go on, I suppose you do become a little bit more redundant in terms of their [] neediness.

R: Mm, yeah. So how does that make you feel about yourself?

Catherine: Liberated! It's like, thank gosh! They can do it.

(Catherine, 565-573)

Catherine seems relieved that she is less needed, experiencing a sense of liberation that Naomi and Susan do not describe. Whilst their narratives describe the *loss* of an important component of identity, and therefore perhaps a reduction in who or what they are, Catherine's reaction suggests that for her, a lack of neediness in others perhaps signifies the opportunity to *add* a component to her identity, leaving her feeling "liberated".

3.6.2 Considering Alternative Identities

These women's narratives suggest a process of reassessment of their identity as stay-at-home mothers. With one exception, the participants in this study talked about their wish to be able to do something in addition to their full-time mothering role. Catherine's view above of the gradual redundancy of her role seems to offer her opportunities to do something else which perhaps allows her to feel liberated:

I've still got [] 20 years in me to do something. And I don't want to waste it. We're only here on this planet once.

(Catherine, 412-414)

Catherine's wish to earn her own money seems to lead her to contemplate alternative paid work and speaks of the kind of work she is considering:

Sometimes I wish I could go mad, and do what I want to do. But I mean I have, um, have done things from home. Thought, well what can I do to raise my own money [] so that [] I've got my own little bit of pocket money, sort of thing.

(Catherine, 212-217)

My other thought at the moment [] is an upholstery course [] and I think that would be something I could do in my garage. And I could work the hours that suit me.

(Catherine, 248-252)

Catherine speaks of her wish to “do something”. She conveys a powerful sense of how important this is “I don’t want to waste it. We’re only here on this planet once”. However, her options appear to be constrained by the notion that work must fit in with her current identity as a stay-at-home mother. Although she describes feeling liberated as she considers that her children are beginning to need her less, her thoughts about a job are restricted to roles that “I could do in my garage.” One could postulate that her plan to work the “hours that suit me” allows her mothering identity to be privileged over any subsequent working identity. There is therefore a sense of two competing ideologies in Catherine’s narrative; one which carries the expectation that mothers can do paid work, and the other retaining the traditional perspective that a mother should be available to her children. It appears for Catherine as if work and the hours accorded to such a role must fit around the salient identity of mother.

Naomi talks about returning to study, to do a degree. Like Catherine, she describes her plan to fit this goal around her mothering role:

I’m also planning it so that I’ll have more time to do it. Because if I go, I’m gonna go when Danielle’s already finished with sixth form. And I’ll go part time.

(Naomi, 1075-1079)

Naomi describes how she will also fit these plans around taking a greater caring role for her mother who lives in the US:

We plan ahead what we’re gonna do and, and I think it will be feasible. But having said that I’m prepared if it doesn’t work to be OK. [] Sure there’d be a sense of disappointment, but I don’t [] think you could overwhelm yourself with it. [] You have to sort of decide where to put your disappointment.

(Naomi, 1088-1100)

It seems as if Naomi can only consider her goal of working for a degree if it can fit around others’ needs. Whilst it has been recognised in this analysis how important it appears for Naomi to feel needed by others, it seems that ‘being needed by others’ carries a salience which is prioritised over other possible components of her identity,

such as 'student'. Naomi is already preparing herself for what might happen if the additional identity component of 'student' becomes too difficult to integrate with other components. Whilst she appears to suggest a certain ambivalence towards this addition to her identity, she also offers a glimpse of how painful it might really be to lose this opportunity to add to her identity "sure there'd be a sense of disappointment, but I don't think you could overwhelm yourself with it". Her use of the word "overwhelm" may offer an insight into how disappointing it might be if she cannot assimilate this proposed addition to her identity. It also appears to show her coping strategies for dealing with disappointment, perhaps adhering to her previous statement that "you cannot have regrets". One is left wondering where Naomi might "decide" to put this disappointment.

Angela has also considered how she might work, and describes the importance of doing some kind of paid work:

I'm dreaming on starting up my own little business []. It sounds a bit pretentious but [] I have entrepreneurial spirit in me and that spirit is just not satisfied at the moment and I need an outlet for it otherwise I cannot just be mum.

(Angela, 312-317)

The language in these women's narratives appears salient in considering how they position a potential working identity in relation to their mothering identity. Catherine speaks of wanting "my own little bit of pocket money", whilst Angela speaks of a "little business" and shows concern that she might sound pretentious at describing herself as possessing "entrepreneurial spirit". The language used by these participants in describing their wishes or plans appears rather self-deprecating, as if these goals somehow do not fit with their representation of motherhood. Naomi speaks of how her plans to study should fit around her children, even though the eldest (Danielle) will have left school by this point and her son will be doing his GCSE's. It seems as if these women construct the possibility of an additional component to their identity in such a way as to reduce its importance, as if they should not really need it. Perhaps this can be understood with reference to the social construction of 'motherhood' as discussed in the introduction, which positions mothers as self-sacrificing Madonnas. If this is the social representation of mother

held by these participants it is not surprising that it may feel uncomfortable to consider alternative identities.

3.6.3 Rewards and Paybacks

Most of the women spoke of the rewards of holding the identity of stay-at-home mother in relation to their feelings towards/about their children. Naomi's narrative suggests an element of completion to this role:

Seeing how lovely my two children are, I feel I did it. I feel this is good. I'm glad I did it.

(Naomi, 234-235)

There is a sense of satisfaction and pride in this narrative and also a sense of achievement, "I did it". Perhaps Naomi sees "how lovely my two children are" as a result of successful mothering, thus offering her a sense of self-esteem and of reward for the difficulties she appears to have experienced. Susan also seems to gain a sense of reward from formal feedback about her son's achievements:

I have moments that I can encapsulate with just sheer delight and pleasure that, when Peter gets his fabulous marks for everything and he gets his commendations and everything and you think Yeah! Fantastic!

(Susan, 582-586)

Susan appears to gain pride and therefore a sense of self-esteem through her son's good marks. As discussed in the section on experiencing identity challenges, it seems difficult to know what the success criteria as a mother might be, but it seems from Susan's narrative that clear feedback about a child's success may provide a source of success for the mother. Kate talks of payback for the role she has taken:

Every day there's payback. Tiny snippets like that. And other days [] you get payback in buckets and buckets and buckets you know.

(Kate, 975-978)

She speaks of how this role has offered her the opportunity to get to know her children:

And I suppose I've managed to get to know them. I know my kids inside out and back to front. [] I think sometimes [] if you're not around [] well maybe you don't ever really know them.

(Kate, 998-1004)

Although Kate is not explicit, there is a sense that she might be contrasting the opportunity she has had to get to know her kids “inside out and back to front” with how she might know them if she had decided to be a working mother and therefore “not around”. Marie offers her view of the role:

Trialling as it can be at times and I'd be honest enough to say, at times mind-numbingly boring, [] I wouldn't change it. I would not change it.
(Marie, 153-157)

Marie also explains how important it was for her to be at home when her children were very small:

I have some friends who sent their babies at three months to nurseries and were gone from sort of eight till six. [] I could never have done it, for myself as much as anything else. [] I could never ever of been parted for that length of time.
(Marie, 194-199)

Marie is candid in her view that she needed to be with her baby and would have struggled to be apart from him. This suggests that when her son was very small, both their needs were met through her role as full-time mother, as posited by Bowlby (1969). To some extent this still seems to be the case, as she describes how she feels when her older son (aged 5) is late home:

I even find it out of the comfort zone for me now when Henry has a play-date after school and I don't see him till sort of half past five, quarter to six. I find that very strange. I look forward to it and think oh great, peace and quiet, but when it actually comes to it, I always think Oh come on, come home. Funny isn't it how we do that?
(Marie, 199-206)

The importance of meeting their own maternal needs by staying at home full-time with the children is also expressed by Linda and Eve:

I think if I'd had to find a childminder I would have really struggled in [] being separated from Michael. [] I do think that was part [] of what influenced my feelings that I would not have liked to have been separated from him at that age.
(Linda, 293-299)

With Charlotte having [] allergies and things [] I felt more comfortable being the one looking after her.

(Eve, 117-119)

Many of the women in this study therefore seem to express how their own needs as a mother are met through taking on this identity full-time. There is a sense that they might be losing an important experience if they are not fully present:

I was taking Zoe to school and [] she goes “Thank you mummy for pushing me so fast, I love going quickly”. I just thought, well actually [] that’s why I do it. Because I don’t want her saying that to somebody else.

(Kate, 965-969)

Kate expresses her pleasure at this shared moment. This example suggests the importance of not missing out, “I don’t want her saying that to somebody else”. It appears that the mother would be the one to miss out on this experience, not the child. These examples imply that the pleasures experienced by these women in their mothering role go at least some way to off-setting the difficulties that have been described in the previous sections.

3.6.4 Life-Stages

Some of the women in this study spoke of the importance of accepting that they cannot go back to being who or what they were before they had children. It seems that one way of achieving acceptance is to conceptualise their identity as existing within a life stage. For example, Linda says:

Being accepting and [] appreciating it instead of fighting it, because you can’t turn the clock back. [] Having a baby I think probably is, is one of the biggest [] life-changing things that you [] can possibly do and [] there is no going back is there?

(Linda, 871-888)

Like others, Linda spoke of considering alternative identities and appeared to think about her current identity as one which she would hold for a finite period of time:

When Michael’s at school I may return to work and have to think about what I might do. And different thoughts appeal to me and I, I’ve tentatively looked at what I might do and how I might progress those areas. But I’m aware that I’m not going to lose too much energy on them at the moment because I know

that number one priority is that I want to be around during my son's first year at primary school.

(Linda, 351-358)

The importance of holding the full-time mother identity until the children are in full-time school is also emphasised by Angela:

You can do whatever you like once [] all the children are at full-time school.

(Angela, 321-323)

Catherine describes life as series of stages, seeing the stay-at-home mother identity as existing within a life-stage:

I always think there's something [] else that I should be doing. And like that's why I think it's just a stage that I'm going through. [] I don't know what, what exactly I want to do, but I know that it's, it's not staying at home forever.

(Catherine, 442-448)

The strategy of conceptualising her identity in this ways seems to allow Catherine to hold and manage it, but also to recognise the possibility of the emergence of other identities, even though these may be a long way in the future:

Yeah, I do think it's a stage. I don't think I will be at home. [] I'm thinking my son, well he'll be going to secondary school in [] 4 years, 5 years time. So I've got to sort of, perhaps gear myself up for something for when they get to secondary school.

(Catherine, 394-401)

Whilst Naomi appears to cope with difficulties with her identity as stay-at-home mother by looking back in time, Catherine appears to cope by looking forward, planning for the next stage where she will be 'liberated' from her stay-at-home mother identity as a result of her children reaching their own next life stage.

Although Eve has appeared to confirm that the identity of stay-at-home mother describes her completely, she also seems to construct this identity within the concept of a life stage:

R: I think what I hear from you is that [] you have found an identity that describes you, certainly at the moment

Eve: At this stage, yeah.

R: Describes you quite completely.

Eve: Yeah, at this stage.

(Eve, 342-347)

In this exchange it appears important for her to stress that she holds this identity “at this stage”, perhaps implying that this identity could in some way alter at some future stage. It was suggested in the previous section that Eve utilised the coping strategy conceptualised by Breakwell of fundamental change. However her apparent total acceptance appears modified in the above exchange by her expression that the identity of stay-at-home mother only describes her “at this stage”. It has been noted that one of the difficulties of holding this identity appears to arise from the lack of boundaries described by these participants in earlier sections. It is theorised that a coping strategy used by Eve and others is to appear to assimilate the identity entirely, as proposed by Breakwell, but to create intra-psychic boundaries around this identity by locating it within a temporal framework. It is suggested that this strategy of a temporal boundary might enable individuals to hold an identity which otherwise threatens self-esteem.

Linda describes her identity in more fluid terms as she explains how she had planned to use her time once her son was at nursery school five mornings a week, but that her own plans had to change when he was unable to cope with this and returned to three mornings a week:

I suddenly thought Yes! Five mornings a week, and each of those five mornings I'm going to go to the swimming pool. And then all of a sudden it didn't work so [] it sort of shrunk back a little bit again. [] But I think I accept that [] the mother and wife role is probably the majority, with the little bit of the other me steadily growing.

(Linda, 399-406)

Linda's description above suggests a fluidity to her identity which allows components of her identity (“the other me”) to expand or contract depending on the constraints placed on these by her other, more currently salient roles. In considering how the women in this study conceptualise their identity as existing within a stage, it could be feasible to link this to a stage theory of identity such as those based on Erikson's identity theory (1956). Marcia (1966) posits that the status of moratorium may be held by an individual who is experiencing a crisis but has not yet committed to a role, whilst Raskin (2006) proposes an additional sub-status particularly relevant to working mothers, known as conflicted achievement (see introduction). The women in this current study also appear to experience conflict whilst committed to their role

of mother and one way of reducing this conflict may be to conceptualise the identity as existing within a discrete timeframe.

3.6.5 Re-affirmation of the Importance of the Role

Many of the women in this study affirmed their belief in the importance of their mothering role. For some this importance was in relation to their children's needs. For example, Linda says:

I think that it's exceptionally important that the first few years of a child's life are with somebody who provides consistent care. I'm not saying that it couldn't be a granny or [] the dad.

(Linda, 768-772)

However Marie and Susan express their belief in this role by speaking of its importance to them, not just to the children:

I personally feel that for me and our children the best thing I can do for them is stay at home for them, particularly in their early years.

(Marie, 180-182)

I wouldn't have wanted to not be there for the sports days, the letters coming home asking for a volunteer to go on the school trip, taking something in for the bake sale. [] My personality is I've got to be in there and do it [] that would frustrate me and upset me enormously, so I, I wanted to be [] involved in it all.

(Susan, 333-339)

Kate expresses her belief in the importance of the role indirectly, by complaining that others do not seem to recognise its importance or value:

You know no-one says "Oh God, how great that you decided to give up your career and [] look after your kids and try and make them grounded, well-rounded people [] instead of sending them to a crèche for somebody else to bring up"

(Kate, 268-273)

Kate's aim to make her children "grounded, well-rounded people" is perhaps allied to her apparent belief that this outcome requires a stay-at-home mother, thus affirming her belief in the identity that she has taken. The reader may remember Kate's description of a working acquaintance who was also a mother as someone who was

“never going to do the motherhood thing” (Kate, 239), as if only full-time mothers can achieve this aim.

It does not seem coincidental that all the women in this study who mentioned their mothers described a childhood where their own mother stayed at home, at least during the primary school years. It is possible that their experience of being mothered has influenced their subsequent choice of how to mother their own children, as proposed by Gillespie (2000). All the participants expressed a belief in the importance of their role as stay-at-home mothers and this seemed to remain constant in spite of the experiences they described of feeling negatively judged by others for taking this identity. However it is also clear from these women’s narratives that their experience of being mothered does not explain fully their decision. Many of the women framed their decision as one where they had no choice. There is a sense from some of these women’s narratives of an initial belief that they could hold both identities, that “you can be super” (Naomi, 192) but the description of the difficulties encountered in trying to hold the dual roles of working woman and mother suggests an incompatibility between the ideology and the reality, leading to a sense of ‘forced choice’. (“I couldn’t work it out in my head how I was going to do it”, Catherine, 67-68). Although it seems that some of these participants had expectations of holding a more gender-neutral role, their lived reality seems to have positioned the traditional gender role as the more dominant social script (Chapman, 2004).

This final superordinate theme of Taking Stock therefore appears important in interpreting the experience of *continuing* to hold the identity of stay-at-home mother. The participants in this study have described experiencing difficulties with the identity and how they have coped with identity conflict. This theme describes how most of the women in this study appear to have contemplated alternatives but seem to have found an acceptance of the role through re-affirming their belief in its importance and by considering the identity to be a ‘stage’ in life. In considering these superordinate themes as a *process* through which these participants pass, the experience of taking stock could arguably be one which allows these participants an opportunity to alter their identity structure. For example, they could consider alternative identities, or classify themselves as reaching the next life-stage, thereby allowing the possibility of

reducing the salience of the mothering component. However there is a sense from these participants that taking stock also offers a re-affirmation of the importance of the role as defined by the individual's belief system and their understanding of social norms and expectations. In order to accept the limitations these beliefs and expectations place on the individual, a conceptualisation of the identity as a finite stage in life appears a helpful coping strategy. This re-evaluation appears to allow the participants to continue to actively choose to hold this identity. Further elaboration on how these themes might piece together is contained in the following discussion section.

4. Discussion

4.1 Overview

This study presents an exploration of the lived experience of women who have encountered identity challenges as a result of their decision to be a full-time stay-at-home mother. In discussing the data, the aim is to offer a meaningful interpretation without taking a reductionist approach to a complex picture.

As discussed in the introduction, the political discourse has shifted since the 1980s when mothers were encouraged to stay at home. Women's economically productive role appears to be emphasised over their reproductive role in current political discourses (Kahu & Morgan, 2007) and yet alongside that there are competing social discourses about mothering. The data suggest that threat to identity is largely context driven as a consequence of the individual interacting with and reacting to a range of contradictory social, political and cultural influences. One such discourse focuses on 'intensive mothering' as a full-time occupation, following traditional gender roles (Hays, 1996; Bradley, 2007), whilst the de-traditionalist discourse offers the concept of 'having it all' (Baker, 2008) by making the assumption that one can be both mother and working woman (Woodward, 1997). The analysis of this data lends support to the view that competing social discourses, whilst leading to change in the workplace, do not appear to be grounded in change within the domestic environment, where women still are expected and expect to do most of the work (Johnson & Robson, 1999). This seems to affect the extent to which a woman can 'choose' the de-traditionalist ideology. For some of the women in this study the initial expectation was to 'have it all', but this seemed to contrast with reality, leading to a sense of forced choice between these competing ideologies.

Bradley (2007) asserts that women learn their view of mothering from observation of their own mothers. Of the women in this study who mentioned their own experience of being mothered, all spoke of how their mothers had followed this traditional gender role and it seems that this may have been an influential message in the creation of their own belief systems. It appears that further socialisation towards

gender-appropriate roles, learned through observation of the family and interaction with society (Brewer, 2001) may have been instrumental in forming personal beliefs and attitudes about mothering. However there is some contrasting data which suggest that gendering (Butler, 1990) included alternative ideologies for some of the women in this study at the level of the institution and at the macro or societal level. For example, Naomi recalled being taught at college that women can 'have it all', and remembered seeing other women at work holding dual identities of working-professional and mother. It is therefore proposed that, although de-traditionalist discourses and observed behaviours were available to some of these women, these alternative gender-neutral roles seemed to occur later in these individuals' lives, and therefore could possibly have been recognised at a cognitive level, rather than absorbed into an underlying belief system. This may perhaps explain why, when faced with the reality of the difficulties of trying to hold two identities, the 'default' identity is the socialised, deeply embedded traditional gendered role.

If career opportunities are additions to, not substitutions for mothering (Devos et al, 2007) then adding an identity like 'mother' will reduce the available time and energy for both the working role and the mothering role which does not seem to fit with societal discourses around the construction of the intensive mother (Hays, 1996) or of the intensive 'ideal worker' (Williams, 2000). As Devos et al state, this leads to the aspiration of "superwoman" which is arguably as idealised as the intensive mothering ideology. If this is the case it is not surprising that some women find themselves unable to achieve their ideological aspirations, leading to the requirement to 'choose' between their ideological expectations. Although Winnicott (1956) introduced the concept of 'good enough' mothering, current ideologies do not seem to include this 'good enough' concept for mothering or for working. The emergent competing influences are conceptualised in Diagram 4.1. It is proposed that this Venn diagram will naturally be located within a specific cultural and historical context and all women will be situated somewhere within its overlapping spheres.

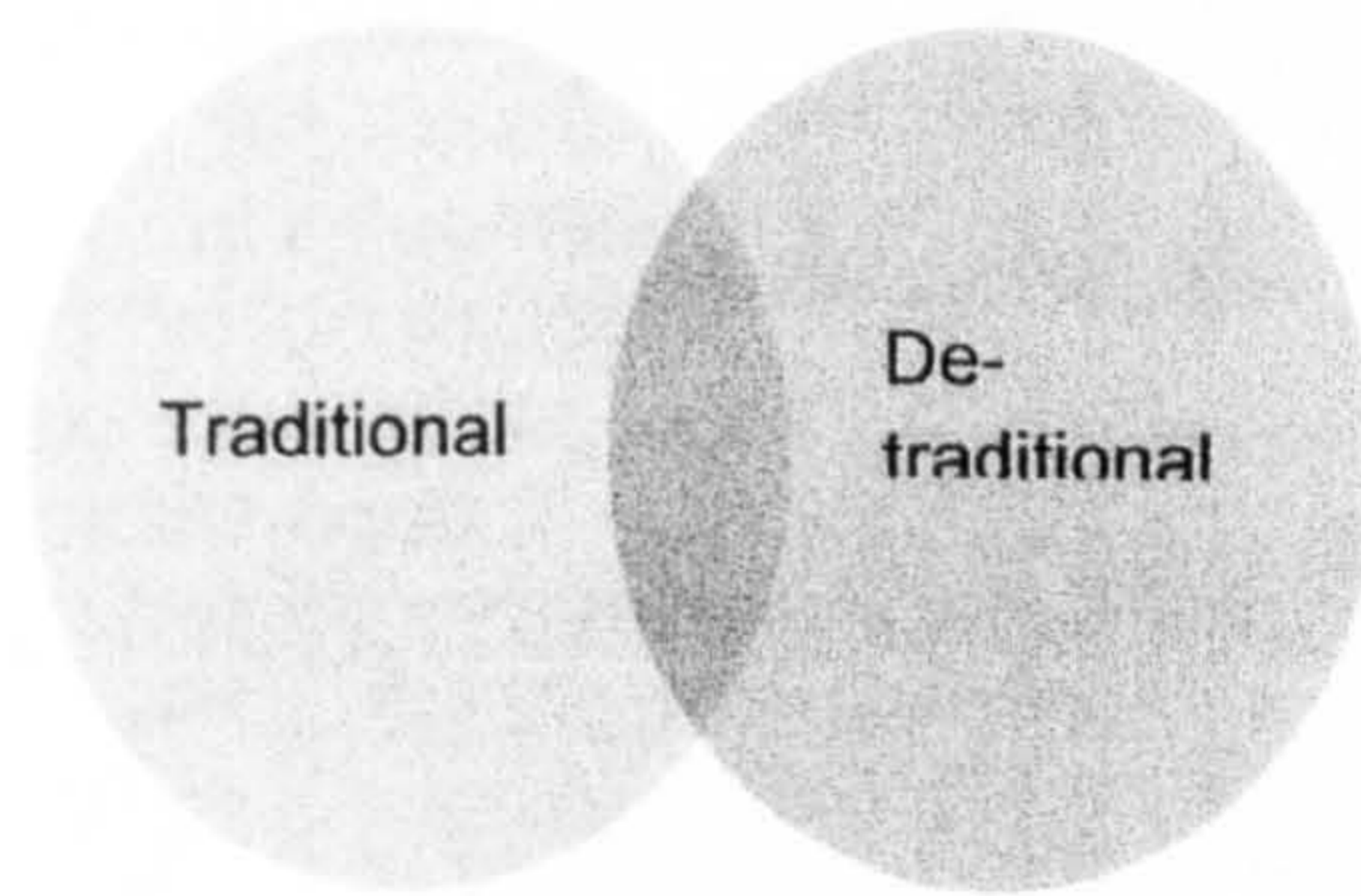


Diagram 4.1: A Venn diagram to illustrate the ideologies and social norms which may influence a woman's decision to be a full-time stay-at-home mother.

4.2 Explanation of the Model

The impact of competing ideologies within the social context (defined as the superordinate theme of social influences in the ideological construction of motherhood) appears crucial in order to make sense of how the women in this study explain their decision to take the identity of stay-at-home mother. It is further proposed that within the Venn diagram in 4.1 the experience of taking and holding the identity of stay-at-home mother may be conceptualised as a circular and recurring process:

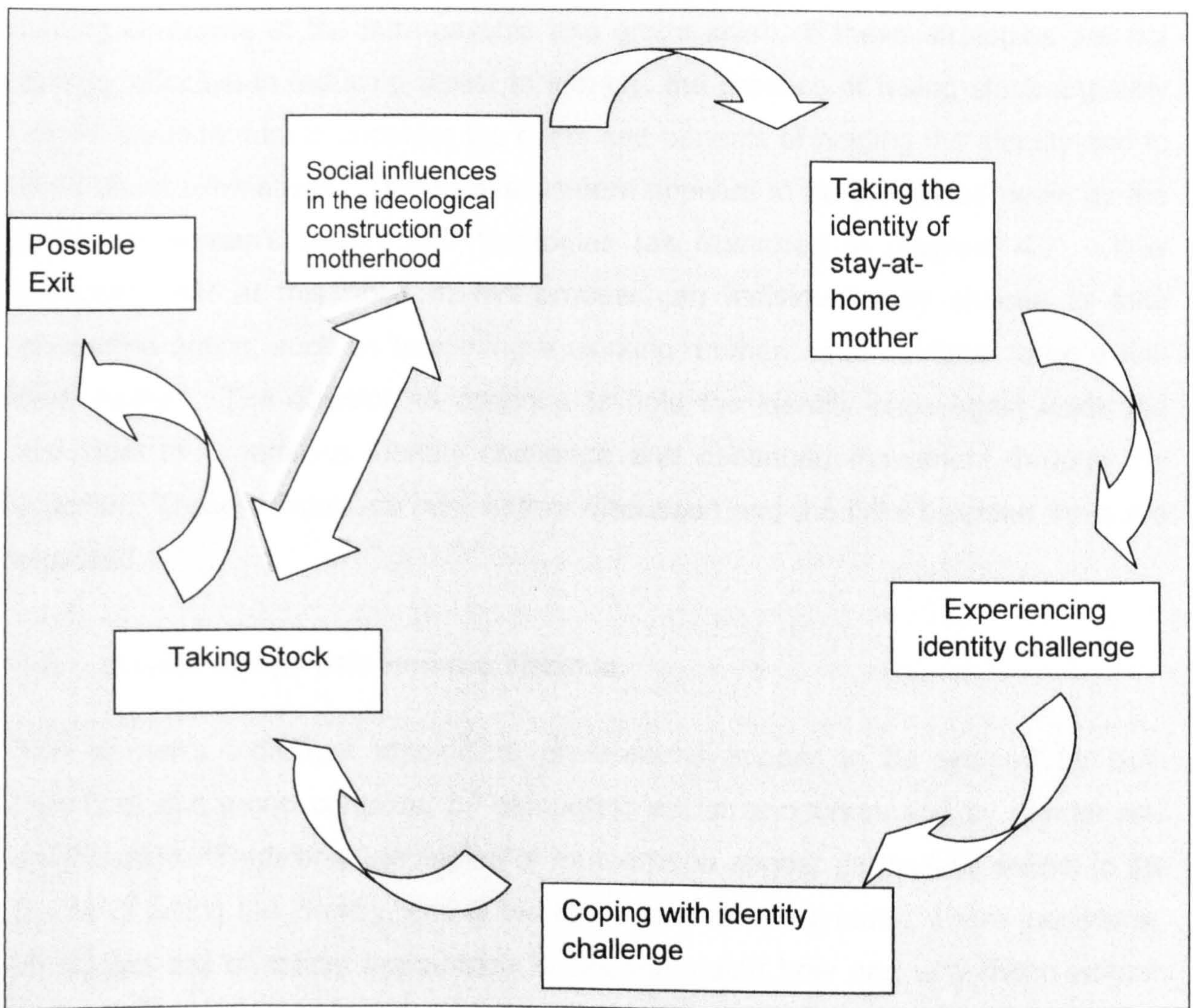


Diagram 4.2: Towards an explanation of the individual's process of managing threat experienced as a result of taking and holding the identity of stay-at-home mother.

The model illustrated in diagram 4.2 describes the process each individual woman is proposed to undergo in taking and holding the identity of stay-at-home mother and in managing threat to that identity experienced as a result of this decision. As has already been discussed, it is proposed that the theme of social influences in the ideological construction of motherhood is one which dominates the subsequent superordinate themes and is conceptualised as the starting point of the model illustrated in diagram 4.2 above. The circularity of this process is theorised to occur as a result of an individual woman's beliefs and ideologies, influenced by the social context and her understanding of social norms and current ideologies which influence her decision to take the identity of stay-at-home mother. Once holding this identity the women in this study spoke of experiencing challenges to components of their identity. It is proposed that such challenges are managed through a range of

coping strategies at the intra-psychic and group level. If these strategies are not entirely effective in reducing threat to identity, the process of taking stock arguably allows the individual to consider the costs and benefits of holding the identity and to think about alternatives. This re-assessment appears to be influenced again by the individual woman's beliefs and ideologies (as illustrated in diagram 4.2). It is proposed that at this point in the process, an individual may choose to take alternative action, such as becoming a working mother, or to continue to be a full-time mother. The decision to continue to hold the identity once again leads the individual to experience identity challenge and continued movement through the process. These themes are now further discussed and the links between them are explored.

4.3 Relationships between the Themes

The women's individual ideological preferences appear to be shaped by both individual and group contexts, by competing social discourses and by gender role socialisation. Traditional ideologies of motherhood appear particularly salient in the theme of taking the identity, and in the last theme of taking stock, where individuals' ideologies are of critical importance in understanding how and why these women may decide to continue to hold the identity. The powerful ideological position of the perfect mother created through socialised gender norms not only appears relevant to these participants' decision to continue to hold the identity but also explains the lack of alternatives which seem available to them. The discourse of the idealised mother expects mothers to put their children first (Bradley, 2007) and these mothers seem to be following that expectation. Alternative identities are thus framed within the available dominant script (Vincent et al, 2004).

Furthermore, it appears very difficult to break out of the prescribed social norms, meaning that although alternative behaviour is theoretically possible, structural constraints discourage those who do not follow the dominant social script. For example, Catherine is someone who did try to hold dual identities and to continue to work. She described how the nursery staff would ring her at work and expect her to pick up her son when he was ill. Thus for Catherine, although she had paid for childcare, the *responsibility* for the child remained hers, whilst the paid carer was

able to opt-in or out of responsibility. These structural constraints arguably act to reposition women within the traditional gender norms. The cultural expectation that the identity of 'mother' should take priority at any point seems diametrically opposed to the notion of the ideal worker posited by Williams (2000). Thus it is argued that the social context affects the construction of identity through the imposition of structural and normative constraints (McRae, 2003).

Having taken the identity of stay-at-home mother the model above describes a process of experiencing and of coping with identity challenge. Both themes seem closely linked by the concept of social evaluation through social representation. Many of the women appear to view their own in-group as one which holds low status, thus expecting and experiencing negative evaluation by others perceived to hold higher status. This experience of negative evaluation seems to occur through individual social representations of the in-group as one which holds low status in comparison to other groups such as 'workers' and 'mothers who work'. Comparison therefore may occur as a result of identification with the specific category of 'stay-at-home mothers', rather than as 'women'.

These two themes arguably demonstrate the fluidity of identity as the women appear to alter the salience of the social or personal components of their identity to suit the specific context. This method of social comparison *within* the in-group seems to offer effective methods of raising self-esteem by choosing one's own success markers and by manipulating the context of judgement. Thus the women in this study appear to compare their own sense of self (the personal identity) against the negative stereotype of others (the social identity) within the in-group. The highly subjective nature of this social comparison seems to offer a way of increasing feelings of self-esteem. This process does, however demonstrate the complex opposing social discourses which appear to exist within each individual: These participants seem to ascribe to others within the in-group the stereotypical negative social representation of stay-at-home mothers and yet continue to choose to hold this identity themselves. It may be that the powerful socialisation of gender role norms enables these participants to continue to focus on the importance of the identity for themselves, thus protecting self-esteem, even though they may denigrate that same identity represented by others.

The experience of intra-psychic comparison between the old and the new identity appears to link three superordinate themes: Experiencing identity challenges; coping with identity challenges; and taking stock. Within the theme of experiencing identity challenges, comparison seems to be made between the old and the new identity components with a focus on the loss of key components to the identity. Some of the women in this study seem to follow a strategy of compliance with the cultural ideology of motherhood, even if this conflicts with characteristics displayed in their previous working identity. Attempts to suppress these 'unsuitable' characteristics may challenge Breakwell's (1986) principles of continuity and self-esteem. Furthermore, confusion arising from ideological expectations and the lack of measurable criteria for success appears to negatively affect self-esteem for these participants. Threat therefore appears to be experienced by challenging self-esteem through the lack of markers of success and by the social context which does not appear to value either the identity itself, or the qualities women are expected to bring to the role of mother.

Breakwell (1986) proposes that group support can reduce discomfort through a recognition of shared experiences, but this coping strategy does not appear to be available to many of the women in this study. Instead other members of the in-group seem to be evaluated negatively and seen as different, therefore appearing unavailable as a potential support network, leading the individual to experience isolation and loneliness.

The process of taking stock seems linked to the past and future as most of these women consider alternatives to their current position and manage their regrets. Achieving some acceptance that their old identity is in the past and no longer available seems to be a coping mechanism that some of the women utilise in order to find acceptance of the current identity. Furthermore, defining the identity as a temporary one, which exists within a life-stage also acts as a powerful coping strategy, and takes the process full circle through its links with the first theme of social influences in the ideological construction of motherhood. The decision to continue to hold the identity is achieved through an acceptance that 'this is how it has to be' which appears highly influenced by the individual's belief system and her

dominant representation of mothering. Although Shelton and Johnson (2006) report that the women in their study showed a resistance to the dominant ideologies of motherhood, the women in the current study do not appear to resist the dominant ideologies of motherhood, but are able to resist the opposing dominant political and social discourses which privilege paid work over unpaid work, perhaps by emphasising the temporal nature of the identity. Timotijevic and Breakwell (2000) argue that the existence of contradictions and conflicts within competing ideologies offer the individual some freedom of choice in the formulation of their identity structure. The women in this study convey a sense of agency by challenging discourses which compete with their own attitudes and beliefs.

The conceptual model proposed above appears to make sense of each participant's experience with the exception of Susan. Whilst Susan appears to have been influenced by both traditional and de-traditionalist perspectives in her decision to take and hold the identity of stay-at-home mother, the difficulties she describes appear to cluster around the operational demands of the mothering role. For example, issues of disciplining, communication and interaction within the family unit seem to cause serious concern for Susan, but she does not describe a sense of threat to her identity. To the contrary, she describes a sense of satisfaction and status derived from her position as a stay-at-home mother who does not have to provide an earned income. In addition, comparison against other full-time mothers and those that work seems to lead to a sense of self-esteem and elevated status. It therefore appears that Susan does not experience *threat* as a result of social comparison. Furthermore, she does not describe a process of taking stock or of considering alternative roles and it is proposed that this is because she is satisfied with her current identity and has no need to re-evaluate it, even though she experiences day-to-day difficulties with aspects of the role. Susan's experiences appear categorically different from those described by the other women in this study and so it is not surprising that her experiences do not fit the conceptualisation shown above. Furthermore, it is proposed that this lack of fit for Susan perhaps lends credence for the proposed model as this model describes the process of experiencing and managing threat to identity as result of taking and holding the identity of stay-at-home mother, it is not a description of being a stay-at-home mother per se.

4.4 Embedding the study within the existing literature

The importance of the social context has been highlighted above and links have been made to some of the existing literature discussing social norms and ideologies. In addition, this study appears to link to other work on managing threat to identity.

The experiences of the women in this study appear to lend support for components of Breakwell's (1986, 1993, 2000) IPT model of identity which incorporates social identity theory and social representation theory. Breakwell (1993) suggests that identity construction is motivated by four principles: Efficacy, distinctiveness, continuity and self esteem. This theory appears useful in understanding the threat experienced by these participants in taking the identity of stay-at-home mother as it seems that the women in this study experience threat to all four principles. Breakwell (1992) stresses the importance of self-efficacy in moderating the effects of evaluation on self-esteem, suggesting that lower self-efficacy is associated with greater concern about evaluations by others. Self-efficacy is defined by Breakwell (1992) as the belief in one's ability to solve problems and to handle social situations. The participants in this study describe how they had previously held good jobs and appeared to be effective in their work. From their narratives it appears that one of the difficulties of holding the stay-at-home mother identity is the lack of success markers. It seems very difficult to know how to judge one's ability in this role and arguably this may affect one's self-efficacy. Whilst Breakwell (1993) suggests that the process of self-evaluation may differ according to the levels of efficacy available to the individual, this study suggests that self-efficacy itself is affected by social roles, and created through an understanding of one's ability through agreed measures. Self-efficacy is therefore proposed to be a fluid component of identity which is dependent upon context.

These participants appear to experience threat to identity at the intra-psychic, interpersonal and inter-group level as theorised by Breakwell (1986). At the personal level, threat seems to occur through intra-psychic comparisons between the current identity and the previous identity, resulting in an acknowledgement of loss of key components of identity which had previously offered the individual self-esteem and

status, and threatening continuity and distinctiveness. Thus at the personal level there seems a downward comparison between the previously held identity and the current identity. Breakwell (1993) describes the process of assimilation and accommodation of new components into the existing identity structure as a memory system and these participants appear to be struggling to fit the new identity with their memory of who they were. For example, Kate reports that "I don't have an identity now" (Kate, 154) whilst Naomi's recollection of her working identity is that "it was so much of who I was" (Naomi, 186). Although loss has been acknowledged by previous studies on mothers (e.g. Boulton, 1983; Nicolson, 1999), the focus has largely been on mothers with babies or young children. Some of the participants in this study speak about loss of components of their previous identity even though they have not held this identity for many years. This finding perhaps offers additional insight into the enormity of the on-going loss experienced through holding the identity of stay-at-home mother.

Condor (1986) argues that women may choose to identify with the dominant group, by utilising the negative stereotypes of their own sex. The narratives of the women in this study show some support for this position, as their descriptions of stay-at-home mothers clearly position others within the in-group as being the sum of their stereotyped label, perhaps reflecting the dominant social representation. However, describing the stereotyped 'Other' appears a useful strategy in the management of threat at the interpersonal level. The application of this label to others, whilst refusing to accept it for oneself appears to offer the individual some positive distinctiveness and greater status within a low-status group. Breakwell (1986) proposes that evaluation is selective and creative, guided by the individual's internalised beliefs and values which may not conform to current dominant social values. Choosing different value systems allows the individual to maximise self-esteem and it may be that these strategies allow for positive distinctiveness within the undifferentiated category of stay-at-home mother. Furthermore, by choosing highly subjective success criteria against which to compare self with others, the choice ensures that comparison is favourable to the self thus promoting feelings of self-esteem. As mentioned in the introduction, Buunk and Gibbons (2007) suggest that downward comparisons with others in a worse position allows individuals to feel better about themselves, and this appears to occur when instrumental action is not

possible (Wills, 1981). The current study extends support for their laboratory-based hypothesis through data emerging from participants' reported experience of their lived world.

Although it has been argued that within-group comparisons suggest that many of the women in this study define themselves as belonging to the category of 'stay-at-home mothers', it seems that some participants do not explicitly accept the identity as one that describes them, thus positioning themselves outside the identity. This lends support for Deaux (1992) who argues that acceptance of a social category is an individual choice, not an objective reality.

Conceptualising the identity as a stage seems to be an important factor in identity management. Some of the participants appear to hold the identity entirely, whilst others speak of additional facets to their identity, but the concept of the identity as existing within a stage appears common. Breakwell (1986) proposes that an acceptance strategy at the intra-psychic level is that of fundamental change. Although adopting this position negatively impacts upon continuity, distinctiveness and self-esteem, the threat with its accompanying anxiety, is negated. Through the analysis of these women's experiences, an extension to this theoretical position is proposed. It may be that acceptance through fundamental change can be managed by the creation of intra-psychic temporal boundaries which allows a threatening identity to be held completely through framing it as a stage, thus allowing for a perceived temporary alteration to continuity and distinctiveness, and offering some protection of self-esteem.

Conceptualising the identity within a stage also perhaps lends some support for Raskin's (2006) view that it is possible to occupy a position of 'conflicted achievement' whilst showing commitment to multiple roles. Whilst the women in this study do not hold multiple roles, they do appear to experience stable, on-going internal conflict whilst being committed to their primary role of mother, thus perhaps holding the sub-status of conflicted achievement. Boulton (1983) describes her participants' emphasis on the transient nature of the role as an effective way of sustaining the women through difficult times. However she perceives this coping strategy as limited, in that it did not increase their current sense of enjoyment. The

present study appears to offer similar findings, with the women's emphasis on the identity as a stage offering a sense of containment rather than fulfilment.

Nicolson (1999) highlights a paradox in women's experiences of becoming mothers. Whilst they are happy to be mothers to their children, she proposes that they are unhappy at the losses this change in status inflicts upon their lives and argues that they are not permitted to grieve for the experience of this loss because of social taboos which position becoming a mother as a positive, joyful event. The central importance of incorporating "mother" into a woman's identity is suggested to be the result of an "ideological symmetry" between "woman" and "mother" (Nicolson, 1999, p175). Nicolson proposes that women should be allowed to grieve for the loss of their old status of "non-mother", but that any attempt to do so is currently pathologised. The current study lends support for her findings that new mothers suffer loss, but extends this by finding that this loss continues to be described and experienced many years after the post-partum period.

4.5 Implications for Transferability of the Findings and Contribution to Practice

In carrying out this study efforts were made to recruit a diverse sample of women. Women were targeted through the distribution of flyers and advertisements and potential participants self-selected by making contact with the researcher. The demographic details are available in section 2.11, but it is noted that the participants are a largely homogeneous sample. They could be classed as 'older' mothers and the majority are educated to graduate or post-graduate level and speak of earning good salaries when they were working. As a result, it appears that care must be taken in drawing inferences beyond this sample as it draws from a limited range of experiences. However, the fact that these women self-selected from flyers placed in numerous locations arguably suggests that the homogeneity of the sample may be important in understanding their experiences, and that the experiences they describe may be common to others.

Some researchers (e.g. Boulton, 1983) discuss their participants with reference to social class, but this research does not make such arbitrary or subjective judgements. However the reader is reminded of research discussed in the

introduction which positioned women as having been educated for a career rather than a job (Vincent et al, 2004). It may be that in the current study these participants' previous perceived status in society or their educational background is relevant to the difficulties they describe. A greater range of educational standard, occupation, age and ethnicity may have shed greater light on some of the similarities and differences between participants' experiences.

Furthermore, this study relies on recall of previous identity in order to compare with experiences of current identity. It may be that the most positive aspects of the previous identity were easiest to recall, thus feasibly inviting unfair comparisons with the current role. However, whilst studies have explored women's transition to motherhood, through interviews with women and diaries kept whilst working and then on becoming mothers (e.g. Smith, 1999; Millward, 2006), few studies have explored issues of identity with women with children up to the age of 18. It has been argued that there is value in exploring the complexities of issues around motherhood some time after the transitional event (Nicolson, 1998; Shelton & Johnson, 2006). This study aims to consider any on-going threat, rather than threat related to the transitional change resulting from becoming a mother.

An understanding of the ideology of motherhood in Western culture, and the array of conflicting current social and political narratives appears important for counselling psychologists in order to understand some of the issues surrounding the experience of coping with identity challenge for stay-at-home mothers. The recommendations from this study may enable psychologists working with women in the post-partum period to better prepare women for the ambivalence of the experience, allowing for conscious awareness and acceptance of loss alongside the many other competing emotional and physical changes that women experience upon becoming a mother. Such work could take place not just through counselling psychology but via preventative interventions by health visitors and midwives. This could occur through group therapy work, particularly for new mothers. Group work could encourage more realistic representations of motherhood by countering the current ideology and also allow for the promotion of group support as promoted by Breakwell (1986) though an opportunity to discover shared experiences and feelings and reduce feelings of isolation and difference from other stay-at-home mothers.

Johnson and Robson (1999) posit that group support results from individuals who share the same threatening position coming together, but this did not appear to be experienced by some of the women in this study. It has been suggested that some women may use management strategies which elevate their own self-esteem by applying the stereotypical view of stay-at-home mothers to others, but not to self. It may be that counselling psychologists could work with this strategy by challenging women's beliefs that others are no more than their stereotyped label. By doing so, it may be that others within the in-group can be seen as a source of support in two ways. By seeing other stay-at-home mothers as similar rather than Other, it may mean that others can be asked for help and support and be expected to understand as a result of their perceived similar experiences. Secondly it may mean that other mothers can be seen as potential friends rather than ignored or discounted as being somehow 'less' than the individual would look for in potential friendships. This may have a positive impact on mothers' experience of isolation, allowing for changes at the interpersonal level involving an increase rather than a decrease in support and social networks.

Whilst it has been noted in the introduction that mothers with young children are more likely to experience depression and distress (e.g. Ussher, 2000; Moss & Plewis, 1977), the lived experiences of women, not only in the early months of motherhood but in the many years beyond are less documented. This study suggests that experiencing identity challenge does not disappear once the child gets beyond infancy. It therefore appears important to understand the unique perspectives that a woman holds, and the social influences which guide her decision to take this identity. Therapeutic work with individual women could focus on understanding the importance of these influences on her belief system and bringing such beliefs into conscious awareness. This may allow the individual to consider more helpful ways of managing her difficulties in accordance with her beliefs. It appears that counselling psychologists could play an important role in encouraging individuals to explore and express their ambivalence toward their identity by offering a safe place to express their feelings which are perhaps still taboo amongst family and friends. Such work may allow the dominant ideologies of motherhood to be

challenged and for the promotion of more realistic representations of motherhood (Shelton & Johnson, 2006).

As mentioned in the introduction, it has been argued that women should not be reduced to the maternal function and in order for this to be avoided motherhood needs to be recognised as a separate subject-position from womanhood (Whitford, 1991). This study has sought to separate the two subject-positions in order to reveal something of the meaning for women resulting from taking and holding the identity of mother. Ussher (2000) argues that women's mental health problems remain categorised as pathology or illness and posits that psychological interventions still focus on the individual woman. It is hoped that qualitative research such as the present study can contribute to the development of woman-centred therapy which seeks to understand the difficulties experienced whilst centrally locating the woman in the treatment. Woman-centred therapy implies a "woman-as-norm" foundation (Hoffman & Massion, 2000) which takes into consideration issues of power, diversity amongst women and the social context. This study has focused on the importance of the social context in its interpretation of women's experiences of difficulty and this may promote a greater understanding of the complexity of the issues surrounding women struggling to manage their identity.

4.6 Epistemological Considerations and Implications for Further Research

As discussed, this research contained a demographically similar sample of women. Whilst this has allowed for analysis of a homogeneous sample, it would be beneficial to extend the findings by broadening the researched population. Additional studies could include women from ethnic minorities to explore similarities and differences across varied cultural backgrounds. Furthermore, including women from a more diverse range of socio-economic backgrounds with different educational achievements and a wider range of occupations may shed additional light on the challenges to identity as a result of full-time motherhood.

In addition, it may be beneficial to study a sample of women who are content to hold the identity of stay-at-home mother and who do not experience threat in order to explore what might be qualitatively different about their experience. This may allow

for a focus on effective coping strategies utilised by those who do not experience difficulty and may also further illuminate alternative social representations of motherhood in a contented sample in order to explore differences amongst the two. A greater understanding of differences in the representation of motherhood may be beneficial for psychologists working with women experiencing difficulty in holding the identity, perhaps by allowing for an exploration of available alternatives.

In carrying out this study it was deemed that IPA was an appropriate method to explore the lived experiences of full-time mothers whilst acknowledging the position of the researcher which was felt to be important to the integrity of this study. It is possible however that combining a second qualitative approach would have contributed additional insights into these women's experiences. For example, Johnson, Burrows and Williamson (2004) combine IPA with Foucauldian Discourse Analysis (FDA) in order to extend the interpretation of the meaning of bodily changes for first time mothers. They describe how the use of IPA encouraged interpretation of the women's personal construction of their world whilst FDA extended this interpretation by considering the discourses which were culturally available to the participants. Additional analysis of the present study could be usefully extended in a similar manner to examine available discursive constructions of motherhood and how the participants might position themselves in relation to specific representations of motherhood.

4.7 Personal Reflexivity

In further exploration of researcher reflexivity, which was begun in the method section (2.5), this section seeks to consider the implications of the researcher's involvement in and influence on this research process and how this may impact upon the implications for transferability. In continuance in the quest to offer as much transparency as possible, and in keeping with the epistemological position of this study, this section will be written in the first person.

As I began the analysis of the data, the question I kept asking myself was: How could I make sense of these women's experiences? Initially this did not seem too problematic. I felt I could describe what they were telling me, and anchor any such

descriptions readily in the data. However, as I began to move deeper into the analysis I found it very difficult to think about the women's narratives in a critical or interpretative manner. I had discussed with my supervisor how some of the women's disappointment and sense of loss seemed to be the result of having no choice. My supervisor challenged me on my acceptance of this position, asserting that they did have a choice, but perhaps both the available choices contained difficult outcomes. One choice was to stop work and become a full-time mother; the other was to try to hold multiple roles and to manage the competing identities of mother and worker. Initially this idea made me feel very defensive of these participants. It felt disloyal to them to start to unpick or challenge their narratives in order to make interpretations. I realised I had felt some similarity to them through our joint experience of being stay-at-home mothers, but now I felt 'Other' and also felt a shift in the power differential, that I was somehow setting myself up as the knower, rather than the would-be-knower who seeks to understand. This left me feeling very uncomfortable and also felt far from the meaning of IPA as I understood it. However this was a pivotal conversation with my supervisor. As I began to think about the meaning of choice, it made me realise that I had made assumptions and as I began to question my belief that these participants had no choice, my whole belief system began to falter. I started to read more diverse texts in social constructionism and feminist psychology which led me to question more deeply the set of assumptions I had brought to the research. I realised that it simply had not occurred to me to consider their construction of 'choice' in an alternative manner because I had a similar set of 'rules' regarding motherhood, anchored within a traditional perspective. I was also aware how defensive I had felt when my supervisor initially challenged my assumptions. I wondered if I would have been less open to the suggestion of an alternative perspective if I had had a male supervisor, and how this might have constrained my interpretation and analysis of the data if I had continued unquestioningly to defend the position taken by my participants and myself.

The work of analysis continued, involving a careful, iterative process of moving backwards and forwards between the transcripts and the emerging themes. As these themes began to emerge I felt with it a change from a sense of discomfort to a sense of excitement. The process of meaning-making began to feel very positive,

offering an awareness that I was giving voice to these women, seeking not only to describe, but also to interpret and understand their lived experience.

Giorgi (1994) posits that subjectivity will always be present and cannot be eliminated. Therefore “how the subject is present is what matters, and objectivity itself is an achievement of subjectivity” (Giorgi, 1994, p.205). I have been aware whilst carrying out the analysis of a parallel process: As I have sought to understand the participants’ experiences, my work has encouraged a greater understanding of myself as a mother. It has made me reflect heavily on themes which emerged from the data such as belief in the importance of the role, and the definition of ‘motherhood’. The women in this study position their role as a sacrificial one, many making themselves available in their mothering identity 24 hours a day and I recognised myself in their experience. We seemed to share a dominant social script which positions mothers in this way. This knowledge has affected my reflections on how I might have done things differently in my own experience once I realised how unhappy the identity made me. The dominance of the traditional ideology of motherhood held me in this role, where I positioned my children’s needs above my own even as they got older, and this is something that I would now do differently. Understanding my own assumptions has been liberating, and has affected the last year of my training by allowing me to consider my own needs as an equal part of the family dynamic, rather than trying apologetically to squeeze training for a doctorate into any spare time not required by others.

Finlay (2002) acknowledges that a different researcher would ask different questions and experience a different relationship with the participants, prompting different replies. In considering how my attitudes may have affected the analysis, I think I could have initially explored the women’s belief systems and their own experience of being mothered in greater depth. As this began to emerge as an important theme I included a question on the experience of being mothered for the final two participants. Although many of the participants had already mentioned their own mothers, I regret missing the opportunity to explore this in a more structured way. I do however feel that our shared understanding of ‘motherhood’ at the interview stage allowed me to be genuinely empathic as they shared with me their experiences of

difficulty. This has also allowed me to subsequently explore their narratives with empathy and, I hope, to describe their lived experiences adequately.

Cognitive behavioural therapy requires therapists to 'challenge underlying beliefs and assumptions' and I had thought that I understood what this phrase meant. However, my experience of this research has made me realise that I only understood it at the cognitive level, not at any deeper level. Assumptions by their very nature are unconscious beliefs or expectations about the rules governing our life world and having these brought into sudden conscious awareness was initially uncomfortable. I questioned how I could have had such rigid 'rules' about the world without questioning them and wondered what other assumptions I held which might impact upon my position as researcher.

I managed these concerns by reading a wide range of texts from different philosophical and epistemological perspectives in order to challenge my beliefs, and tried to be open to new ways of looking at and describing the world. Willig (1999) proposes that non-relativist social constructionist research should offer movement beyond description towards explanation. I hope my reflexivity as a researcher has encouraged me to adequately capture these participants' experiences through my empathy with them (the *what*), whilst a greater understanding of my own beliefs and assumptions has, I hope, enabled me to construct a meaningful interpretation of their experiences, allowing consideration of the *why* (Hertz, 1997).

References

- Ainsworth, M.D.S. (1969). Object relationships, dependency, and attachment: A theoretical review of the infant-mother relationship. *Child Development*, 40, 969-1026.
- American Academy of Child and Adolescent Psychiatry. (2005). Practice parameter for the assessment and treatment of children and adolescents with reactive attachment disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44, 1206-1219.
- Alegria, M. & Canino, G. (2000). Women and depression. In L. Sherr & J.S. St Lawrence (Eds.) *Women, health and the mind* (pp. 185-210). Chichester: John Wiley & Sons Ltd.
- Ashworth, P. (2008). Conceptual foundations of qualitative psychology. In J.A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 4-25). London: Sage Publications Ltd.
- Aslam, M.M. (2006). Are you selling the right colour? A cross-cultural review of colour as a marketing cue. *Journal of Marketing Communication*, 12 (1), 15-30.
- Baker, D. (1989). Social identity in the transition to motherhood. In S. Skevington, & D. Baker. (Eds.), *The social identity of women* (pp. 84-105). London: Sage Publications.
- Baker, J. (2008). The ideology of choice. Overstating progress and hiding injustice in the lives of young women: Findings from a study in North Queensland, Australia. *Women's Studies International Forum*, 31, 53-64.
- Barrett, M. (1980). *Women's oppression today*. London: Verso.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497-529.
- Barglow, P., Vaughn, B., & Molitor, N. (1987). Effects of maternal absence due to employment on the quality of infant-mother attachment in a low-risk sample. *Child Development*, 58, 945-954.
- Bebbington, P.E., Tennant, C., & Hurry, J. (1991). Adversity in groups with an increased risk of minor affective disorder. *British Journal of Psychiatry*, 158, 33-40.
- Beck, U. (1992). *Risk society: Towards a new modernity*. London: Sage.

Belsky, J., & Eggebeen, D. (1991). Early and extensive maternal employment and young children's socio-emotional development: Children of the national longitudinal survey of youth. *Journal of Marriage and the Family*, 53, 1083-1098.

Belsky, J., & Rovine, M. (1988). Nonmaternal care in the first year of life and the security of infant-parent attachment. *Child Development*, 59, 157-167.

Bianchi, S.M. (2000). Maternal employment and time with children: Dramatic change or surprising continuity? *Demography*, 37 (4), 401-414.

Boulton, M.G. (1983). *On being a mother: A study of women with pre-school children*. London: Tavistock.

Bowlby, J. (1952). *Maternal care and mental health*. (2nd ed.), Series 2. Geneva: World Health Organisation.

Bowlby, J. (1969). *Attachment and loss: Vol.1. Attachment*. New York: Basic Books.

Bowlby, J. (1973). *Attachment and loss: Vol. 2: Separation, anxiety, and anger*. New York: Basic Books.

Bradley, H. (2007). *Gender*. Cambridge: Polity Press.

Bradley, H., & Dermott, E. (2006). Cited in Bradley, H. (2007). *Gender*. Cambridge: Polity Press.

Breakwell, G.M. (1979). Women: Group and identity? *Women's Studies International Quarterly*, 2, 9-17.

Breakwell, G.M. (1986). *Coping with threatened identities*. London: Methuen.

Breakwell, G.M. (1992). Processes of self-evaluation: efficacy and estrangement. In G.M. Breakwell (Ed.) *Social psychology of identity and the self concept* (pp. 35-55). London: Surrey University Press.

Breakwell, G.M. (1993). Social representations and social identity. *Papers on Social Representations*, 2 (3), 1-217.

Breakwell, G.M. (2000). Social representational constraints upon identity. In K. Deaux, & G. Philogene (Eds.) *Representations of the social*. Oxford: Blackwell.

Breckler, S.J. & Greenwald, A.G. (1986). Motivational facets of the self. In E.T. Higgins and R. Sorrentino (Eds.), *Handbook of motivation and cognition* (Vol. 1, pp. 145-164). New York: Guilford Press.

Brewer, L. (2001). Gender socialization and the cultural construction of elder caregivers. *Journal of Aging Studies*, 15 (3), 217-236.

Brewer, M.B. & Gardner, W. (1996). Who is this "we"? Levels of collective identity and self representations. *Journal of Personality and Social Psychology*, 71 (1), 83-93.

Brickman, P. & Bulman, R. J. (1977). Pleasure and pain in social comparison. In J. Suls and R.J. Miller, (Eds.), *Social comparison processes: Theoretical and empirical perspectives* (pp. 149-186). Washington DC: Hemisphere.

British Psychological Society (2006). Code of ethics and conduct. [Online] Available at: http://www.bps.org.uk/the-society/code-of-conduct/code-of-conduct_home.cfm [date of access 05.01.08].

Brocki, J.M. & Wearden, A.J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology and Health*, 21 (1), 87-108.

Brockington, I. (1996). *Motherhood and mental health*. New York: Oxford University Press Inc.

Brown, G.W., Ni Bhrolchain, M., & Harris, T. (1975). Social class and psychiatric disturbance among women in an urban population. *Sociology*, 9 (2), 225-254.

Brown, R. (2001). Intergroup relations. In M. Hewstone and W. Stroebe (Eds.), *Introduction to social psychology* (pp. 479-515). Oxford: Blackwell Publishing Ltd.

Bryson, V. (1999). *Feminist debates*. London: Macmillan.

Burr, V. (2003). *Social constructionism*. East Sussex: Routledge.

Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. London: Routledge.

Buunk, A.P., & Gibbons, F.X. (2007). Social comparison: The end of a theory and the emergence of a field. *Organizational Behavior and Human Decision Processes* 102, 3-21.

Canino, G., Rubio-Stipec, M., Shrout, P., Bravo, M., Stolberg, R., & Bird, H. (1987). Sex differences and depression in Puerto Rico. *Psychological Women's Quarterly*, 11, 443-459.

Chapman, T. (2004). *Gender and domestic life*. London: Palgrave.

Chodorow (1978). *The reproduction of mothering*. California: University of California Press Ltd.

Chodorow, N. & Contratto, S. (1982). The fantasy of the perfect mother. In B. Thorne and M. Yalom (eds.), *Rethinking the family: Some feminist questions*. New York: Longman.

Coley, R.L., Lohman, B.J., Votruba-Drzal, E., Pittman, L.D., & Chase-Lansdale, L. (2007). Maternal functioning, time, and money: The world of work and welfare. *Children and Youth Services Review, 29* (6), 721-741.

Condor, S. (1986). Sex role beliefs and "traditional" women: Feminist and intergroup perspectives. In S. Wilkinson (Ed.), *Feminist social psychology: Developing theory and practice* (pp. 97-118). Milton Keynes: Open University Press.

Condor, S. (1989). 'Biting into the future': Social change and the social identity of women. In S. Skevington, & D. Baker. (Eds.), *The social identity of women* (pp. 15-39). London: Sage Publications.

Craig, G., Corden, A., & Thornton, P. (2000). Safety in social research. *Social Research Update 29*. Available at: <http://www.soc.surrey.ac.uk/sru/SRU29.html>. [date of access 05.01.08].

Crawford, M.T. (2007). The renegotiation of social identities in response to a threat to self-evaluation maintenance. *Journal of Experimental Social Psychology, 42*, 39-47.

Crompton, R. (2006). Gender and work. In K. Davis, M. Evans and J. Lorber (Eds.), *Handbook of gender and women's studies* (pp. 253-271). London: Sage Publications Ltd.

Crompton, R. & Harris, F. (1998). Explaining women's employment patterns: "Orientations to work", revisited. *British Journal of Sociology, 49* (1), 118-136.

Dally, A. (1982). *Inventing motherhood: The consequences of an ideal*. London: Burnett.

Davis, S.N. & Greenstein, T.N. (2004). Cross national variations in the division of household labor. *Journal of Marriage and the Family 66* (5), 1260-1271.

Deaux, K. (1992). Personalizing identity and socialising self. In G. M. Breakwell (Ed.), *Social psychology of identity and the self concept* (pp. 9-33). London: Surrey University Press.

Deaux, K. & Major, B. (1987). Putting gender into context: An interactive model of gender-related behavior. *Psychological Review, 94*, 369-389.

Devos, T., Diaz, P., Viera, E., & Dunn, R. (2007). College education and motherhood as components of self-concept: Discrepancies between implicit and explicit assessments. *Self and Identity, 6*, 256-277.

Dey, I. (1999). *Grounding grounded theory: Guidelines for qualitative inquiry*. London: Academic Press.

Diekman, A.B., & Eagly, A.H. (2000). Stereotypes as dynamic constructs: Women and men of the past, present, and future. *Personality and Social Psychology Bulletin*, 26 (10), 1171-1188.

DiPalma, C. & Ferguson, K.E. (2006). Clearing ground and making connections: Modernism, postmodernism, feminism. In K. Davis, M.Evans and J. Lorber (Eds.). *Handbook of gender and women's studies* (pp. 127-145). London: Sage Publications Ltd.

Duffield, M. (2002). Cited in Crompton, R. (2006). Gender and work. In K. Davis, M.Evans and J. Lorber (Eds.). *Handbook of gender and women's studies* (pp. 253-271). London: Sage Publications Ltd.

Early Child Care Research Network, (1997). The effects of infant child care on infant-mother attachment security: Results of the NICHD study of early child care. *Child Development*, 68 (5), 860-879.

Eatough, V. and Smith, J.A. (2006). 'I was like a wild wild person': Understanding feelings of anger using interpretative phenomenological analysis. *British Journal of Psychology*, 97, 483-498.

Eatough, V. & Smith, J.A. (2008). Interpretative phenomenological analysis. In C. Willig and W. Stainton-Rogers (Eds.), *The Sage handbook of qualitative research in psychology* (pp.179-194). London: Sage Publications.

Ehrenreich, B. & English, D. (1978). *For her own good: Fifty years of experts' advice to women*. New York: Doubleday.

Erikson, E.H. (1956). The problem of ego identity. In M. Stein, A.J. Vidich, & D.M.White (Eds.) (1960). *Identity and Anxiety: Survival of the person in mass society*. (pp.37-87). New York: The Free Press.

Erikson, E.H. (1963). *Childhood and society*. (2nd ed.). New York: Norton, 1963.

Erikson, E.H. (1968). *Identity: Youth and crisis*. London: Faber & Faber.

Ethier, K.A., & Deaux, K. (1990). *Hispanics in ivy: Assessing identity and perceived threat*. *Sex Roles*, 22, 427-40.

Ethier, K.A., & Deaux, K. (1994). Negotiating social identity when contexts change: Maintaining identification and responding to threat. *Journal of Personality and Social Psychology* 67 (2), 243-251.

Eyer, D.E. (1992). *Mother-infant bonding*. New Haven: Yale University Press.

- Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, 7, 117-40
- Finlay, L. (2002). "Outing" the researcher: The provenance, principles and practice of reflexivity. *Qualitative Health Research*, 12 (3), 531-545.
- Fuller, A., Beck, V. and Unwin, L. (2005). Cited in Bradley, H. (2007). *Gender*. Cambridge: Polity Press.
- Gaertner, L., Sedikides, C., Vevea, J.L., & Iuzzini, J. (2002). The "I", the "we", and the "when": A meta-analysis of motivational primacy in self-definition. *Journal of Personality and Social Psychology*, 83, 574-591.
- Garrett, S. (1987). *Gender*. London: Tavistock Publications.
- Gavron, H. (1966). *The captive wife*. Harmondsworth: Penguin.
- Giddens, A. (1991). *Modernity and self identity: Self and society in the late modern age*. Cambridge University Press.
- Gieve, K. (1989). *Balancing acts: On being a mother*. London: Virago.
- Gillespie, R. (2000). The post-modernisation of motherhood. In L. Sherr & J.S. St Lawrence (Eds.) *Women, health and the mind* (pp. 213-227). Chichester: John Wiley & Sons Ltd.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Giorgi, A. (1994). A phenomenological perspective on certain qualitative research methods. *Journal of Phenomenological Psychology*, 25, 190-220.
- Giorgi, A. & Giorgi, B. (2008). Phenomenology. In J.A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 26-52). London: Sage Publications Ltd.
- Gladieux, J.D. (1978). Cited in Baker, D. (1989). Social identity in the transition to motherhood. In S. Skevington, & D. Baker. (Eds.), *The social identity of women* (pp. 84-105). London: Sage Publications.
- Glaser, B.G., & Strauss, A.L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. New York: Aldine.
- Glover, J. (2002). The balance model: Theorising women's employment behaviour. In A.S. Carling, and R. Edwards (Eds.), *Analysing Families*. London: Routledge.
- Gnezda, M.T. (1983). Cited in McBride, S. & Belsky, J. (1988). Characteristics, determinants, and consequences of maternal separation anxiety. *Developmental Psychology*, 24 (3), 407-414.

- Goffman, E. (1976). *Stigma: Notes on the management of spoiled identity*. Harmondsworth: Penguin.
- Grace, M. (1998). The work of caring for young children: Priceless or worthless? *Women's Studies International Forum*, 21 (4), 401-413.
- Graham, C.W., Sorell, G.T., & Montgomery, M.J. (2004). Role-related identity structure in adult women. *Identity: An International Journal of Theory and Research* 4 (3), 251-271.
- Gramsci, A. (1971). Cited in Griffin, C. (1989). 'I'm not a women's libber, but ...': Feminism, consciousness and identity. In S. Skevington, & D. Baker. (Eds.), *The social identity of women* (pp. 173-193). London: Sage Publications.
- Griffin, C. (1989). 'I'm not a women's libber, but ...': Feminism, consciousness and identity. In S. Skevington, & D. Baker. (Eds.), *The social identity of women* (pp. 84-105). London: Sage Publications.
- Gurin, P. & Markus, H. (1989). Cognitive consequences of gender identity. In Skevington, S. & Baker, D. (Eds.), *The social identity of women* (pp. 154-172). London: Sage Publications.
- Hakim, C. (2000). *Work-lifestyle choices in the 21st century: Preference theory*. Oxford: Oxford University Press.
- Hardyment, C. (1983). *Dream babies: Three centuries of good advice on child care*. New York: Harper and Row.
- Harter, S. (2003). Development of self-representations during childhood and adolescence. In M.R. Leary & J.P. Tangney (Eds.), *The handbook of self and identity* (pp. 610-642). New York: Guilford.
- Hattery, A. (2001). Cited in Raskin, P.M. (2006). Women, work, and family: Three studies of roles and identity among working mothers. *American Behavioral Scientist*, 49 (10), 1354-1381.
- Hays, S. (1996). *The cultural contradictions of motherhood*. New Haven: Yale University Press.
- Heidegger, M. (1962). Cited in McLeod, J. (2001). *Qualitative Research in counselling and psychotherapy*. London: Sage Publications Ltd.
- Herrera, L. (1992). Cited in Holliday, A. (2007). *Doing and writing qualitative research* (2nd ed). London: Sage.
- Hertz, R. (Ed.). (1997). *Reflexivity and voice*. Thousand Oaks, CA: Sage.

Hock, E. (1984). The transition to daycare: Effects of maternal separation anxiety on infant adjustment. In R.C. Ainslie (Ed.), *Quality variation in daycare: Implications for child development* (pp.183o-205). New York: Praeger.

Hock, E., & DeMeis, D.K. (1990). Depression in mothers of infants: The role of maternal employment. *Developmental Psychology*, 26 (2), 285-291.

Hoffman, E., & Massion, C. (2000). Women's health as a medical speciality and a clinical science. In L. Sherr & J.S. St Lawrence (Eds.) *Women, health and the mind* (pp. 3-16). Chichester: John Wiley & Sons Ltd.

Hogg, M.A. and Abrams, D. (1988). *Social identifications: A social psychology of intergroup relations and group processes*. London: Routledge.

Hogg, M.A., Terry, D., & White, K. (1995). A tale of two theories: A critical comparison of identity theory with social identity theory. *Social Psychology Quarterly*, 58 (4), 255-269.

Holliday, A. (2007). *Doing and writing qualitative research* (2nd ed). London: Sage.

Horwitz, S.M., Briggs-Gowan, M.J., Storfer-Isser, A., & Carter, A.S. (2007). Prevalence, correlates, and persistence of maternal depression. *Journal of Women's Health*, 16 (5), 678-691.

Hughes, C. (2002). *Women's contemporary lives: Within and beyond the mirror*. London: Routledge.

Husserl, E. (1913; trans 1983). Cited in Spinelli, E. (1989). *The interpreted world: An introduction to phenomenological psychology*. London: Sage Publications Ltd.

Innes, S. (1995). *Making it work: Women, change and challenge in the 1990s*. London: Chatto & Windus.

Irigaray, L. (1993). *Je, Tu, Nous: Towards a culture of difference*. London: Routledge.

Jacobs, J.A. & Gerson, K. (2001). Overworked individuals or overworked families? Explaining trends in work, leisure, and family time. *Work and Occupations*, 28 (1), 40-63.

Jahoda, M. (1981). Work, employment and unemployment. *American Psychologist* 35, 184-91.

Johnson, S., Burrows, A., & Williamson, I. (2004). 'Does my bump look big in this?' The meaning of bodily changes for first-time mothers to be. *Journal of Health Psychology*, 9 (3), 361-374.

Johnson, S. & Robson, C. (1999). Threatened identities: The experiences of women in transition to programmes of professional higher education. *Journal of Community & Applied Social Psychology*, 9, 273-288.

Kahu, E., & Morgan, M. (2007). A critical discourse analysis of New Zealand government policy: Women as mothers and workers. *Women's Studies International Forum*, 30, 134-146.

Kessler, S. (1998). *Lessons from the intersexed*. New Brunswick: Rutgers University Press.

Kaplan, E.A. (1992). *Motherhood and representation: The mother in popular culture and melodrama*. London: Routledge.

Kessler, S., & McKenna, W. (1978). *Gender: An ethnomethodological approach*. Chicago: University of Chicago Press.

Koro-Ljungberg, M. (2008). Validity and validation in the making in the context of qualitative research. *Qualitative Health Research*, 18, 983-989.

Krueger, R.A. (1994). *Focus groups: A practical guide for applied research (2nd Ed.)*. California: Sage

Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. California: Sage Publications Ltd.

Lang, M.M., & Risman, B.J. (2006). Blending into equality: Family diversity and gender convergence. In K. Davis, M. Evans and J. Lorber (Eds.), *Handbook of gender and women's studies (pp. 287-304)*. London: Sage Publications Ltd.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, 3, 102-120.

Leach, P. (1979). *Baby and child*. Harmondsworth: Penguin.

Levins, R. and Lewontin, R. (1985). Cited in Willig, C. (1999). Beyond appearances: a critical realist approach to social constructionist work. In D.J. Nightingale and J. Cromby (Eds.), *Social constructionist psychology: A critical analysis of theory and practice (pp. 37-51)*. Buckingham: Open University Press.

Lopata, H.Z. (1971). *Occupation: Housewife*. New York: Oxford University Press.

Madill, A., Jordan, A., & Shirley, C. (2000). Objectivity and reliability in qualitative analysis: Realist, contextualist and radical constructionist epistemologies. *British Journal of Psychology*, 91, 1-20.

Marcia, J.E. (1966). Development and validation of ego-identity status. *Journal of Personality and Social Psychology* 3 (5), 551-558.

Marshall, B. (1994). *Engendering modernity: Feminism, social theory and social change*. Cambridge: Polity.

McKie, L., Bowlby, S., & Gregory, S. (2001). Gender, caring and employment in Britain. *Journal of Social Policy*, 30 (2), 233-258.

McLeod, J. (2001). *Qualitative Research in counselling and psychotherapy*. London: Sage Publications Ltd.

McMunn, A., Bartley, M., & Kuh, D. (2006). Women's health in mid-life: Life course social roles and agency as quality. *Social Science & Medicine*, 63, 1561-1572.

McRae, S. (2003). Constraints and choices in mothers' employment careers. *British Journal of Sociology*, 53 (3), 317-338.

Mead, G.H. (1934). *Mind, self and society*. Chicago: The University of Chicago Press.

Mednick, M.S., & Tangri, S.S. (1972). New social psychological perspectives on women. *Journal of Social Issues*, 28, 1-16.

Miller, R. L., & Suls, J. (1977). Helping, self-attribution, and the size of an initial request. *Journal of Social Psychology*, 103, 203-208.

Millett, K. (1971). *Sexual politics*. London: Sphere.

Millward, L.J. (2006). The transition to motherhood in an organizational context: An interpretative phenomenological analysis. *Journal of Occupational and Organizational Psychology*, 79, 315-333.

Moen, P. (2003). *It's about time: Couples and careers*. New York: Cornell University Press.

Moscovici, S. (1981) On social representation. In J. Forgas (Ed.) *Social Cognition: Perspectives on Everyday Understanding*. London: Academic Press.

Moscovici, S. (1988) Notes towards a description of social representations. *European Journal of Social Psychology*, 18, 211-250.

Moss, P. & Plewis, I. (1977). Mental distress in mothers of preschool children in inner London. *Psychological Medicine*, 7, 641-652.

Moustakas, C. (1994). *Phenomenological research methods*. London: Sage.

Newson, J. & Newson, E. (1965). *Patterns of infant care in an urban community*. Harmondsworth: Penguin.

Nicolson, P. (1986). Developing a feminist approach to depression following childbirth. In S. Wilkinson (Ed.), *Feminist social psychology: Developing theory and practice*. (pp. 135-149). Milton Keynes: Open University Press.

Nicolson, P. (1998). *Post-natal depression: Psychology, science and the transition to motherhood*. London: Routledge.

Nicolson, P. (1999). Loss, happiness and postpartum depression: The ultimate paradox. *Canadian Psychology*, 40 (2), 162-178.

Nurmi, J. (2004). Socialisation and self-development: Channelling, selection, adjustment and reflection. In R. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology* (2nd ed), (pp. 85-124). New Jersey: John Wiley & Sons Inc.

Oakley, A. (1972). *Sex, gender and society*. London: Maurice Temple Smith.

Oakley, A. (1974). *Housewife*. London: Allen Lane.

Oakley, A. (1979). *Becoming a mother*. Oxford: Martin Robertson

Oakley, A. (1980). *Women confined*. Oxford: Martin Robertson.

Oakley, A. (1981). *From here to maternity: Becoming a mother*. Harmondsworth: Penguin.

Office for National Statistics, (2008). *Labour Force Survey*. [Online] Available: <http://www.statistics.gov.uk> [06.01.09].

Office of National Statistics. (2000). *Standard occupational classification, 2000*, Vol. 1. [Online] Available: <http://www.ons.gov.uk/about-statistics/classifications/current/soc2000/index.html>

Oguntokun, R. (1998). A lesson in the seductive power of sameness: Representing Black African refugee women. *Feminism & Psychology*, 8 (4), 525-529.

Parsons, T. (1959). The social structure of the family. In Anshen, R. (Ed.). *The family – its function and destiny* (pp. 241-274). London: Harper & Row.

Phoenix, A. (1991). *Young mothers?* Cambridge: Polity Press.

Pistrang, N. (1984). Women's work involvement and experience of new motherhood. *Journal of Marriage and the Family*, 2, 433-447.

Polasky, L.J. & Holahan, C.K. (1998). Maternal self-discrepancies, interrole conflict, and negative affect among married professional women with children. *Journal of Family Psychology, 12* (3), 388-401.

Raskin, P.M. (2006). Women, work, and family: Three studies of roles and identity among working mothers. *American Behavioral Scientist, 49* (10), 1354-1381.

Reid, K., Flowers, P. & Larkin, M. (2005). Exploring lived experience. *The Psychologist, 18*, 20-23.

Richman, N. (1974). The effects of housing on pre-school children and their mothers. *Developmental Medicine and Child Neurology, 16*, 53-58.

Richman, N. (1976). Depression in mothers of pre-school children. *Journal of Child Psychology and Psychiatry and Allied Discipline, 17*, 75-78.

Richman, N. (1978). Depression in mothers of young children. *Journal of the Royal Society of Medicine, 71*, 489-493.

Ricoeur, P. (1970). *Freud and philosophy: An essay on interpretation*. New Haven, CT: Yale University Press.

Robson, C. (2002). *Real world research: A resource for social scientists and practitioner-researchers* (2nd Ed). Oxford: Blackwell Publishing.

Rogers, C.R. (1965). *Client-centered therapy*. Cambridge, MA: Houghton Mifflin.

Roggman, L., Langlois, J., Hubbs-Tait, L., & Rieser-Danner, L. (1994). Infant day-care, attachment, and the "file drawer problem". *Child Development, 65*, 1429-1443.

Rolfe, A. (2008). 'You've got to grow up when you've got a kid': Marginalized young women's accounts of motherhood. *Journal of Community & Applied Social Psychology, 18*, 299-314.

Shelton, N. & Johnson, S. (2006). 'I think motherhood for me was a bit like a double-edge sword': The narratives of older mothers. *Journal of Community & Applied Social Psychology, 16*, 316-330.

Skelton, C. (1989). *Whatever happens to little women?* Milton Keynes: Open University Press.

Smith, J.A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology and Health 11*, 261-71.

Smith, J.A. (1999). Towards a relational self: Social engagement during pregnancy and psychological preparation for motherhood. *British Journal of Social Psychology*, 38, 409-426.

Smith, J.A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1, 39-54.

Smith, J.A. (2007). Hermeneutics, human sciences and health: Linking theory and practice. *International Journal of Qualitative Studies on Health and Well-being*, 2, 3-11.

Smith, J.A. & Osborn, M. (2008). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 53-80).

Spencer, S.J., Fein, S., & Lomore, C.D. (2001). Maintaining one's self image vis-à-vis others: The role of self-affirmation in the social evaluation of the self. *Motivation and Emotion*, 25 (1), 41-53.

Spender, D. (1985). *Man-made language*. London:Routledge & Kegan Paul.

Spinelli, E. (1989). *The interpreted world: An introduction to phenomenological psychology*. London: Sage Publications Ltd.

Spock, B.M., & Rothenberg, M.B. (1985). *Dr. Spock's baby and child care*. New York: Pocket Books.

Spradley, J.P. (1979) *The ethnographic interview*. New York: Hold, Rinehart & Winston.

Tajfel, H. (Ed.) (1978). *Differentiation between social groups: Studies in the social psychology of intergroup relations*. London: Academic Press.

Tajfel, H. and Turner, J. (1979). 'An integrative theory of intergroup conflict'. In W.H. Austin and S. Worchel (Eds.), *The social psychology of intergroup relations*. Monterey, CA: Brooks-Cole.

Tajfel, H., & Turner, J. (1986). The social identity theory of intergroup behaviour. In S. Worchel & W.G. Austin (Eds.), *Psychology of intergroup relations* (pp. 7-24). Chicago: Nelson.

Thompson, B. & Finlayson, A. (1963). Married women who work in early motherhood. *British Journal of Sociology*, 14, 150-168.

Tiger, L. & Fox, R. (1972). Cited in Garrett, S. (1978). *Gender*. London: Tavistock Publications.

Timotijevic, L., & Breakwell, G.M. (2000). Migration and threat to identity. *Journal of Community & Applied Social Psychology*, 10, 355-372.

- Tong, R. (1989). *Feminist thought*. London: Allen & Unwin.
- Turner, J. (1988). Comments on Doise's "Individual and social identities in intergroup relations". *European Journal of Social Psychology*, 18, 113-116.
- Turner, R. (1978). The role and the person. *American Journal of Sociology*, 84, 1-23.
- Ussher, J.M. (2000). Women and mental illness. In L. Sherr & J.S. St Lawrence (Eds.) *Women, health and the mind* (pp. 77-90). Chichester: John Wiley & Sons Ltd.
- Valentine, G. (1999). Eating in. *Sociological Review* 47 (3), 491-524.
- Vignoles, V.L., Chryssochoou, X., & Breakwell, G.M. (2002a). Sources of distinctiveness: Position, difference and separateness in the identities of Anglican parish priests. *European Journal of Social Psychology*, 32, 761-780.
- Vignoles, V.L., Chryssochoou, X., & Breakwell, G.M. (2002b). Evaluating models of identity motivation: Self-esteem is not the whole story. *Self and Identity*, 1, 201-218.
- Vignoles, V.L., Chryssochoou, X., & Breakwell, G.M. (2004). Combining individuality and relatedness: Representations of the person among the Anglican clergy. *British Journal of Social Psychology*, 43, 113-132.
- Vincent, C., Ball, S.J., & Pietikainen, S. (2004). Metropolitan mothers: Mothers, mothering and paid work. *Women's Studies International Forum*, 27, 571-587.
- von Wright, G.H. (1993). Two traditions. In M. Hammersley (Ed.), *Social research: Philosophy, politics and practice*. London: Sage.
- Walby, S. (1986). *Patriarchy at work*. Cambridge: Polity.
- Walby, S. (1997). *Gender transformations*. London: Routledge.
- Warner, M. (1985). *Alone of all her sex: The myth and the cult of the Virgin Mary*. London: Picador.
- Warner, M. (1994). *Managing monsters: Six myths of our time*. The Reith lectures. London: Vintage.
- Warnock, M. (1987). *Memory*. London: Faber and Faber.
- Whitford, M. (Ed.). (1991). *The Irigaray reader*. Oxford: Blackwell.
- Wilkinson, S. (1988) The role of reflexivity in feminist psychology. *Women's Studies International Forum*, 11, 493-502.

Wilkinson, S. and Kitzinger, C. (Eds.). (1996). *Representing the other: A feminism and psychology reader*. London: Sage.

Williams, J.A. and Giles, H. (1978). The changing status of women in society: An intergroup perspective. In H Tajfel (Ed.) *Differentiation between social groups: Studies in the social psychology of intergroup relations*. London: Academic Press.

Williams, J.C. (2000). *Unbending gender: Why family and work conflict and what to do about it*. New York: Oxford University Press.

Willig, C. (1999). Beyond appearances: A critical realist approach to social constructionist work. In D.J. Nightingale and J. Cromby (Eds.), *Social constructionist psychology: A critical analysis of theory and practice* (pp. 37-51). Buckingham: Open University Press.

Willig, C. (2008). *Introducing qualitative research in psychology: Adventures in theory and method*. Berkshire: Open University Press.

Willig, C. (2007). Reflections on the use of a phenomenological method. *Qualitative Research in Psychology*, 4, 1-17.

Wills, T. A. (1981). Downward comparison principles in social psychology. *Psychological Bulletin*, 90, 245-271

Winnicott, D.W. (1956). Primary maternal pre-occupation. In Winnicott (1975), *Through Paediatrics to Psycho-analysis*. London: Hogarth Press.

Winnicott, D.W. (1960). The theory of the parent-infant relationship. *International Journal of Psychoanalysis*, 41, 585-595.

Woodward, K. (1997). *Identity and difference*. London: Sage.

Yardley, L. (2008). Demonstrating validity in qualitative psychology. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 235-251).

Interview Schedule

Thank you for agreeing to take part in this interview. Can I just remind you that I am audio-taping this conversation so that I can remember accurately what we talk about today. However, you will remain anonymous, and your name will not be attached to any record of this interview, or any report I write afterwards.

1. I would like to begin by getting a sense of your current circumstances. I see from the demographic sheet you've just filled in that you have child/children. Can you tell me a bit about him/her/them?

*age(s), school/nursery/playgroup/other
If at school/nursery etc, how often/how long?*

2. What work were you doing before you had children?

*full/part-time, qualifications, length of service
how important was this to you?
What did you like about job?
What did you not like about job?
How did your job make you feel about yourself? (positives & negatives)*

3. Thinking now about your present role, can you tell me a bit about what influenced your decision to be a full-time stay-at-home mum?

*Did others influence your decision?
Did you hold attitudes about women as mothers that influenced your decision?
Were there any other issues; perhaps practical, perhaps emotional, that influenced your decision?*

4. What was your own experience of being mothered?

*Own mother stayed at home/worked?
Positive/negative experience? Wish to offer similar or different experience to own children?
Expectations? To do same or different?*

5. You've told me something about how you made the decision to stay at home. I wonder how your identity as a stay-at-home mum makes you feel about yourself?

(elicit positive and negative responses, allow for ambivalence)

*How have you coped with this?
What strategies have you used?*

6. What does your identity as stay-at-home mum say about you?

*How do you think others view this identity?
How does that make you feel about yourself?
How does that make you feel about others?*

7. Thinking about your relationships with other people, has your identity as a stay-at-home mum affected your relationships with others?

*In what way? (elicit positive and negative responses)
(e.g. partner, friends, ex-work colleagues, others?)*

*How have you coped with that?
What does this mean for you?
Has your identity as stay-at-home mum influenced who you choose to spend time with?
In what way?
How do you feel about this?*

8. Some people feel that the identity 'full-time stay-at-home mum' describes them completely. Others feel that they have other identities that aren't reflected in that description. What is your experience?

*If you have other identities, what are they?
How do you express these other identities?
How important to you are these other identities?
How do you feel about this?*

OR I think I hear you saying that you have found an identity that describes you completely. How do you feel about that?

If participant describes more than one identity:

9. You have told me that you feel you have a number of identities that, together, describe you. Some people find they can fit these different parts of themselves together quite well, others can't. What is your experience of this?

*How do you feel about this?
How do you cope with this?*

That brings us to the end of the questions I wanted to ask you. Is there anything else you would like to say before we finish?

How has it felt taking part today?

*Check for signs of anxiety, concern. Does participant look as she did at the beginning? If not, probe (e.g. you are looking a little concerned/thoughtful. Has anything we've talked about today left you feeling anxious/upset etc?)
Remind about resource list. Go through together if required.*

Did you decide to be a full-time stay-at-home mum?

Have you struggled with this decision?

Would you be willing to talk to me about your experiences of how this decision has affected you?

If you gave up work to be a full-time stay-at-home mum, and have at least one child aged between 2 and 18 years old, I would be really keen to hear from you.

If you would like to be involved in this research, or wish to find out more, please contact me, Penny Wilson, on 07707 854947, or email me at abbw287@city.ac.uk.

This research is part of my doctorate in Counselling Psychology at City University. It is supervised by Dr Deborah Rafalin, Chartered Counselling Psychologist (telephone 020 7040 4592, email d.rafalin@city.ac.uk).

Did you decide to be a full-time stay-at-home mum?

Have you struggled with this decision?

Would you be willing to talk to me about your experiences of how this decision has affected you?

If you gave up work to be a full-time stay-at-home mum, and have at least one child aged between 2 and 18, I would be really keen to hear from you. I wish to represent a culturally diverse range of mothers in this study and am particularly keen to hear from women from ethnic minorities.

If you would like to be involved in this research, or wish to find out more, please contact me, Penny Wilson, on 07707 854947, or email me at abbw287@city.ac.uk.

This research is part of a doctorate in Counselling Psychology at City University. It is supervised by Dr Deborah Rafalin, Chartered Counselling Psychologist (telephone 020 7040 4592, email d.rafalin@city.ac.uk.)

Did you decide to be a full-time stay-at-home mum?

Have you struggled with this decision?

Would you be willing to talk to me about your experiences of how this decision has affected you?

If you gave up work to be a full-time stay-at-home mum, and have at least one child aged between 2 and 18, I would be really keen to hear from you. I wish to represent a culturally diverse range of mothers in this study and am particularly keen to hear from women from the Asian community.

If you would like to be involved in this research, or wish to find out more, please contact me, Penny Wilson, on 07707 854947, or email me at abbw287@city.ac.uk.

This research is part of a doctorate in Counselling Psychology at City University. It is supervised by Dr Deborah Rafalin, Chartered Counselling Psychologist (telephone 020 7040 4592, email d.rafalin@city.ac.uk.)

Telephone Interview Schedule

Thank you very much for calling me today/emailing me on ... May I ask where you saw my advert?

So, as you saw from the flyer, I'm doing a doctorate in Counselling Psychology at City University and I'm interested in talking to full-time, stay-at-home mums to find out about their experiences. I'm interested in hearing about how you made the decision to be a stay-at-home mum, how that decision has affected your life, how it's made you feel about yourself and how you have dealt with all this.

I would like to meet you to do an informal interview where you talk about your experiences. I expect that the interview would take roughly an hour, to an hour and a half. I would like to audio-tape our informal interview so that I can make sure I have an accurate record of what you say. This will then be transcribed and all identifying information will be removed, so that you remain anonymous. In any write-up that follows, no identifying information will be used.

Do you have any questions about any of this so far?

Just so that I've got a bit of a sense of you before we meet, can I ask you a few questions?

**Firstly, how many children have you got?
How old are they?
And are you currently at home full-time?
Is this a decision that you have made?**

Could we arrange a time and a place to meet? I'm happy to come to you, or we can meet somewhere else, at a time convenient to you, either during the day or in the evening.

OK, so that's at on at

Can I take a contact telephone number in case of any problems?

Do you have any questions you would like to ask me at this stage?

OK. I will see you on Thanks very much for agreeing to take part. I look forward to meeting you on at

CONSENT FORM

This research project is being carried out as part of my doctorate in Counselling Psychology at City University, and is supervised by Dr Deborah Rafalin, Chartered Counselling Psychologist. I am interested in hearing about the experiences of women who have decided to be full-time, stay-at-home mothers, but who are now finding the identity they have chosen difficult to manage.

Thank you for agreeing to take part in this project. You are being asked to take part in a face-to-face interview of approximately 1½ hours, to explore your experience of being a full-time, stay-at-home mother and how you have coped with these experiences.

The interview will be audio-taped so that I have an accurate recording of what is discussed today. This audio-tape will then be transcribed. I can assure you that the tape and transcript will only be listened to by those directly involved in this research project.

Short extracts from the transcript will be used in the final report, to illustrate your points of view or experiences. However, your confidentiality will be protected at all times. To ensure anonymity, no identifying information such as names or locations will be used in any write-up of this research, or in any submission for journal publication.

I would also emphasise that:

- Your participation is entirely voluntary
- You are free to refuse to answer any question
- You are free to withdraw at any time.

I agree that the purposes of this research and the nature of my participation in this research have been clearly explained to me in a manner that I understand and that I have had the opportunity to ask any questions that I might have. I therefore consent to take part in an interview about my experiences of being a full-time, stay-at-home mother, and consent to this interview being audio-taped, transcribed and used for the purposes of research.

Signed:

Printed:

Date:

On behalf of all those involved in this research project, I undertake that confidentiality will be ensured with regard to any material presented from this research. This material will be for the purposes of research only and the anonymity of this interviewee will be protected.

Signed:

Penny Wilson

Would you like a report on the results of the project?

YES

NO

(please circle one)

Address for those requesting a research report:

.....
.....
.....

Would you please sign both copies of this consent form. Once we have both signed the forms you will be given one copy to keep.

Contact Information:

Researcher: Penny Wilson
07707 854947
abbw287@city.ac.uk

Supervisor: Dr Deborah Rafalin
020 7040 0167
d.rafalin@city.ac.uk

Demographic Information

This research aims to listen to the views of a cross-section of women. In order to assist me explain the characteristics of the participants as a group, I would be grateful if you would spend a few minutes completing this form. This information is confidential and your answers are completely anonymous. Please feel free to leave blank any question which you do not want to answer.

Age:

Qualifications (*please tick the highest qualification you have obtained*).

- | | |
|-----------------------------|--------------------------|
| None | <input type="checkbox"/> |
| GCSE (or equivalent) | <input type="checkbox"/> |
| Trade Apprenticeship | <input type="checkbox"/> |
| A/AS Levels (or equivalent) | <input type="checkbox"/> |
| Diploma in High Education | <input type="checkbox"/> |
| Degree | <input type="checkbox"/> |
| Postgraduate Qualification | <input type="checkbox"/> |
| Don't Know | <input type="checkbox"/> |

What was your last occupation before you had children?

.....

How many children do you look after in your parenting role?

.....

How old are they?

.....

What is your current relationships status?

Please choose from the following:

- | | | | |
|-------------|--------------------------|-----------|--------------------------|
| Single | <input type="checkbox"/> | Separated | <input type="checkbox"/> |
| Married | <input type="checkbox"/> | Widowed | <input type="checkbox"/> |
| Co-habiting | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Divorced | <input type="checkbox"/> | | |

How would you describe your ethnic origin?

Please choose from the following:

- | | | |
|-----------------------------|-----------------------------------|--------------------------|
| Asian - | Bangladeshi | <input type="checkbox"/> |
| | Indian | <input type="checkbox"/> |
| | Pakistani | <input type="checkbox"/> |
| | Any other Asian background | <input type="checkbox"/> |
| Black - | African | <input type="checkbox"/> |
| | Caribbean | <input type="checkbox"/> |
| | Any other Black background | <input type="checkbox"/> |
| Chinese | Any Chinese background | <input type="checkbox"/> |
| Mixed Ethnic Background | | |
| - | Asian and White | <input type="checkbox"/> |
| - | | |
| - | Black African and White | <input type="checkbox"/> |
| - | | |
| - | Black Caribbean and White | <input type="checkbox"/> |
| - | | |
| - | Any other mixed ethnic background | <input type="checkbox"/> |
| White - | Any White background | <input type="checkbox"/> |
| | | |
| Any other ethnic background | | <input type="checkbox"/> |

Please give the first two letters of your postcode. If you live in London, please give the letter and first number (e.g. N14, or W4).

.....

Thank you for completing this form.

Resource List

If feelings come up for you which seem unmanageable and you are uncertain of how to obtain the support you need, please contact your GP. Below is a list of organisations which offer support, advice and/or counselling.

MIND – National Association for Mental Health
www.mind.org.uk

Local MIND organisations:

Mind in Ealing & Harrow
Telephone: 020 8992 0303
Email: info@mind-eh.org

MIND – Harlow
Telephone: 01279 421 308
Email: admin@harlowmind.org

MIND – Camden
Telephone: 020 7911 0822
Email: admin@mindincamden.org.uk

MIND – Brent
Telephone: 020 8451 3200
Email: info@brentmind.com

Alcoholics Anonymous
National 24-hour helpline: 0845 769 7555
www.alcoholics-anonymous.org.uk

Narcotics Anonymous – support for people wanting to recover from drug problems
Helpline: 020 7824 8924

BACP – British Association of Counselling and Psychotherapy
www.counselling.co.uk

Cruse Bereavement Care
www.crusebereavementcare.org.uk

Gingerbread – The association for lone parent families
Helpline: 0800 018 5026
www.gingerbread.org.uk

National Debt Helpline – 0808 808 4000
www.nationaldebtline.co.uk

Parentline

Telephone: 0800 800 2222

www.parentlineplus.org.uk

The Samaritans – offering 24 hour confidential emotional support

Telephone: 08457 909 090

www.samaritans.org.uk

Beat – the UK's leading eating disorders charity

Helpline 0845 634 1414

www.beat.co.uk

Overeaters Anonymous

South & East England – 0870 225 9728

Email: OASEEIG@yahoo.co.uk

www.OASouthAndEastEngland.org.uk

Relate – The UK's largest provider of relationship counselling and sex therapy.

www.relate-org.uk

Harlow and Broxbourne Women's Aid

Telephone: 01992 450914

Broxbourne District Counselling Centre

Telephone: 01992 637285

Email: counselling@bdcc.fsnet.co.uk

www.broxbourne-counselling.org.uk

Pyramid Community Counselling Service – developed to meet the needs of the Black community - free to unemployed residents of Haringey. A sliding scale of fees to those outside the borough.

Telephone: 0208 881 7121

Hopscotch Asian Women's Centre

Telephone: 020 7388 6200

www.hopscotchawc.org.uk

Enfield Women's Centre

Telephone: 020 8443 1902 or 020 8351 8934

Email: info@enfieldwomen.org.uk

Islington Women's Counselling Centre – for women living or working in Islington

Telephone: 020 7281 2673

Illustrative Quotes

THEMES (Superordinate and clusters)	PARTICIPANT	LINE NO	QUOTE
A: SOCIALISATION - IDEOLOGIES			
De-Traditional	MARIE	657-662	I do think some women feel that when they have children as well that it's almost not allowed. You know, that you have to then suddenly fit into this role of sort of being a mother so it's not really acceptable to go and and, you know, paint the town red as it were, and I'm not prepared
	LINDA	492-496	I want my son to see that both his parents, both mum and dad, um, work and contribute to his, to society, to his, to his life, to the income of the house, that, that we both, you know, we both do something, we both contribute.
	NAOMI	1006-1023	Well that's my next thing. Well, I'm gonna go back to school. [...] I think it's also important as a parent. I want my kids to see me being ambitious.
	KATE	278-80	my mum never had a career and she always said to us you, you get a training, you get a career, you work.
	NAOMI	186-192	in college, you, you were pretty much taught you would do it all. You know, [...], you saw people around you, oh they get a nanny, they get a au pair, you know you could do it, you can keep working, you can be super. Um, so that was kind always the prevalent thing.
	LINDA	276-278	R. I'm wondering what influenced your decision to do that, to return to work?
	SUSAN	194-196	P. Oh 'cause I thought I could do it all! (laughs). I took the babies with me to work. And then I had a nanny er, when they became toddlers.
Traditional	ANGELA NAOMI	180-182 709-710	both my mum and Mark's mum were stay-at-home mums so for us was a bit of a, of a natural flow. I'm also Jewish you see, and Jewish women are notoriously very maternal.
	SUSAN	354-357	you know, marriage is a church thing, you know you just keep on and you, you know, you give it, you give it all, and I tend to gravitate to women like that as well. my mother was around till I went to boarding school and then she was always around for me in the holidays.
	EVE	91-95	I've always just thought if I had kids I would want to be with them in their early years. Um, my mum did mostly for me, and I always felt quite secure and loved and, I think that was it really, I wanted to give them a, a stable background.
	LINDA	237-241	my mum was at home with my sister and I until we both started primary school.

B: CHOOSING THE IDENTITY OF STAY-AT-HOME MOTHER			
Forced Choice	KATE	292-96	I don't think that you can work and be a mother of small children and do them both very well unless you really pick your career and I think that that is, for me, probably one of the biggest things is I knew that I was failing both. I was having sort of, the worst of both coz you're in the house, you can hear the child screaming, you've got somebody else looking after it, you're trying to get your work into a very short period of time. And so that's what made me give it up it wasn't my choice, I had no choice because my husband had to come back here and therefore I came. So it was kind of given to me, the choice. I decided after that that I, I have to make a choice at the moment and that is to, to um, stay at home, um, whilst the kids are young and, um, because I just couldn't work it out really, I couldn't work it out in my head how I was going to do it without... I mean, I, I wasn't earning that much money on a part-time basis having paid the nursery fees. I was coming away with, with not a lot. Um, it perhaps paid the food shopping for a month or something, but that was about it, um, so, you know it was, it was a decision I had to make really for the kids if nothing else. And the commute really was the, the, the issue for me. It just wasn't doable. I think being a mother, a huge proportion of being a mother is being, is guilt. And whether you're a successful mother I, a lot of it I think is guilt management. Whether it's my Catholic upbringing or something but I just feel guilty if I'm not there, even if I have a, you know a very good reason why I can't be at work, because of the kids, I just feel, you know I'm letting people down. So, if, when those instances happened, um, you know, it did feel a, well you know, at least I'm at home and it doesn't really matter.
	NAOMI	159-163	
	CATHERINE	63-76	
	SUSAN	308-309	
	KATE	482-85	
	CATHERINE	186-95	
Free Choice	MARIE ANGELA	146-48 184-188	I think that period of my life cemented the idea for me that, yeah, if we had kids, I would stay at home. there was no way that I was going to give my, my tiny baby to someone else to look after and me, me going out to work. That was, that wasn't really what I um, um, was looking for in motherhood (laughs). Then. (laughs)
	LINDA	304-312	I don't think I was prepared for the emotional, the emotional attachment. I thought I would have been able to, um, let, probably let somebody else be involved, um, but I didn't feel happy doing that. So I had to make my choice. If I'd f-, if I think if I'd felt um, I think if my parents had been nearby, um, I would have managed to have probably carried on at work because it, just with an odd hour here or there for them to come and be involved would have helped significantly.
	EVE	788-792 100-108	I felt that it, I had to accept the responsibility, um, and that it was right and if we could do it, I jolly well should do it. Um, and that up until the age of five, um, at least, he should have consistent care, whoever it would be. Um, and er, and that's really our, our decision. I think I'd sort of reached a burn-out point to be honest. I felt really tired and just, I'd had enough and so it was a good time to quit. And I couldn't go back to that job with the kids because of, as I said, the hours and the pressure and the stupid, you know phoning the States you know, or Australia at the

	LINDA	245-251	opposite end of the day and I knew I couldn't do that with little children. And I didn't really want to get nannies and what have you. So it was better for me to stay at home with them full time. Unfortunately my sister had had to go back to work for, because of financial reasons um, and they were heavily involved in the childcare arrangements for her son, and that's been very stressful for them so obviously they're thinking ooh yes, excellent idea Linda, course you should be at home with your son, it's not fair to, you know, lay all this at, at the grandparents feet
Views of others	KATE LINDA	632-633 237-241	my mum who is a stay at home, always advocated that you should stay at home certainly my husband's parents who are, are late seventies, early eighties think that it's um, the done thing that the mother should stay at home, I think because they're from that generation when women did. Um, that I should be at home and I should raise the family
	SUSAN	243-245 326-328	my mum and dad are little bit more um, they're, they're a bit more demonstrative and it's quite clear that they think it's very good. I think my husband's view is that that mothers are, are best to look after their own little children, but, I, he would have supported me in my decision.
Fear	NAOMI KATE	209-212 328-332	once out, after 6 months it was daunting to try something new. I was so comfortable in my job in New York. It was so much who I was. My identity. That I was afraid of trying to do it somewhere else. I wanna go back to work so I should have done it. (laughing). I should have done it then when the fear probably was as going to be, as it will be in another 4 years time and I'm sort of, Oh my God I haven't worked for six years, what am I going to do?
C: EXPERIENCING IDENTITY CONFLICT			
How mothers should be	KATE MARIE SUSAN ANGELA NAOMI	632-633 910 755-758 312-317 920-926 988-994	We're not expected to be ballsy as a mother. Or gobby. You know, I don't think. I, I don't, or maybe that's my perception. I always think of kind of mothers being a bit sort of quiet and meek and not being sort of opinionated. I personally feel that for me and our children, the best thing I can do for them is stay at home for them, particularly in their early years. I decided that I didn't want a job because I didn't want to look back and say I wish I'd been around for the children, ah because whatever you do, you can't go back in time and you can't go back to when your children are little. That's gone. So I decided that that's what I wanted to do. I want to, do a website, or I want to do, whatever. And I put myself under stress and then obviously I kind of, um, yeah, put the family kind of second then. Um, and that makes me obviously feel even worse because I'm not the attentive, caring mother I actually would like to be and it's a bit of a vicious circle I'm not an angry person, I don't like being angry. I don't like that feeling, I don't like it. I don't find it productive. I, in a way it's a good thing, but it's also a bad thing. Coz there's a lot of pressure on you to meet that, um. Not every day is great and I think that's what I've learned now too. But I am, I want to be happy. I want it to be nice.

	CATHERINE	437-439 915-916	I've always regarded myself as not a very maternal person (<i>laughs</i>). I've not been a, I'm not an earth mother type of thing I think I was very um, not arrogant but just overly confident that um, I would know what to do
How mothers should be - Relentlessness of role (24/7)	LINDA NAOMI ANGELA KATE SUSAN EVE	316-319 453-455 714-719 489-491 357-360 1040-43 337-341	You know, a job is 9 to 5 – you go out the door and you can shut it off and you could just, you know, go home and watch TV, whereas, as in mothering, motherhood you don't. You, you're constantly, it is hard to find me-time. A, a long enough stretch that it really feels like me-time, not as a little snatch here and a little snatch there. you can't let yourself go, um, and you can't enjoy, um, as deeply, um, um, a, an indulgent me-moment because you know that, you look at the clock and there is something that needs doing probably in the next half an hour or so. But, you know, if I get up and go out of the house, even if it's to do something really legitimate, I feel guilty that I'm leaving the children. I think people think if you're at home all day you must have a really cushy quiet time, and you know, and I feel guilty if I sit down for half an hour to read a book I've got to collect Thomas and have the piano teacher come or back tonight I've got to get back to school for six o'clock for a curriculum meeting. Um, it that, you know is all, it's all go, and last night I was at a school meeting. I do want some time for myself. Which sounds selfish when I think my husband doesn't really have that, but then, you know, sometimes I think going to work is an easier option than looking after kids all the time (<i>laughs</i>). It gives them a break.
How mothers should be - own needs vs other's (Putting others first)	CATHERINE ANGELA KATE NAOMI LINDA SUSAN	237-242 305-306 434-437 606-610 222 537-542 455-457 339	I need quite a lot of space, um, to do that sort of thing and it, and when I was doing it I was doing it in the kitchen and you'd have to clear up, you know, to cook the kids dinner and, you know, Ken would come home and nothing had been done around the house, (<i>laughing</i>) it's just lots of brushes! I find it very difficult to find space for myself as well. I can't commit to any evening classes because Mark travels different days of the week, so I can't, I can't find an outlet in the evenings because I have to be so flexible around Mark. And sometimes when I have a bad day and I think Oh it's so hard and you've just no idea what I've, you know I don't, I never say it but you know I do sometimes think You have no idea what I've given up (<i>whispers</i>). I knew I wanted to be a dedicated mother But this idea of fitting children in, I disagree with. Very very much, very much so. Very much wrong. You know I think it's important again to have your needs, but not to say it in that kind of way, so I tend to disagree with that. I. It sounds like there's a priority ... P. Yeah I think, I think it it, they are the priority. I can accept the fact that I am a stay at home mum now, because I feel that this is the right place for me to be right now. I am where I'm most needed. I wanted to be in, in, involved in it all.

	SUSAN	350-353	it would be nice to be able to go on foreign holidays without the children, and go eat out every, you know, other night, and some mothers do, but I don't.
Experts' view of how mothers should be	KATE	759-764	People think that this is how they should be, that they should never shout at a child. They know they shouldn't coz they've read it in a book. Everyone knows they shouldn't do it. Everyone knows you shouldn't smack your child. But you do. Of course you do.
		682-687	I was reading in this book about what should do for toddler tantrums and it just said that you should never ever shout. And I was like Yeah, they must come and live in my house. And I was going How the hell are you meant to never ever shout?
LOSS OF:			
Rewards/Recognition	ANGELA	142-144	Well I, because I was liaising so much with clients I would get a face-to-face response very quickly, or at least over the phone from how they felt
	NAOMI	141-142 103-105	I felt I had achieved. You know, I had my goals, I did it But it gave me self worth (<i>sighs</i>), it gave me an acknowledgement again for what I, a, what I, what I worked towards
	MARIE	910-915	I believe that having had the big job once in my life for that six years gives me a feeling of I did it (<i>bangs table</i>). I did that (<i>bangs table again</i>). No regrets (<i>bangs table</i>). Fantastic. Would I want to do it today? Absolutely not. Because it was right, it was right for then. It was consuming.
		72-73 77-79	Very long hours, um, loads of client entertainment, out constantly I always look back on that with sort of mad times really, but great fun, I mean it was great fun. Stressful but great fun you know?
	LINDA	101-104	I really, I enjoyed the fact that the hours were as peculiar as they were because it meant I had a lot of freedom during the week to do all the other things that I liked doing.
	SUSAN	249-252	I mean, well a lot of it was actually fun. And then the other thing that was inter- was really fun were, were the people I worked with who were the most amazing characters.
	EVE	60-61 75-76	seeing the end product is quite satisfying coz you get a named product. I was quite sort of independent and well paid and happy with that aspect of it I suppose.
	KATE	536-42	I earned almost double what he did (<i>laughs</i>), but somewhere it went wrong! (<i>laughing</i>). But um, yeah, it's weird. And we were very equal. And yet if you asked him, he'd probably still say we were.
	MARIE	344-355	But I probably don't. And I, but I think that's my doing. I'm stay at home mother, she leaves her house everyday at sort of half seven and gets in at half seven at night and has a completely different set of issues on her hand with kids that miss her and all the rest of it and she has a very busy job. Now, her and I get on very, very well but I find that um, we do get communication issues now, in that we just seem to be operating on such sort of different planets almost, you know. That, that's hard. I find that hard.
	ANGELA	707-709 275-280	Angela the partner's been put on the backburner for quite a while actually. before children we travelled together quite a bit as well which is basically, or was, part of our, of our relationship. Um, now with me obviously being unable to join him from time to time, um, this part of

			<p>the relationship has completely fallen apart and I miss that very dearly. I'm being resentful of Mark just walking in and just having a laugh with his children really. I do somewhat miss that office environment and seeing people and sharing jokes and things like that</p>
Status	EVE KATE SUSAN	513-514 195-197 264-268 200-204 935-942	<p>I suppose it must be a bit like, it's almost like being a traffic warden you know, you walk down the street and think Oh is that the only bloody job you could get is as a traffic warden? You go out for dinner and somebody says what do you do? And you say Oh I look after kids and no-one goes Oh that's great! I mean it's kind of like (whispers) Oh, what am I going to talk to her about? I think that's a good description of one of my roles. I don't think it's my exclusive role, but I'm quite happy if that's the title that's attributed to me without anything else being laid alongside it. I don't, I don't feel there's a stigma attached to it at all. I, as I say, I think if anything there's a social cachet to say, you know, my husband earns enough money, I don't have to work.</p>
Financial Independence	CATHERINE MARIE NAOMI KATE LINDA	196-197 270-271 80-83 265-271 168-172 192-198	<p>I did feel, and I still do, I wish I had my own money (laughs). To spend on what I want to spend on. But yes I'm always thinking of ways where I could own my own bit of money, yes. So what did it give you do you think, working somewhere like that? P. Um, a great bank balance! (laughing). Of course the main thing! (laughing) Which boy I still miss! the other thing you do, you do miss the monetary thing, like now, um, it would be nice to have that own that is mine, that's always been a, you know. My husband is very good with money. If you don't have anything, I, you know, he doesn't say this is mine, yours. But, there are, have been occurring times of how nice it would be to get your own pay cheque I had financial independence and I think that's been something that I've found very, I don't know how people, I don't know how people don't find it hard actually. I've had moments when I've, when I've felt very negative about it, um, because I, partly because I'm not earning any money, and um, I find that very difficult to accept that um, n- that, that, the, none of the money that's coming into the household is through my direct efforts, so I don't feel completely independent when I'm making purchases, I always think that I've got to sort of declare it to my husband!</p>
Of previous life	EVE KATE	204-209 309 606-610	<p>I've always earned my, my salary, and he, he his and then we've paid for things, um, you know out of that but we've never shared an account. Um, and, and I, I don't think I ever could get to that stage, which is really funny, um, but that that has a big impact on how I feel um generally as, as a stay at home mum. some financial help would be nice And sometimes when I have a bad day and I think Oh it's so hard and you've just no idea what I've, you know I don't, I never say it but you know I do sometimes think You have no idea what I've given up (whispers).</p>
Loss of previous identity	KATE	153-157 457-462	<p>kids again completely sort of erode your own identity. I mean I don't have an identity now. I think, I mean I do, but it's not anything like it used to be. You know I used to have a very firm, fixed idea of who I was. I used to be incredibly opinionated. Um, very opinionated. And I don't feel, I still am opinionated, but</p>

	NAOMI MARIE	978-981 231-238	I don't ever debate, you know I would quite happily sit and debate my point, and I don't really now coz I kind of think um well, what do you know (<i>laughs</i>), you're just as mother. The days when I'd be really homesick or lonely for who I was in America, I channelled it into making it work. Coz I didn't wanna be a failure. I think people become, if, if you have a, a sort of a strong work role, um, you become very defined by your job. Um, and your job almost becomes such, you know an extension as it were of you. Um, so um, yeah, at times hard, I find um perhaps more so with, it's like, I, it's outside pressures that perhaps make me feel more poignantly about that.
Confidence	KATE NAOMI	192-197 241-247	motherhood has taken <i>all</i> my confidence away from me as in I could, yeah, I was, I was ballsy. You know I'd ask for things (<i>laughs</i>) you know thinking well let's dare to ask, because I had the attitude well if you don't ask you don't get. Um, and I think that that, yeah, took, it's taken that away. That's when you realise that you're not working. You lose your edge. You know, sort of, you know, I had a disagreement with someone who did some work in the house and, and she's a woman, and she's sort of, you know, she was curt in a email and I get, I take it very personally. You know and have, I don't have that hard-core sort of business savvy. But the confidence thing I, I feel sometimes it's not, I don't like, you know, it's kind of like, you know, you get the vibe, you know, oh, what does your husband do? You know, it's kind of like the image. it was obviously a huge shock to the system to have a child because you think Oh God, how on earth am I able to get food shopping again I do want some time for myself.
Freedom/time to self	ANGELA EVE	234-237 337-338	I've spent years in it, I've got knowledge of it, um, and I know how it works and, yes I suppose, you know, if you think about the times that I've, all the work and effort that I've put in, over and above the hours of work and, you know the extra qualifications I've did in the evenings for, for a couple of years and stuff like that and you think ooh, you know, what have I done? I've sort of ... have I wasted that if I don't go back to it?
Of investment in career	CATHERINE	280-289	I don't know whether it's just your age or something or, (<i>laughs</i>) start thinking well, you know there are things in the world apart from you and money and, and a career I do want to work, but even, even with a job, you have to find a sense of inner contentment because you're older and things are not the same.
Youth	CATHERINE NAOMI ANGELA LINDA	488-491 607-608 609-613 428-431 478-483	Danielle had a boyfriend you know, this year, and I, I had a hard time with that. I was a bit envious of that. She was having all this loveliness that we'd had once in our life, you know this Oh wow! And you get older and that 'oh wow!' goes you're getting older as well. You start looking in the mirror and say Ooh, those wrinkles! (<i>laughs</i>), weren't there at first! I'm aware of the fact that I'm an older mum now. No I mean 38's not that old, but I'm an older mum, and going back to work at about 40, 41, um, when there'll be people 10, 15 years younger than me, um, might, might be er, you know a difficult, make it, make it more difficult.

Of boundaries	KATE NAOMI	360-365 316-319 385-389	<p>I think well, God, I used to read 5, 6 books a week, the only, you know, I don't get a bus journey to work, so that's no time to myself, I don't get a bus journey home, I don't get a lunch hour and you're suddenly, like God, from the moment you wake up it's sort of all go isn't it a job is 9 to 5 – you go out the door and you can shut it off and you could just, you know, go home and watch TV, whereas, as in mothering, motherhood you don't. as a mother, you your, you're home is your whole space. It's your job it's your home, it's your resting place, it's your, er, eating place, it's your place where you have sex, every, everything happens in this one place.</p>
Lack of Recognition	KATE NAOMI ANGELA SUSAN EVE SUSAN	268-273 1065-68 1076-82 403-406 340-349 55-59 613-620 561-563 652-653 144-147 311-313 430-436 488-494	<p>You know, no-one says Oh God, how great that you decided to give up your career and, you know, and look after your kids and try and make them grounded, well-rounded people, you know, instead of sending them to a creche for somebody else to bring up I think the thing is that I, it's recognition and I think that that I think a lot of people don't, maybe they don't mind. I, yeah, I suppose I need recognition. when you're doing paid work if you do it, if you do it well and you're good at it, you're doing something that other people you know, it sets you apart from people because, you know, you know you're better. But actually being a mother, there are no, you know I don't think there is, there's nothing that does set you apart actually. I don't think someone should say "Hey Danielle got the art award, well done Naomi". You know that doesn't hap, that shouldn't happen, you know, it's not about me. You have a job, you get a pay check. That's a sense of satisfaction. You get an assessment every six months. People write you, I used to get notes all the time from people, you know. [...] Whereas, as a parent you don't, and nor should you expect it. of the last (<i>laughs</i>) 8 years um, I've been nappy-changing non-stop! I'm still waiting for my medal and my award! Um, and my, um, pay-rise! I mean it comes, it comes down to being appreciated by, by other people, different people for things you, you achieve really. Getting, getting appraisal really. [...] Like, a well done. Because you don't get that as a mother. Unrewarding, frustrating. Definitely. I. So how do you cope? P. I don't think I cope terribly well really. it's a battleground here. It is complete conflict all the time. they are saying that your position as a full-time mum is not very valid. Um, you're not a valid person if you're not working. But I think people who work as full-time mums work really hard. there should be some recognition that a full-time mum can be a good job. there's definitely in this area of London a, a social cachet about being a stay-at-home mum. There's a sort of, like the people who have 5 and 6 children, that you know, "My husband's got a big job in the City and I can have 6 kids and stay at home", and that's, there's a definite social cachet to it. And yeah, I mean I've, I've got, I've got no problem with it at all. there is definitely a social cachet to people who are on bicycles, taking their kids to school, who don't</p>
Recognition through id as stay at home mother (status through husband)	SUSAN	430-436	<p>there's definitely in this area of London a, a social cachet about being a stay-at-home mum. There's a sort of, like the people who have 5 and 6 children, that you know, "My husband's got a big job in the City and I can have 6 kids and stay at home", and that's, there's a definite social cachet to it. And yeah, I mean I've, I've got, I've got no problem with it at all. there is definitely a social cachet to people who are on bicycles, taking their kids to school, who don't</p>

			<p>have to get home and get in a suit and get into the City, because they don't have to earn the money. There's definitely a, a, a thing to that. So if you like, it's fine to be, it's fine to be at home. As far as I'm concerned I've got no problem with that.</p>
Loneliness/Isolation	<p>NAOMI MARIE ANGELA LINDA SUSAN</p>	<p>850-852 577-584 642-644 347-349 679-684 633-636 666-668 670-672</p>	<p>I think there can be days I don't really talk to people, which for me is weird, coz I like people. I need to have an adult conversation, um, and pass comment perhaps about something that's happened you know in the wider world. I find that um, if I'm just literally putting the kids to bed and that's it, um, yeah, I find that quite, that can be, that can get tedious after a while if it's more than, you know, a night or so a week. That's wearing, yeah. I've really struggled since leaving work to find, particularly what I would call like-minded people. you think Oh, there's a world out there and I'm in my little cocoon here doing day after day, um, the day, the, the same things really. if socially I can't see as many friends as I would like to, then that can make me feel quite isolated, even though I have three lively children running around in the garden, giggling. But, the, the, the Angela then feels quite isolated. I haven't been to many, um, I haven't been to many um, different groups where I've felt completely [phone rings]. I'd better get it in case it's urgent. Completely, um, you know happy. so many mothers you know, er deal with 3, 4, 5 children at home, and they didn't have any issues, it just seems to be me. I think this area of London, I think probably it's city living, you, you're somewhat isolated.</p>
Fear of judgement by others	<p>KATE NAOMI MARIE</p>	<p>244-249 1126-35 785-790 238-244 259-268</p>	<p>I think people look at you and they think that you've either, you either stay at home looking after your children because you were never successful in your working life so that it was kind of, you know. Or they just think that you're stupid and just mad. Spitting at the man who's helped me carry the buggy down the stairs is an issue, you know (laughs). And then you say, say sorry Zoe. No! Please say sorry to the very nice man that's just helped us. No! And you're just like, What! And you can see him looking at you going, Well you're a crap mother. And you're like, I'm really sorry. I'm really sorry. And like, I can see him looking, well you've got a two and a half year old and you can't even control it to say sorry when you have people working in your house and they think you're just a housewife. Um, you want to say, Oh, but I work too. And I do work. You know, I do have things to take up my day. And you do feel sometimes you have to defend it. And I don't like, I don't like that. At all. People perhaps have an idea in their mind of what somebody who just stays at home, who 'just', I mean that's quite, that was quite an important slip of the tongue there in one sense, that, that does highlight I think how people often perceive people who stay at home with their kids. That it's um, a lesser role in some way I wish again, I suppose, you know back to the sort of, the equality thing, we could move on from that um, sort of perceived role of somebody who stays at home with their children, for some reason they're doing it because they're not possibly intelligent enough to go back to work or that that's kind of enough for them. I think that's the, the most offensive perception, for me. That, you know, just, sort</p>

	LINDA	522-530	of 'just' playing with kids is enough I think parenting is very competitive. Um, it, right from, right from the moment when your child's born and they're reaching all their sort of mile- first milestones, er, the development from sitting and, and er walking and, and talking and, you know, potty training, er to holding a pair of scissors at nursery school, there's, there's a, it's generally quite pleasant discussion, but there's an, but, but there's a, a pressure behind it about, oh has so-and-so reached that bit yet? I don't think people hang out their dirty washing much in public, so you don't know that there's any issue at all.
	SUSAN	678-680	
	EVE	124-129	I get cross when I hear the Government telling you, telling everybody you know that you should all go out to work and provide a good role model for your kids and all that. Because I think I've done the best thing for them in staying at home looking after them.
Feeling judged by experts	KATE	622-626	Have you ever thought about going back to work? I'm like My God, even the frigging doctor thinks I shouldn't be a full-time mother. I thought: do they say this to everyone or is it just <i>my</i> parenting skills? there's so many books today about all sorts of things that you can become quite paranoid about what you're doing and how you're doing it.
	LINDA	538-540	even at nursery school level now, the three, three year olds and up work on the foundation stage I think, unless it's been changed again, and there are reams and reams of different little targets or um, don't know how they describe them now, but, targets to, to, to try and meet, so even if it's, you know, holding scissors, you know there's, they're, they're assessing and they're ticking [..]I'm sure I'm not alone in feel, the feeling that um, it's your fault when your child has done something. Um, that somehow it has to go, it has to have some correlation to what's happening at home, or how you're raising your children.
		553-577	
Society's View	KATE	214-218	You know, I've chosen to stay at home and look after my children and there I am getting Government initiatives telling me that actually what I'm doing is completely worthless and I should go and get a paid job! And I thought that's so wrong.
		229-231	I. what's society's view of you?
	LINDA	744-757	P. Disappointment. I think that out there somewhere, just generally, perhaps, definitely amongst the workforce, the working men and women, that you are a minority if you're a stay at home mum. [...] to actually say Well no, I, you know I, thank you but no, I don't need all of that, I am actually going to follow the old-fashioned model, um, I think is, they probably, lots of people think Oh well, that's, that's unusual. You don't have to, you could work.
		757-764	I think the time, that the, that what the government have done is very positive, but I think it's probably um, given a, a sort, a, a false, there's a false perception that it's normal and healthy to return to work as quickly as you can because all of these things are here to help you do it. Um, and perhaps not enough positive action to make it the norm, um, and support you to be a stay at home mum, if you want to.
	SUSAN	430-436	there's definitely in this area of London a, a, a social cachet about being a stay-at-home mum. There's a sort of, like the people who have 5 and 6 children, that you know, "My husband's got a big

	EVE	142-147	<p>job in the City and I can have 6 kids and stay at home", and that's, there's a definite social cachet to it. And yeah, I mean I've, I've got, I've got no problem with it at all.</p> <p>I. ... you get cross at the Government?</p> <p>P. Yes because they're, they are saying that your position as a full-time mum is not very valid. Um, you're not a valid person if you're not working. But I think people who work as full-time mums work really hard.</p>
What are the criteria for success?	KATE	252-256	<p>And the worst thing is you can't turn round and say My children are better in school, my children are better behaved, coz they're not. And it, my eldest child, Zoe, behaves outrageouCatheriney.</p> <p>Just because I stay at home it's not going to make my kids not kill someone else. Um, you know, they may say please and thank you, but you know, that's not going to make them not do something hideous.</p> <p>if someone says Oh your children are, are well behaved and they were as good as gold. Um. But, you know you can be the same mother to three different, three completely different children (<i>laughing</i>). And one of your child, children might get the appraisal and the others not</p> <p>I think that's unpleasant that a child that's even before they've started proper, formal school, is being um, assessed in, in, and that there, a record, a paper record is being kept. Um, because although I'm interested and, and, and keen to know how my son is getting on, I don't particularly want records kept of his achievement, I don't, I don't want that kind of feedback. I want to know if he's healthy, and happy and socialising well and enjoying what he's doing. There's plenty of time for all that anxiety</p>
D: COPING WITH IDENTITY CONFLICT			
Choosing criteria for success	KATE	791-798	<p>I suppose it's what your things are. I've, you know I only give my kids home-cooked food, and play games with them, you know, we, I don't do the TV thing. So. But, but maybe that's wrong, maybe I should be, maybe I should put the kids in front of the TV and then I probably wouldn't have the need to smack Zoe at all because she'd probably sit there and just go duh.</p> <p>there's something that we want to watch then I'll turn the telly, but it doesn't feature in Zoe's life. And I don't want it do, you know, it's just books and puzzles and games and camps</p> <p>I knew I could do this and I could turn it into, in a sense my profession</p> <p>Your feedback becomes very different. And you have to, I believe, create it for yourself. You have to be able to, you know sort of sit back in a chair and go, "well, it's alright, it's good", you know.</p> <p>Just yesterday a, a friend said can you come talk to my son coz he's having a hard time, and Danielle says Oh, all my friends say oh what a great mum you are</p> <p>I love to have people round and say, oh, you know, this is my garden and people usually make the right noises and say nice things</p>
	ANGELA	621-626	
	LINDA	560-569	
	NAOMI	807-810	
	MARIE	227-228 390-393	
		455-458	
		329-333	
Self esteem through comparison with others	NAOMI	667-670	<p>I have a friend I walk with my dog with and I talk about politics so I just tend to like that kind of thing, um, to just, to make me feel smart.</p> <p>I can say to a friends oh I saw this movie on the plane, it really, it's bugging me. Can someone go</p>
		661-665	

	MARIE	445-456	rent it so we can talk about it and have an <i>intelligent</i> conversation, challenging one, not just about what we're cooking for supper. Very interested in um, you know, business and commerce and world politics. Um, so I, I, I, I would have probably almost a greater voice and opinion on that sort of thing than many of the people I know that work who always say Well I just don't have time to keep up, you know, with current affairs and that sort of thing. So, um, I, I find that quite interesting actually that I, I can sort of be um, um, (how can I say this without sounding really arrogant?) more knowledgeable or more aware, as it were, of what's going on in the world, um, than people who are actually at work. one of my best friends, she's a, a, a very, very full-on consultant, and hates her job. Hates the men she works with, um but she's the primary breadwinner so she, really no choice the majority of people I know that work, like my friend who's the consultant, they would give it up in a heartbeat if they financially could. They are only money-driven now to do it to pay the school fees.
Successful child, successful mother?	KATE	1193-97	And this child was just bland. Wasn't shy, it wasn't shy it was just, it was like a child that was just grey, beige, you know. And for <i>all</i> of my children's hideous characters, facets, at least I know that Zoe will not, <i>never</i> be walked over, ever.
	NAOMI	351-354	my niece is wonderful I love her and she's just graduated in America, she's an architect now. My brother says "well, she wouldn't have done it without me"
Judging Others			
Judgement of working mothers/people	KATE	336-339	only one of them has got a child and she works, and has gone back to work. And she does freelance work and by her own admission she was never going to do the motherhood thing
	NAOMI	524-529	I have a very good friend who had to go back to work and sometimes I feel I have to watch what I say, [...] yeah that's her choice that's her need, so you just sort of have to alter the way you might say something.
	MARIE	375-380	I suppose she lacks the time, and I think that, for people that work in those sort of pressurised roles, she lacks the time and then she feels guilt so she feels she needs to devote all of her outside of work hours to her children and then doesn't feel that she has time for anything else.
	EVE	181-183	I know, some mothers just have to go back to work, they can't cope with being at home with small children.
Judgement of other stay-at-home mothers	KATE NAOMI	656-657 672-678	The only people I know who love being mothers are really stupid. I don't like going to partners' dinners with my husband coz I'm bored there. [...] I had nothing in common. These are women who are busy doing their house and, you know, I just, I can't, I don't like that. I don't like that world.
	MARIE	652-655	I find it hard to meet people that um, actually would like to sort of be um, to have the social life that I like to have. I like to go out and have fun and I find that there is a huge, you know, there's a lot of dullness
Rejection of stay-at-home identity	NAOMI	774-781	I hate when you have to tick a box sometimes and it says homemaker or something. I still will say I'm a nurse, if I ever have to write profession. I prefer still saying that. And I actually have, my my maiden name is my working name. So I still work under my old name so that's, and I did that on

	MARIE	605-612	purpose coz I, I say that's who Naomi is, that's my other, my other life and I didn't want to lose that. If one is to assume that somebody, you know, to, to take on that very sort of, um, if you pictured the clichéd image of some, you know, someone just slobbering on their sofa watching Jeremy Kyle as being the stay-at-home mum then no, that, that's definitely not me and I would be offended, hugely, if that was somebody's perception.
Holding other identities	MARIE	275-284	I want to do the thing with the kids and I want to be at home with them, but equally I am very driven in what I also want to achieve personally, all be that with my sort of garden, um, with the food we eat, um, you know, everything. With the way the house is, I, I don't have sort of any help in doing that and I wouldn't want that. I, I kind of feel that, um, that's part of me too. That's part if you like of the scenario of being at home.
		479-481 683-688	I'm always cooking. Very um, very keen cook, move over Gordon Ramsey. But I like to go out, we like to go into London and go to clubs and concerts and restaurants and all the rest of it and I do find it's, um, we have probably a very select few couples that we do that sort of like-minded thing with
	NAOMI	555-562 661-665	If I get up one day and think right, we going to have a really, you know, great gourmet dinner tonight or, actually we're kind of just going to have a salad and I'll spend the day gardening or, you know, I'm going to sit down and work further on my blessed verb conjugation in Spanish – try and get to grips more with that. Totally depends. I can say to a friends oh I saw this movie on the plane, it really, it's bugging me. Can someone go rent it so we can talk about it and have an <i>intelligent</i> conversation, challenging one, not just about what we're cooking for supper.
	ANGELA	840-844 399-408	So I think I want that identity – that I'm a nice person. You know, I'm a good person, I can give. I can give something. And to do that I have taken on roles, I am, you know I've always been active in the kids' schools for example. And the Angela Angela, um. Me seeing myself who, how do I see myself? I'm happy with myself if I, if I kind of achieved small targets in the day. But at the moment those targets are not related to my children I must commit, admit. Um, so maybe I need to do a bit of re-focusing there as well. Obviously um, if the children are healthy, happy and, and having a good time, then obviously um, I'm happier, I'm happy as a mum. But that's unfortunately not enough for me.
	CATHERINE	622-632	I think I can, I think I can fit them in quite easily, the different identities. You know, being a mum, being a wife, being, um, er, having fun with my own, with friends, with um (<i>pause</i>). I think I can fit them all in pretty much[...]. You get your different heads on don't you for different um, different er, occasions don't you?
	LINDA	336-341 346-348	I don't see myself just as a mum. Um, um, because there are other things that I do. Um, I sing with a choir. I still teach Sunday school. Um. I, I, I still do get, you know, get out and about and have time on my own and get, you know, start to, I've started to get, er, running again. I enjoy more what I do with, in the mummy role because that it that, there are more things to me than, than just that.
		386-388	I had to think about myself who, who I am, that, that that, I'm primarily I'm Linda. Um, and happen to

	SUSAN	499-501 1003-07	<p>be a mum and a wife. I'm, I'm class reps and I'm always involved with things and do things and I'm a busy person I think. I'm, I'm always involved with things and do things and I'm always busy</p> <p>I'm a, a, the full-time you know, mover and shaker for my mother. I'm the one that if anything needs to do to her house, anything needs to be done, I'm the one that organises it. I may not be the one that does it, but I organise it.</p>
Loss/suppression of other identities	KATE	916-924	R: What happened to that identity?
	ANGELA	645-561	P: I think it's got a little bit hidden, unless I'm away from the kids. And then it comes out again. Not so much, you know, like if I'm away, if we go away. We try and go away a bit without the children and then I can, I think then I, I, my identity gets re-kindled (laughs). But probably just for my husband. You know we'll sit and have a good debate about something just so that, just because you can.
			R: so it sounds like you do feel that you have other identities.
			P: Yeah, yeah definitely.
			R:.. And I wonder how you manage those?
			P: Yeah I think that's probably the problem. I, I could do with, um, condensing them down I think (<i>laughing</i>) at least two! I might feel a bit happier then.
		609-612 711-712 737-747	But the, the Angela within me, um, is not, is not satisfied with that kind of description. She want's to achieve, um, something outside of, of motherhood.
			And then Angela Angela, I, she just tries to snatch bits, bits of time here and there
			You have a few, have a few post-its there and you know that the washing needs doing and the cooking needs doing and that, but then you have your, your private post-it pile somewhere, um, and you kind of try, whilst you're ironing you try to think of what you'd like to do, or your dream about what you'd like to do. And then you think, oh, go on, go on ironing be finished now, and then by the time you've finished the ironing then there's dinner to cook and you don't get round to yeah, finish your, your, your dream
	NAOMI	931-934	yeah, I'd like to pick up and go travelling for a week, but I don't feel this incredible thing to just sort of dump everything and run away [...] You know, go for a spa week with your friends. I, for me right now, no. It wouldn't do anything for me. Coz I feel I, that will come. You know, that day will come.
Holding Regrets	KATE	138-141	I don't, I don't ever regret giving work up. I do sometimes, actually that's wrong, I do (laughs) I do sometimes give, regret giving it up, but not the working from home bit.
	NAOMI	566-569	Yeah, I think you do give up a lot. A huge amount. Yeah. Yeah, I think it isn't just work. And I would say to most of my friends, I say if you can go back, go back.
	ANGELA	1099-1100 318-325	You have to sort of decide where to put your disappointment.
	CATHERINE	283-289	After 8 years that's where crunch time is for me at the moment. I find it very difficult to kind of, sit back, or hold myself back and say, Hang on in there for a few more years and then you can go and do whatever you like once the, all the children are at full-time school.
			if you think about the times that I've, all the work and effort that I've put in, over and above the hours of work and, you know the extra qualifications I've did in the evenings for, for a couple of years and

			stuff like that and you think ooh, you know, what have I done? I've sort of ... have I wasted that if I don't go back to it?
Becoming redundant (Time Passing)	CATHERINE	546-547 551-553 565-573	I think it used to be a full-time mum. I'm not, they're less reliant on me now. you know, the more independent they get the more redundant I am, so I need to fill that space with something, yep. And as the years go on, I suppose you do become a little bit more redundant. In terms of their need, their neediness. I. Mm, yeah. So how does that make you feel about yourself? P. Um, liberated! <i>(laughs)</i> It's like thank gosh! <i>(laughs)</i> They can do it if there's a lack of need for a week or a month or a time, you feel at a loss. And sometimes you could start giving it when it's not asked for, or not needed, and you have to know when to back off. you have to realise that it's not as needed, and that equates a lot to the sort of Ohh, I'm not needed any more, they're getting older. children who are young they're like sponges, they thrive on attention, so you as you get, you have to realise that it's not as needed, and that equates a lot to the sort of Ohh, I'm not needed any more, they're getting older. we've ended up with Johnny [] at a school where probably we'll be the least involved that we'll ever be, but then at 17, 18 you might say he's not wanting me involved that much anyway. Um, it, it, it saddens me really.
	NAOMI	490-493	
	SUSAN	496-500 1183-87	
E: TAKING STOCK			
Re-affirming belief in the importance of role	LINDA	768-772	I think that it's exceptionally important, um, that the first few years of a child's life, um, are um, with somebody who provides consistent care. I'm not saying that it couldn't be a granny or a grandma, or a, the dad.
	SUSAN	333-339	I wouldn't have wanted to not be there for the sports days, the letters coming home asking for a volunteer to go on the school trip, um, taking something in for the bake sale. I just, it's my personality is I've got to be in there and do it so I, I would, that, that would frustrate me and upset me enormously, so I, I wanted to be in, in, involved in it all.
	EVE	116-117 127-128 150-153	I just, I always wanted to be there for them. Because I think I've done the best thing for them in staying at home looking after them. there's a lot of them out there who don't and they're no drain on the economy whatsoever and they're looking after their kids and bringing them up in a stable environment so I don't see what's wrong with that.
	NAOMI	222	I knew I wanted to be a dedicated mother.
Considering alternative identities	CATHERINE	212-217	Sometimes I wish I could go mad, and do what I want to do. But, I mean I have, um, have done things from home. Thought, well what can I do to raise my own money and what can I do things um, so that I'm I'm not, I've got my own little bit of pocket money sort of thing.
		248-252	my other thought at the moment, which I'm still um, would quite like to do is an upholstery course, so,

		535-540	<p>and I think that would be something I could do in my garage. And I could work the hours that suit me. I do feel that it's its laying dormant at the moment but you know, it could be, it could be in two weeks time it could be in six months, it could be in two years, I don't know when that's going to happen, but, um. I suppose I haven't, haven't quite um, settled in my head what it is I want to do, but it will be something.</p>
	NAOMI	605-606 1005-6 1075-79	<p>it will feel emptier when they're not around, and I do want to work Well that's my next thing. Well, I'm gonna go back to school. I'm also planning it so that I'll have more time to do it. Because if I go, I'm gonna go when Danielle's already finished with 6th form. And I'll go part-time we bought some land in Spain and that is our sort of um, baby as it were for the future. So um, hence you know, I'm striving on with the, sort of the Spanish and that's, that's a huge part sort of, of my life as well. And what that will bring in the future.</p>
	MARIE	723-27	<p>I'm dreaming on, um, starting up my own little business because I'm (sighs). I call my- it sounds a bit pretentious but I'm, I have en- entrepreneurial spirit in me and that spirit is just not satisfied at the moment and I need an outlet for it otherwise I cannot just be mum.</p>
	ANGELA	312-317	<p>I find it very difficult to kind of, sit back, or hold myself back and say, Hang on in there for a few more years and then you can go and do whatever you like once the, all the children are at full-time school. You know, no-one asks me to do it but I, I want to, do a website, or I want to do, whatever. And I put myself under stress and then obviously I kind of, um, yeah, put the family kind of second then. Um, and that makes me obviously feel even worse because I'm not the attentive, caring mother I actually would like to be and it's a bit of a vicious circle</p>
	LINDA	350-358	<p>I do occasionally think about, you know in a, oh in a couple of years time when Michael's at school I may, m- m- return to work and have to think about what I might do. Um and different thoughts appeal to me and I, I've tentatively looked at what I might do and how I might progress those areas. Um, but I'm aware that I'm not going to lose too much energy on them at the moment because I know that number one priority is that I want to be around during my son's first year at primary school.</p>
		437-441	<p>the thing that I'm uncomfortable with, that, that causes me some anxiety is um, is the fear, it, it is, it's the un- the unknown, what, what will I do when, when he does go to school and I am faced with the Right, now it's time to go back to work.</p>
	EVE	461-464 297-301	<p>it's not even crossed my mind as an option that I would continue to be at home. It's a, it's just of course, yes, you'll, you'll go back to work. Um, but I'm not quite sure what yet. it is hard work, and you deal with little things that can't really talk or, or um, express themselves properly and that can be a struggle, er, and makes you think oh God, perhaps I should have gone back to work and some nanny can look after the kids</p>
		321-323 328-333	<p>I think it would be nice to um, yeah I suppose develop myself again in some other aspect. Probably getting a bit old to start all over again, but er, or just sort of getting some sort of activity away from the house I suppose. Coz if the kids are away all day I'm not somebody who goes shopping and lunching all the time. Mind you, I might like the opportunity to try!</p>

Finding Rewards and Payback	KATE	964-969 998-1004 180-186 234-235 152-157 58-62 216-225 582-586	<p>I was taking Zoe to school and she's saying, she goes Thank you mummy for pushing me so fast, I love going quickly. (<i>laughs</i>) I just thought, well actually, you know, that's worth, that to me, that's why I do it. Because I don't want her saying that to somebody else.</p> <p>And I suppose I've managed to get to know them. I know my kids inside out and back to front. [...] and I think sometimes if you, if you're not around and then I think well maybe you don't ever really know them.</p> <p>but I did feel that, um, it was just so much easier, um, when Vicky started school and William was still at home with me, you know, there were so many times when they'd be ill at school and I'd be here and I wouldn't be, and I'd think to myself well at this point' I'd be ringing up my employer in order to say, saying I can't come in today</p> <p>seeing how lovely my two children are, I feel I did it.</p> <p>But I have to say, trialling as it can be at times and, I'd be honest enough to say at times mind-numbingly boring, only doing kids things as it were, um a lot of kids stuff in the week, um, I, I wouldn't change it. I would not change it.</p> <p>In fact had, if I'd gone back to work, um, I'd have probably, well I'd have had to have gone for 5 mornings a week and, um, we'd have had to deal with him being unhappy about it in a different way. But fortunately, I, I don't have to think about that.</p> <p>I actually feel quite privileged that I'm the one doing it and I don't have to consult anybody about my son and what, what I do and when I choose to do it. I feel that's quite empowering because that, that goes very quickly. The moment they're in the education system, which is a year away now, I'm very aware of the fact that a lot, you know, lots of my son's life will be out of my control. Um, somebody else will take that, that role. So I feel, I feel very privileged to be able to be at home and involved in directing him and, and educating him.</p> <p>I have moments that I can encapsulate with just sheer delight and pleasure that, when Peter gets his fabulous marks for everything and he gets his commendations and everything and you think Yeah, fantastic!</p>
Rewards: Own needs met from the identity	MARIE LINDA EVE	194-199 293-299 117-119	<p>And I have some friends who sent their babies at three months to nurseries and were gone from sort of 8 till 6. Now that's their decision. I could never of done it, for myself as much as anything else. I just don't, I could never ever of been parted for that length of time.</p> <p>I think if I'd had to find a childminder I would have really struggled in um sep- you know being separated from Michael, that somebody else taking that, that role over. Um, oh yeah I would find, have found that very very hard. I do think that was part, part of, of what influenced my feelings, um, that I would not have liked to have been separated from him at that age.</p> <p>And then with Charlotte, having the um, er, you know allergies and things it was, I felt more comfortable being the one looking after her.</p>
Managing Regrets	NAOMI	135-145 992-997	<p>she said, "Oh, well, you you are, you you you're not unhappy mommy that you gave up working" and I said "Really I'm not". And part of it was that I did all this first. [...] I can always look back thinking, you know, it was good. It was really good.</p> <p>Not every day is great and I think that's what I've learned now too. But I am, I want to be happy. I</p>

		593-595 640-645 412-416 337-343 1222-25 620-622 618-619 824-828 871-888 1244-46 85-187	<p>want it to be nice. And there have been times when it's not been, and ... I made it. You know. I survive- I got through that. And I hope I can continue to do that.</p> <p>I felt hey, this is not so bad. And then the time just goes fast and you realise hey, this is not so bad. you cannot have regrets. I think you know, there's a you know, people have this philosophy shoulda, coulda, woulda. And I think that's a dangerous place to go. It's very dangerous place to go.</p> <p>I've still got, you know, 20 years in me to do something. And I don't want to waste it. We're only here on this planet once aren't you so, I don't want to be, not that I think that it's been a waste at the moment, coz it's not. I'm here for a reason.</p> <p>you have to adapt quickly to that and, you know, there's no point in thinking I'm gonna keep this room absolutely tidy and it's got to be perfect at all times. Because it won't happen. And I think you have to learn to let go of that</p> <p>I think it would have made us more complete really as a family because in a way, Johnny being shipped off to boarding school was not what the, the notion was about.</p>
Acceptance	SUSAN		You gave birth, they grow, birthdays come, da-ding, da-ding, and you must accept it.
	NAOMI		You accept it. You know, you you have to say you know you accept it.
	LINDA		But you don't get your life back. It doesn't come back the way it was. You develop a new life, you're now, you're not, it's not the way it was and it will never be that way again, in reality. You have to go, you go through a lot of changes and, and you remodel your life
			being accepting and ha- and actually, you know, embracing it and being, and and appreciating it, instead of fighting it, um because you can't turn the clock back. And it's, and it's the biggest, having a baby I think probably is, is one of the biggest you know life-changing things that you could, not obviously but you can possibly do and you just isn't, there is no going back is there?
	SUSAN		But, you know, we are where we are. Again, you can't go back, you have to just live with what you've got.
	EVE		it can be frustrating being at home, but it can be frustrating being at work, it's just a different aspect of life.
Life as stages	CATHERINE	289-292	But then again I think well maybe it's another stage. That was one stage in my life and I've moved on and maybe I should be thinking about something else
	CATHERINE	394-401	I do think it's a stage. I don't think I will be at home. Um, I think, I already thinking well, Kate will be at secondary school so, um, she'll be able to come back and let herself into the house and um, and I'm thinking my son, well he'll be going to secondary school in, you know, 4 years, 5 years time. So I've got to sort of, perhaps gear myself up for something, for when they get to secondary school.
	EVE	135-137	maybe if I'm confident Charlotte settles at school and it's all working well I can think about going back to work myself.
		342-347	R: I think what I hear from you is that, that you have, you have found an identity that describes you, certainly at the moment P: At this stage, yeah. R: Describes you quite completely. P: Yeah, at this stage.

Transcript: Naomi

1. I. OK.
2. P. Alright?
3. I. Right, so, perhaps start with, you just told me that
4. you've got two children.
5. P. Yep. Two children.
6. I. Could you tell me a little bit about them – how old they
7. are and
8. P. Ah, Danielle's my eldest, she's 17. Um, she is in 6th
9. form, lower 6th. Do you want about their personalities as
10. well, or just basic...
11. I. Just, well, fairly basic would do.
12. P. Um, she is lovely. She is, um, mature, she is a very
13. together girl, I'm very proud of her. She's creative, she's
14. good. She's a good soul.
15. I. Umm.
16. P. Um, and Ben's my son, he's 14 and you could say the
17. same for him. He has qualities different from Danielle but
18. they're both um children to be, I'm p proud of. Not to toot
19. horn proud of, just proud of more the kind of people
20. they're becoming.
21. I. Yeah.
22. P. And that's um, as a parent, as a, you know, just to see
23. it before my eyes is quite lovely. It's really really nice.
24. Um, yeah, that's my children.

25. I. OK. So they're both at full time school?
26. P. Yeah, Ben's in year 9 and Danielle, full time school,
27. always have been, um, they go to independent schools,
28. they, um, in the summers Ben, well both of them have
29. been, I work in a summer camp in America as a nurse so
30. they come with me, so Danielle did it for 5 years and Ben
31. did, it'll be his 8th this summer with me, so that's nice.
32. I. Wow, sounds good.
33. P. Yeah, it's very good.
34. I. So can you tell me a little bit about what you were
35. doing before you had children?
36. P. Um, before I had children, ah, my last job I, in 19.. let
37. me think now, in 19... I'll do it demographically. In 1979 I
38. graduated with my nursing degree. In America you just,
39. you sort of, you get a general nursing degree and then
40. you choose your field of what you want to go into.
41. I. Right.
42. P. And that was [*specialist*] for me which I, so basically a
43. [*specialist*] nurse. So I worked, 1979 straight through till
44. I moved to this country, which was 1990, end of 1990. In
45. 1984 I graduated with my [*specialist health degree*],
46. [*explanation of care setting*] care setting and I became a
47. clinical nurse specialist in [*particular speciality*], that was
48. my last job and that was what I considered, like to be the,

49. the, a job that I just, um, it was great. It was what I
50. wanted to do, I achieved it, it was a very consuming post
51. in terms of me, my time, it was, you know, very, very well
52. paid, but very responsible and I spent many long hours in
53. the hospital doing it.

54. I. Mmm.

55. P. I was the patient liaison between parents of children
56. who, who were requiring [*specialist*] surgery and, um,
57. doctors, and, I worked, you know, worked along with, with
58. everyone really in that role of teacher as well, I taught
59. nursing staff that field of [*particular speciality*]. Um, yeah,
60. it was in [*city*], it was in a very prestigious hospital, it was,
61. I worked with some fantastic people. It was great.

62. I. It sounds it.

63. P. Yeah, it was very good, it was very good.

64. I. What would you say that job gave you, do you think?

65. P. Oh, it was incredible, you know, it. I worked very hard
66. to get my masters degree, and I knew this was, it was
67. exactly what I wanted to do, coz I used to work with kids
68. with [*difficulties*] before getting my masters, but I knew I
69. wanted to specialize within it and it was a great sense of
70. achievement that I had. Achieved my masters degree
71. and was able to attain the sort of job and able to really
72. make my presence known at this hospital. This was, it
73. was fortunate, it was the first, it was when the department

74. was created so I was the first one there, so I was able to
75. create the role the way I sort of wanted it and I was very
76. well respected which was very very nice. My knowledge,
77. my personality, for my, um, motivation, and I loved
78. working with children. They are, um, just incredible
79. people and to see kids so sick, um, it was wonderful, it
80. was very good. I must admit though, if, I think if I was
81. doing it post-having children, I would have done a better
82. job than I did when ... (*dog barks*). Sorry about that!
83. than, I'll talk louder, Rusty shush! than I did when I was
84. there because I think you understand more the empathy,
85. for the empathy role of what it must be like to have a child
86. who's so sick.

87. I. Yeah.

88. P. When you're yourself a parent. Having said that, I
89. think it might have been also more difficult. But it's
90. something I just, I do think about at times. Um, it was a
91. job though which required a great deal of sacrifice, um,
92. because I was very driven, I was very much um, as a you
93. know, wanted to be great at it – for me, for no-one else,
94. and I felt that I achieved that, so it was very good. It was
95. a good, something very good to have done in my life.

96. I. And how did it make you feel about yourself?

97. P. Oh fantastic. Exhausted, though I must admit, and I
98. think in retrospect, it because you give so much, working

99. 17 hours a day sometimes, to a job, that you sort of lose
100. other things that life could give to you, you know, for a
101. long time in our relationship then, um, I lived in the
102. hospital, so that, you know, coz I was on call. I carried a
103. pager so I'd have to go in at times. But it gave me self
104. worth (*sighs*), it gave me an acknowledgement again for
105. what I, a, what I, what I worked towards,

106. I. Mmm

107. P. Um, I used to feel a smile on my face with it. It was
108. frustrating because medicine is a very male dominated
109. profession and nurses are always still these days a bit
110. subservient, but not in this role and

111. I. Right.

112. P. In America indeed, you know, I was, I was very
113. fortunate to be in with a team that did respect me. Um,
114. and it was very sad. It was sad to wrap their children. It
115. was very sad to see death and to, to have to deal with it.

116. I. Yeah, I can imagine.

117. P. Um, that was pretty, that was difficult.

118. I. Mmm.

119. P. Um, it was frustrating sometimes to deal with people
120. that you didn't like the way they dealt with things, like you
121. saw mistakes made. Sometimes you weren't always
122. appreciated, some parents didn't appreciate you, some
123. doctors didn't, that's life. Um, and the politics of things

124. like, would get in the way at times. Um, I liked making
125. money, I, you know, again I was, for a nurse, doing well
126. financially which was nice. I had a nice apartment, I had
127. a nice, you know, sort of life, so it was, it was, it was
128. great, yeah.

129. And again, I think again I appreciated it more once it was
130. finished than, like everything else you tend to look back
131. and say "wow, that was good".

132. I. Yeah, yeah.

133. P. And it's funny because I was just saying to Danielle
134. this morning, because she, I'd said that you were coming
135. and she said, "Oh, well, you you are, you you you you're
136. not unhappy mommy that you gave up working" and I
137. said "Really I'm not". And part of it was that I did all this
138. first. Coz I had Danielle when I was, 1980 ... yeah, I was
139. just shy of 35.

140. I. Mmmm

141. P. Um, so I, I did it. I felt I had achieved. You know, I
142. had my goals, I did it and,

143. I. Yeah, it sounds like it.

144. P. I can always look back thinking, you know, it was
145. good. It was really good. So there's, you know, that, that
146. element was, was always there.

147. I. Mmm. It sounds really interesting.

148. P. Yeah.

149. I. If we think now about your present role, um, can you
150. tell me a bit about what influenced your decision to be a,
151. a full-time stay at home mum?

152. P. Part of it was, when I was in [*Named City*], because I
153. became pregnant with Danielle when I was still having a
154. job and I was desperate to sort of have her in America
155. and keep working but my husband we had to come back
156. here and I really thought I could do it all. There were
157. people at my job who did it. You know, there was a
158. social worker who was a mother and another doctor. And
159. I thought, oh yeah, I'll be just fine. But so, it was more, it
160. wasn't my choice, I had no choice because my husband
161. had to come back here and therefore I came.

162. I. Mm-hmm.

163. P. So it was kind of given to me, the choice. There
164. wasn't anything there I, um, at the time. And, I remember
165. initially when I first came here pregnant with Danielle I
166. sort of, you look around and you're like, you know, what
167. do you do with yourself, you know, what do you find with
168. yourself. But I channeled all this energy I had into what I
169. working, into making my life here in this country. I had to,
170. I wanted it to work. I wanted to be happy. I needed,
171. wanted to raise my children. I wanted to meet new
172. people so I, the same energy that I always had at my job I

173. put into making my life.

174. I. Right.

175. P. You know, and not every, not every day was great

176. and (*laughs*) you know, and again, but you know I sort of,

177. said OK I'm going to do this. I, I had a, I like, I like a bit of

178. a challenge and I'm gonna, I'm gonna do this, I'm gonna

179. make it. So that was basically how the decision was

180. made. Um, yeah.

181. I. But did you hold attitudes about women as mothers

182. that, that would have had some sort of effect on that

183. decision?

184. P. Yeah, coz I think growing up in the states, I don't

185. know what it was like here, you know, in [*university town*]

186. I was in college, you, you were pretty much taught you

187. would do it all. You know, you could do it. You know,

188. um, you, you, you know there was, ha you didn't think

189. about it really. You know, you saw people around you,

190. oh they got a nanny, they get a au pair, you know you

191. could do it, you can keep working, you can be super.

192. Um, so that was kind always the prevalent thing. And I

193. didn't feel, when I came here, honestly, that I had to work.

194. Coz I felt I had this other challenge, there were, there

195. were bigger things for me to deal with. I did work part-

196. time at times to help earn some money, um, but once you

197. sort of got into it, and once – and people say this that I

198. knew I, once they go on maternity leave, once they're in
199. it, you're like Oh my God I don't want to go back.
200. Because you, you start to acclimate to that life.
201. I. Mmmm.
202. P. Um, you're delighted, you know at that time.
203. I. So initially you didn't have a choice because you were
204. moving here.
205. P. Yeah, I had no choice.
206. I. And it sounds as if, once you were here, there was
207. possibilities but you preferred to stay at home?
208. P. I preferred staying at home yeah. Ah, and I think also,
209. for me, that even once out, after 6 months it was daunting
210. to try something new. I was so comfortable in my job in
211. [City]. It was so much who I was. My identity. That I was
212. afraid of trying to do it somewhere else.
213. I. Mm-hmm.
214. P. You know, it's not going to work. And it frightened
215. me. And also frightened me with the fact of trying to be a
216. nurse in a country not like the States. So the NHS is so
217. different.
218. I. Yeah.
219. P. But I could say I know other people who say the same
220. thing is that you just, sort of, you have to find your
221. comfort zone, and you, you know how to do it. And then,
222. I knew I wanted to be a dedicated mother and also I knew

223. my husband was in the kind of job he wasn't going to be,
224. and nor that's not the marriage we have. You know, I, I'm
225. very independent woman, I don't cower. I can make
226. decisions. I can, I don't have ring my husband for every
227. little thing that happens, so I knew I could do this and I
228. could turn it into, in a sense my profession, my, my
229. comfort zone.

230. I. Right, yeah. OK, so having thought about the process
231. of, of how you became a stay-at-home mum, um, I
232. wonder how your identity as a stay-at-home mum makes
233. you feel about yourself.

234. P. Well, most, most part, especially now, seeing how
235. lovely my two children are, I feel I did it. I feel this is
236. good. Um, I'm glad I did it. I, there are times though, my
237. husband already told me about it interestingly enough,
238. because we're doing some building work in the house.
239. And I was saying this to a friend of mine that, you know,
240. you're dealing now in a business. I'm the Project
241. Manager, I have to deal with people. That's when you
242. realise that you're not working. You lose your edge. You
243. know, sort of, you know, I had a disagreement with
244. someone who did some work in the house and, and she's
245. a woman, and she's sort of, you know, she was curt in a
246. email and I get, I take it very personally. You know and

247. have, I don't have that hard-core sort of business savvy.
248. Having said that, I never did though, coz, my, as nursing I
249. avoided that kind of thing. I was more, I, I enjoyed people
250. one-on-one. I can deal with people in a stressful
251. situation, I can deal with sickness, but business and
252. administrative things are not my thing. It's not my bag
253. whatsoever. But the confidence thing I, I feel sometimes
254. it's not, I don't like, you know, it's kind of like, you know,
255. you get the vibe, you know, oh, what does your husband
256. do? You know, it's kind of like the image. I don't like that
257. image. You know, I can, I, I do things too. I lift, I move, I
258. have a brain and I often find myself having to tell them
259. that? Like, don't assume that, you know, I'm a little
260. housewife, my husband makes a lot of money and I just
261. stay at home picking fabric, and I, and I battle with that. I
262. don't like that. In fact that doesn't make me feel very
263. comfortable.

264. I. Mmm

265. P. Um, but for the most part, yeah I, and the other thing
266. you do, you do miss the monetary thing, like now, um, it
267. would be nice to have that own that is mine, that's always
268. been a, you know. My husband is very good with money.
269. If you don't have anything, I, you know, he doesn't say
270. this is mine, yours. But, there are, have been occurring
271. times of how nice it would be to get your own pay

272. cheque, coz in the summer I do, when I work in the
273. States. Coz I know when I work in the States, coz
274. basically I work, and the kids go for free. So I barter my
275. services, plus they pay me a bit. And that's been an
276. incredible achievement coz I know that I've given them, it
277. would have cost us a lot of money to send them to this
278. place so I feel, feel, it feels good. And in the summer I
279. get my cheque. You know, and then when I'm in the
280. States I can go shopping, knowing I'm gonna have my
281. cheque. And it's not as if I still do it. My husband and me
282. we don't have a thing. But it's about me. So it's thinking,
283. you know, so there, there is that always does prevail for
284. someone who doesn't, who stops working.

285. I. Mm, yeah. You said a little bit about, you feel
286. sometimes you have to battle other people and the way
287. they might see you

288. P. Mmm.

289. I. Can you tell me a bit more about that?

290. P. Well I just think that women still to this day have an
291. image if you are at home. Um, in, in, in, in terms, not in,
292. let me think now... I think, I, I, I face it more when I do
293. work in the house. It sort of, builders, and, you know, sort
294. of macho, you know men, and in this case even a woman
295. I'm dealing with now, I thought. Like I thought it would be
296. different, and she's dishing it out to me the same.

297. Because you don't use, like, you know, my husband
298. deals day-in, day-out, even in my old job I used to deal
299. day in and day out with a difficult situation. I felt
300. comfortable if a parent was angry, I could handle a phone
301. call, I was even given that responsibility because doctors
302. would say "Oh Naomi you're better at this than we are".

303. I. Right

304. P. And you lose the edge, of being able to throw it and
305. not take it personally. And the woman I work with in the
306. summer, she's great about this and we talk a lot about it
307. and she said you must always remember it's not about
308. you. But when you're home, and everything's on such a
309. personal level, you know, you're a mother, it's emotional,
310. it's personal, it's hard to, sort of, put yourself outside the
311. box, even though I do teach that to the children. You
312. know, to sometimes to understand things in your life you
313. must step outside your box and look at, look at yourself
314. in. But, as a mother you, it's hard to, to refocus that bit of
315. yourself, to find that comfort zone again. And I think also
316. there's an element of fatigue. You know, a job is 9 to 5 –
317. you go out the door and you can shut it off and you could
318. just, you know, go home and watch TV, whereas, as in
319. mothering, motherhood you don't. You, you're
320. constantly, um, I believe even more so with teenagers, I
321. know that some people don't agree with me, but you think

322. about them and you think about what they're doing, and
323. your mind is working and you're forecasting the next day,
324. like what happened to me this morning, you know with
325. Danielle, like that was an example. Usually I'm on, you
326. know constantly. I was saying to my decorator, you know
327. it's about mind-mapping and you're thinking, and that
328. that's what nursing was – OK, I'll do that, and that it's,
329. that affects that and that affects that and you're
330. constantly, we're constantly doing that.

331. I. Yeah.

332. P. You know, and my husband will even say "You're
333. better at that than I am". You know, I'm the more intuitive
334. to what's happening to the things, in that that's going on.
335. Um, and then I think it's just an element of age I just you
336. know, I, *(laughs)* I'm more tired, like I don't *(laughs)* than I
337. used to be. So that, that also sort of kicks in to your
338. reserve, to your

339. I. Yeah

340. P. And then there's also a sense of satisfaction. You
341. have a job, you get a pay check. That's a sense of
342. satisfaction. You get an assessment every six months.
343. People write you, I used to get notes all the time from
344. people, you know. I have some still, all "Thank you so
345. much" ?? here "thank you", and "thank you" "thank you"
346. and you know you need to constantly you know, people

347. are saying

348. I. Yeah

349. P. Whereas, as a parent you don't, and nor should you
350. expect it. My, my brother and I had an argument just the
351. other day, my, I have a great, my niece is wonderful I love
352. her and she's just graduated in America, she's an
353. architect now. My brother says "well, she wouldn't have
354. done it without me" and I was like "Oh, p-l-ease! You
355. know, Yes, none of them would do without you. We, we
356. we push them, we organise their applications, we praise,
357. you know, some parents to more or less, I, you know, I
358. make sure they eat right. You know we can, if we if we
359. made them repay us back for everything we did, it's not
360. going to happen and it and it and I personally believe that
361. it's wrong to say "excuse me but you need to pat your
362. mother on the back for where you are today." Like I don't
363. believe that, I, I, I totally disagree with that philosophy,
364. but, you know, they should respect you and, you know,
365. saying nice things is lovely and mine do say nice things,
366. but right now my daughter's sitting taking an exam and
367. it's about Danielle, it's not about me. Yes, we may pay
368. the fees for the school, but that's not her burden.
369. Whatever she does now is is is her successes. And
370. people who feel that they should, and there are mothers
371. who do that. You know, the controlling thing, wanting to

372. and I disagree with that. I think that's a from a very very
373. scary and unnecessary role, road to take.

374. I. Mmm. But you were saying that, um, if you're in work
375. you get this six monthly appraisal

376. P. Yeah, Mm-hmm.

377. I. And you get the salary. You're you're some kind of
378. affirmation.

379. P. You're you're there's something you're getting, you're
380. getting feedback. Exactly. And you're getting it in an
381. enclosed space. You know, you you leave your home,
382. you go into another building and that is your job. And in
383. that space you get feedback.

384. I. Mmm

385. P. Whereas, as a parent, as a mother, you your, you're
386. home is your whole space. It's your job it's your home,
387. it's your resting place, it's your, er, eating place, it's your
388. place where you have sex, every, everything happens in
389. this one place. So, you, it, your praise is it's different.
390. Your feedback becomes very different. And you have to,
391. I believe, create it for yourself. You have to be able to,
392. you know sort of sit back in a chair and go, "well, it's
393. alright, it's good", you know.

394. I. Mmm.

395. P. Um, coz even if someone says to me if my, you know,
396. my husband says "Oh, that was really great, what they've

397. done" I don't feel it's praise. I don't want praise. I don't
398. want someone to say to me "Oh you did a great job
399. organizing the decorators for the house". I don't want
400. really care if someone says to me "Oh that's a great
401. colour you've picked Naomi" coz that doesn't mean
402. anything to me because it's it's natural phenomenon. It'd
403. be the same way, I don't think someone should say "Hey
404. Danielle got the art award, well done Naomi". You know
405. that doesn't hap, that shouldn't happen, you know, it's not
406. about me. You know, so you don't get, so basically I
407. don't believe that that that praise and that
408. acknowledgement is totally different than a job.

409. I. You don't believe it is?

410. P. No, yeah.

411. So if Danielle is going to get the science prize for her year,
412. coz that's her thing. That's not about me. Now if I got an
413. award at a, at a conference or, you know, someone, you
414. know granted you, that's different coz it was a job, I
415. earned it. Now you may say that her getting the science
416. prize, I had a big role in it coz I'm her mother yeah? I, I
417. raised her, along with my husband, so maybe I'm the one
418. who's more with my children and I do take on the role
419. more of motivator and ... um you know I have great
420. pride coz I think she, I like believe in my heart that she
421. inherited it from my father, so that's my prize. That's my,

422. that's my reward. It's not a stand-up, let's all applaud,
423. you know, here's your £5000 bonus for getting your
424. daughter the science prize, it's not it would never happen?
425. Some people might think it should though, you know, um,
426. but no, I I think that is is so wrong of parents to do that.

427. I. Mmm

428. P. You know, reminding them that they're, who they are
429. is because of that's not, that's that's not the way to go.

430. I. Yeah, I can see that.

431. P. I think that's a very dangerous, and people do do it.

432. I. Yeah.

433. P. Always being, you know, I think it's er, something in
434. parenting that's not good.

435. I. Mmm. This next question we, we have touched on it a
436. little, um, but I'll ask it. What do you think your identity as
437. a stay-at-home mum says about you?

438. P. Um. (pause). Says about *me*. (pause). Well people
439. in m m my ...Well I'm confused by that. My identity

440. I. It could be how others see you, um, or maybe about
441. how you view yourself?

442. P. Well I know, I knew before I had children I'd be very
443. maternal and I think that nurses are maternal people.
444. They're nurturing people, that's a better word than

445. maternal. Very nurturing, very loving, enjoying the, the
446. smallties of life, a sm, a smile. You know I think, not all
447. nurses but the profession, to me, um, was a choice I
448. made. I knew I didn't want to be a lawyer or a business
449. woman or a, I just didn't want that coz I enjoyed people.
450. So that was, I am, I'm nurturing I'm maternal, I'm verbal, I
451. um, I like acknowledging people and things, so I think
452. people might say that about me and that I take it very
453. much to heart as a parent and to my friends and, and
454. lately, which is interesting is my friends even seek my
455. advice with their children. Just yesterday a, a friend said
456. can you come talk to my son coz he's having a hard time,
457. and Danielle says Oh, all my friends say oh what a great
458. mum you are and you're you know, because And I
459. think that's what people see me as, as someone who just
460. really, um, I thrive being around young people. I thrive,
461. not just teenagers, you know, I got my some are people
462. that are in their twenties. I feel, I always have felt even,
463. even when I was younger that a mentor is so crucial in
464. life and people don't mentor people, and, I think I used to
465. really relish ment., people who taught me. I respected
466. them and I, I used to I used to find there was someone
467. that I, I liked the way they did things I would watch them, I
468. would observe them, I would say, OK, that's excellent,
469. you know, I'll pick some of that and I'll pick some of that

470. like, I get angry sometimes, I think that that's kind of gone
471. by the wayside. And again, I don't think people should do
472. it for praise, Oh gosh, like, you know, you taught me that.
473. It's just more of, if you're older and you've been through
474. something and you have an attribute, so therefore you
475. should give it give it back.

476. I. Mmm.

477. P. So I think that's how some might, might view me now.

478. I. So I think I hear you saying that those attributes that
479. you have, as a person, fit into the attributes you would
480. perhaps want to have as a mother?

481. P. Yes. It did. It fit in, it fit in very well. And now I realise
482. because they're getting older I need to find another way
483. for them to fit in somewhere, and that's seeking a new
484. career.

485. I. Mmm. But I was wondering if, if, has there been any
486. down side, do you think there's been anything negative in
487. the way that you see yourself as a mother or as ...

488. P. (*Speaking over me*) Yes, because if you don't, if you
489. don't do it,

490. If a if there's a lack of need for a week or a month or a
491. time, you feel at a loss. And sometimes you could start
492. giving it when it's not asked for, or not needed, and you
493. have to know when to back off.

494. I. Mmm

495. P. You know, when, when they're younger it's easier to
496. do it coz you're constantly they, you know, they children
497. who are young they're like sponges, they thrive on
498. attention, so you as you get, you have to realise that it's
499. not as needed, and that equates a lot to the sort of Ohh,
500. I'm not needed any more, they're getting older. So I
501. think, I think that is a reality, coz it's true. You need to let
502. them go or they need to fall, they need to, they, they may
503. not want your opinion, you have to you have to, you
504. know, sometimes I find I really have to sort of gage when
505. I'm gonna dish out a little bit of wise Naomi thoughts to
506. my children. Um, so you do find that er it's lonelier, coz
507. you're not doing it. You know, it would kind of be like in
508. my job if all of a sudden we had no patients so you're
509. sitting at your desk going OK, I've got all this to to do and
510. no-one's coming and, you know, and you feel you're
511. missing that and you want more of that because it makes
512. you feel good. And you do it well. And it would probably
513. be the same if someone was like say an architect and
514. OK, I got some building if anyone that's building to design
515. and all of a sudden there was no work, you would have
516. no satisfaction.

517. I. Mmm, mmm. OK, just moving on, thinking about your
518. relationships with other people, do you think that your

519. identity as a stay-at-home mum has affected your
520. relationships with others at all?

521. P. Um, I tend to I...its its it's better for, my good
522. friends are people, are, think like I do. I find my, um,
523. closest female friends pretty much the same as me. Um,
524. I have a very good friend who had to go back to work and
525. sometimes I feel I have to watch what I say, or sort of
526. change the tune, um, like, you know you can't say Oh are
527. you ok, I'm so sorry, you know it's sort of, it's not, yeah
528. that's her choice that's her need, so you just sort of have
529. to alter the way you might say something. Um. I don't
530. like mothers who stay at home and become very self-
531. centred. Ok when we were younger, well, no I play tennis
532. and I do this and I do that and I do this and I do that, and
533. the kids have to fit into my schedule – I I don't appreciate
534. that, I don't agree with that philosophy at all. I think
535. it's important to keep time for yourself,
536. I. Mmm.

537. P. But this idea of fitting children in, I disagree with. Very
538. very much, very much so. Very much wrong. You know I
539. think it's important again to have your needs, but not to
540. say it in that kind of way, so I tend to disagree with that.

541. I. It sounds like there's a priority

542. P. Yeah I think, I think it it, they are the priority. I think
543. that. You meet, I've met many women who become

544. obsessive on their house and how things look, and I think
545. that, even with or without children is a scary place to be
546. because that's just unnecessary. You know you cannot,
547. you know, you you have to get you get it, figure it out
548. what matters more. You know because I am, I do believe
549. that in a minute things can change. Your life, things can
550. just be taken away from you. And I know you might sort
551. of say oh you know live every day and all this stuff, I do
552. believe that there's a certain element of, you know, day
553. by day and appreciate what you have before you.

554. I. Mmm, mmm.

555. P. Because you know, we all know people that have
556. gone.

557. I. Mmm.

558. P. I mean, that's also been the main focus of my life.
559. And also because of my work.

560. I. Yeah, yeah.

561. P. You know and it and you when you see chil, kids lives
562. disappearing from them, and then, it, you're helpless to
563. stop it, it really just, you just want to shake anybody who
564. just doesn't get it.

565. I. Yeah.

566. P. You know and I think that, I think that's shaped a lot of
567. my motherhood. It really has. It has a lot.

568. I. So can you say a bit more about that, how it's shaped

569. the way you mother?

570. P. In that, you know, you are faced with illness, you have
571. no choice. And I, you know, I can remember a, one
572. young girl saying to me when she was dying, and she just
573. said to me, "Promise me you'll always think of me when
574. you're doing something that makes you fun, makes you
575. laugh". You know and then you see, you know it's just,
576. and not to say to my kids Oh, you know, you've got to do
577. this and you got to do that just because, you know you've
578. got a good heart and you're alive but, but just that things
579. can get taken from you. And it it hit them this year when
580. a, a kid in their school was killed by a bus and I, you
581. know, shit happens.

582. I. Mmm.

583. P. And I am very blunt with them. Um, not to a point of
584. like, excessive schmaltziness – you know what that
585. means, a sort of over-the-top,

586. I. Yes.

587. P. But just to understand, to understand that ... things in
588. your life are lovely. And um, respect it, and appreciate it.
589. Um, and not to get caught up on things that are
590. nonsensical.

591. I. Mmm.

592. P. And I think when I had my two and I realised they
593. were healthy and well I was very appreciative. I felt, I felt

594. hey, this is not so bad. And then the time just goes fast
595. and you realise hey, this is not so bad. Um, but I think it's
596. important to carry that even when they're gone. You
597. know, when they grow up and are out of your life, to feel
598. content with what you've done in your life and choice, and
599. I, I, I don't think people should become saddened by the
600. passing of time and I think that's another thing in our
601. world now. Women are trying to fix things, you know if
602. it's, you know fix the wrinkles, fix the breasts, fix
603. everything. Um, you can't. You have to acknowledge the
604. passing of time, you know, and I, and I think that going to
605. have to be my goal now because it will feel emptier when
606. they're not around, and I do want to work, but even, even
607. with a job, you have to find a sense of inner contentment
608. because you're older and things are not the same. It was
609. a, an interesting story. Danielle had a boyfriend you
610. know, this year, and I, I had a hard time with that. I was a
611. bit envious of that. She was having all this loveliness that
612. we'd had once in our life, you know this Oh wow! And you
613. get older and that 'oh wow!' goes, and you can't, you
614. can't leave things to regret, but the people do, and I don't,
615. I don't wanna do that. It's not a healthy place to go!
616. (laughing).

617. I. It's not, but I just wonder how you manage that then?

618. P. You accept it. You know, you you have to say you

619. know you accept it. No-one made your time go any faster
620. than anybody else's time. You gave birth, they grow,
621. birthdays come, da-ding, da-ding, da-ding, and you must
622. accept it. You know sometimes I look in the mirror and I
623. say, you know I go, Mum, are you, you know, in the
624. bedroom with me? Like, I can't even wear shorts
625. anymore, (*whispers*) like I can't bare my legs! You know.
626. And the other day I thought coz, my mother, I remember
627. when I was young my mothers legs looked like mine and
628. sort of it's freaky. But you can't, what you know, what
629. what can you do? You can't get depressed over it. And
630. you can't sort of stop your life over it, you just have to find
631. another way to make your legs look alright! (*laughs*) You
632. know. (*laughs again*). You know, um, dye my grey hair
633. or something, you know, you just sort of have to find
634. other ways and you just have to accept it coz then, in ten
635. years you'll say Oh wow, wasn't that nice when you were
636. 52 and you were (*laughing*) climbing ladders and now
637. you're 68 and the arthritis has kicked in and you can't ...
638. So you just can't just sort of do that and I think that's what
639. you have, I think that's what one has to do. And no and
640. cannot and you cannot have regrets. I think you know,
641. there's a you know, people have this philosophy shoulda,
642. coulda, woulda. And I think that's a dangerous place to
643. go.

644. I. Mmm.

645. P. It's very dangerous place to go. I think you, if there
646. are things you regret, or wish you could have done better,
647. which is fine, you just have to see how you can re-do it
648. now this way and not go that way. I think that's just really
649. important.

650. I. Mmm. You said that you, you said that you've got
651. friends that think like you. So are they also mothers that
652. have chosen to stay at home?

653. P. Yeah, mm-hmm. Yeah.

654. I. So what does that give you, having friendships with

655. P. I relate well, so when we go out have lunch or I email,
656. I have a chat with, I have a friend, um, and Kim is
657. included, you know if I read a good email and, I read the
658. New York Times everyday on line, let say there's an
659. article, I'll say Oh, I'm going to send that to Carol, like,
660. coz she'll appreciate that and then we could talk about it
661. and we do have intelligent conversations. I can say to a
662. friends oh I saw this movie on the plane, it really, it's
663. bugging me. Can someone go rent it so we can talk
664. about it and have an *intelligent* conversation, challenging
665. one, not just about what we're cooking for supper. We do
666. that too, but just you know, challenging the mind and and
667. thinking and moving and you know, discussing politics. I
668. have a friend I walk with my dog with and I talk about

669. politics so I just tend to like that kind of thing, um, to just,
670. to make me feel smart.

671. I. Right, yeah.

672. P. Um, like I don't like going to partners' dinners with my
673. husband coz I'm bored there. Danielle once commented
674. that I went to one of Stephen's work people and she said
675. Mum you're not talking to anybody, which is unlike me
676. completely, and I could, I had nothing in common. These
677. are women who are busy doing their house and, you
678. know, I just, I can't, I don't like that. I don't like that world.
679. You know.

680. I. You like to be challenged?

681. P. Yeah, I don't like things that are superficial. I think
682. when they're real that you can take them, you can hold
683. them, you can look at them. And I think it's also, not
684. every day is a is is great, I think that's the other thing that
685. I've been able to achieve is to, if a day like yesterday I, I
686. had a shit day. It wasn't great. And I just said OK I'm
687. going to go to bed. (*Laughs*). My son was in a concert,
688. came home and announced that today's a new day. And
689. not regretting that Oh, I have all those phone calls to
690. make, I should have made those phone calls. You know,
691. kind of, because it is a job. And that's the other thing that
692. I think I've done is I, I do take what I do now it is a job. It
693. is a role, I have a role to take.

694. I. Right.

695. P. You know I have to, er, this organizational role I take.

696. I have, um, involved in my Camper bit, you know, one of

697. the my ex-colleagues emailed me – she's in not in a very

698. good way. I like that, I like that challenge of talking to

699. people and communicating with people and, um, it's fun,

700. lovely. Yeah.

701. I. OK.

702. P. (*referring to dog*). Look at my Rusty. He's my, he he

703. he's taken over my nurturing too.

704. I. *Laughs*

705. P. He is, he's my, Danielle thinks I'm gonna get another

706. one when she leaves the house. Now Rusty's my cure

707. for high blood pressure – right poo-poo? (*talking to dog*).

708. Coz you're so handsome!

709. I'm also Jewish you see, and Jewish women are

710. notoriously very maternal. And I, I'm glad I am. I like that

711. part of myself. And um, a very very wise. I used to meet

712. a very lot of Orthodox Jewish women because they marry

713. their first cousins and very often their kids have heart

714. disease.

715. I. Right.

716. P. And I knew one mother and she had three kids with

717. heart disease. She was great. Mrs Brummer, that was

718. her name. And I just said to her, I said how, how do you

719. do it? How do you keep on going? I'll never forget, she
720. said "It's not for us to ask why". (pause). I'll never forget
721. that. Deeply religious – and you don't ask, you just keep
722. on going, you deal with it. And that was all she could say.
723. She lost three kids to heart disease. She had like ten, but
724. still. You you just keep on truckin' basically. Um, there's
725. also an element in my life because my my parents are
726. holocaust survivors?

727. I. Right.

728. P. And I'm a very cl, not classic but a lot of attributes of a
729. child of holocaust survivors, because we became
730. survivors, we had to prove something. And I became, my
731. brother's a bit worse than me, but I, I tempered it by a, I
732. think a lot of who I am today is, more and more I see it, is
733. um an appreciation of the things around you. And I keep
734. that to myself more, it's a quiet aspect of of who Naomi is.
735. You know, having said that though, I try to, like Danielle
736. appreciates that. She understands that she was given, I
737. believe people need to acknowledge when they're given
738. a gift at something they need to, not not to do it to be
739. make lots of money, but to do it with pride, you know, um,
740. and she, both my children have taken that on board, they,
741. they're sensitive, they're, Ben's quite sensitive, about
742. that, and Danielle certainly is, about that. But I do think
743. there is a cultural aspect to motherhood that might, you

744. know, if only to explore for your p, for your research,
745. because I do think that is part of it. Like I'm, you know,
746. Jewish, I grew up with Italians, women who are extremely
747. maternal, extremely maternal. But that's another thing,
748. I've tended to, my best friend in the world is a, is very
749. much like me. She's not, she's catholic, but she's, um,
750. but she, you know, she loves to cook, she loves people
751. around to entertain, she's also very on top of her, you
752. know, things that, and she's a widow now of all things,
753. she, she's you know, this focus of, you know, dedication.
754. Um, which I guess is religious too, you know, strong
755. Catholic background, you know, marriage is a church
756. thing, you know you just keep on and you, you know, you
757. give it, you give it all, and I tend to gravitate to women like
758. that as well.

759. I. Right.

760. P. Who, um, don't like being weak. You know. And like,
761. I have a good friend, for example, who is like that pretty
762. much, but her husband has her on a budget and I, I find
763. that repulsive. I just find that totally repulsive. And she
764. does complain to me about it.

765. I. Yeah.

766. P. But there you go.

767. I. Interesting.

768. P. Yeah.

769. I. OK, so just moving on, some people feel that the
770. identity of full-time stay-at-home mum is one that
771. describes them completely, and others feel that they have
772. identities that, that sort of, aren't reflected in that
773. description, and I wonder what your experience is?

774. P. Yeah, I, I agree. I sometimes don't like. I hate when
775. you have to tick a box sometimes and it says homemaker
776. or something. I still will say I'm a nurse, if I ever have to
777. write profession. I prefer still saying that. And I actually
778. have, my my maiden name is my working name. So I still
779. work under my old name so that's, and I did that on
780. purpose coz I, I say that's who Naomi is, that's my other,
781. my other life and I didn't want to lose that.

782. I. Mmm.

783. P. No, I don't like that identity, at all. Um, coz some
784. people consider it insignificant. Um, sometimes I must
785. admit I've even lied, like I don't like you know, when you
786. have people working in your house and they think you're
787. just a housewife. Um, you want to say, Oh, but I work
788. too. And I do work. You know, I do have things to take
789. up my day. And you do feel sometimes you have to
790. defend it. And I don't like, I don't like that. At all.

791. I. So how does that make you feel about yourself?

792. P. Um, I feel not, it doesn't bring me down. It doesn't

793. make me I get more resentful of, um A little bit that
794. I have to still feel I have to prove something. I don't like
795. that.

796. I. Yeah.

797. P. Um, I don't like the fact that society still does that.

798. I. Mmm.

799. P. Um. (whispers inaudibly about neighbours). She's a
800. headteacher, and her husband's a teacher, and they
801. often make me feel like, oh, Naomi stays home, oh Naomi
802. stays home and she has this lovely house and, you know,
803. my husband's really good coz he'll say that, you know,
804. that's our choice. You know that's another thing to I, I've
805. learned to realise is, there's always two sides to a story.
806. You know, we all make choices, you know, and some
807. people may not spend it overtly, they may have like, three
808. houses stashed away – that's their choice. But I don't
809. believe we should judge people. You know, because, no-
810. one has a right to, coz you make a, you make your
811. choice. Um, but I do get a bit angry with that sometimes.

812. I. Mmm. So is, is that something that perhaps is saying
813. something about other people then, rather than about
814. you?

815. P. Yeah. Yeah, I have no issue with it. Um, except that
816. sometimes it makes me feel that I should, I'm supposed
817. to be weaker. You know, and I guess the only person I

818. sometimes I argue with is my husband about it. I'll feel like,
819. he'll go, you know he'll be looking for something on my
820. desk, coz I have an office in the house too, and I'm like
821. Do I go into your office? (our going joke) and I disrupt
822. your things? I don't. This is my office, this is what I run.
823. You know, it it sort of like, I organize this so don't
824. disrespect my, (laughs) my space. You know, so you do
825. feel you have to defend it sometimes, you know.

826. I. But do you think that you have other identities, then,
827. not just the identity of mum?

828. P. Yeah, I think I do. I feel, I've created for myself, yeah.

829. I. What would you say they are?

830. P. That I'm, I'm a happy person who likes people. I like, I
831. find enjoyment in ... just walking and chatting with
832. people. I'm strong, I can give advice, um, I'm intel, you
833. know I'm intelligent. I am It's not something you can
834. say, I'm a lawyer, I, I think, I think as a as a individual I
835. give something to society because I don't abuse it. If
836. anything, I can enrich it. And maybe if there's a day that
837. I'm in Marks & Spencer's down the road and there's all
838. these elderly people in there, and I'm reading labels, then
839. maybe that that day I've done the right thing. I've been a
840. nice person. So I think I want that identity – that I'm a

841. nice person. You know, I'm a good person, I can give. I
842. can give something. And to do that I have taken on roles,
843. I am, you know I've always been active in the kids'
844. schools for example. I, um, that kind of thing for them I
845. enjoy doing. Um, you know, if you've had, we had a
846. child here for charity. A small way, it's not, not as much
847. as I probably should do, but I could do, you know, I enjoy
848. that piece of it, you know.

849. I. Mmm.

850. P. But of for the most part though, it's lonely. I think it's
851. lonely. I think there can be days I don't really talk to
852. people, which for me is weird, coz I like people. So there
853. are days where that does happen. You know, I get, I get
854. to go out, I can take Rusty for a walk, I can go home and
855. do the food shopping and I just potter about in the house,
856. and that's lonely, I don't like that. I don't like when I have
857. days like that. Well, too many of them. And if I feel
858. they're coming on I try to figure out something else to do,
859. so that I don't feel, you know, that they're, um ...

860. I. Right, so what, what might you try and do?

861. P. Well, go out and see friends. Um, emailing has been,
862. is a great thing, staying in touch with people (inaudible)
863. me.

864. I. Mmm

865. P. Um, reading, challenging my brain. And

866. accomplishing things even at home. Like, I've been, you
867. know, trying to for months now, you know about this, you
868. know, get through my office and try and get it all
869. organized. Even things, silly things like putting
870. photographs in albums.

871. I. Yeah.

872. P. You know, it's important to me to accomplish the task.
873. Important too I do all the things that, well you know I'm
874. I'm on Stephen's back for, so. A few years now, coz
875. when Betty, that's my best friend, her husband died, he
876. had nothing organized. And I said to Stephen, we both
877. need to do this. I need to organize for you where I have
878. money invested.

879. I. Yeah, yeah.

880. P. You know. And I want a book, I want a book. I want
881. everything written down (*bangs table*). And, something
882. could happen to both of us. No-one's gonna know,
883. people to call, you know. And I think that's really
884. important, we don't really identity, identify the importance
885. of that for our children and for our, our own self, our
886. legacy. And that's, that's you know, one of the things to
887. do. But I'll never forget spending in that, I flew to
888. America, going through, she had, you know, it was a
889. mess. It was just a mess. Insurance things, stocks
890. everywhere, bonds. Coz it does make a difference, you

891. still have to provide, you know. And that's another thing
892. that mothers, you know, we we do have a role in that.
893. Because I do think we're better at it. You know. And
894. everybody I suggested is like (*inaudible*) God that's
895. really, that's really true, you know, I wouldn't even know
896. what to do first. You know, my husband handles
897. everything and I go, well, Notebook! (*laughs*). And you
898. put the notebook away and you hope you never open it.

899. I. Yeah.

900. P. Mmm.

901. I. So it, it sounds then as if you feel that you've got a
902. number of identities that, together describe you. Um, I
903. think some people find that they can fit those different
904. parts of themselves together quite well, and other people
905. find that harder to do

906. P. Yes, definitely.

907. I. I wondered how you feel about that?

908. P. Well I think that, I think people who find it hard are
909. people who still are unsure of what they've decided to do.

910. I, I believe that having had the big job once in my life for
911. that six years gives me a feeling of I did it (*bangs table*). I
912. did that (*bangs table again*). No regrets (*bangs table*).
913. Fantastic. Would I want to do it today? Absolutely not.

914. Because it was right, it was right for then. It was
915. consuming. You know, I think people who think they can
916. do it all, it's, no, I don't believe it, it's right. So I think
917. that's my advantage. So I think if you're a, if, if you
918. haven't found satisfaction in what you've achieved, you
919. therefore become dissatisfied.

920. It can also happen if a parent has a kid who has learning
921. disabilities. You see that. You know, they don't feel a
922. sense of accomplishment, you know, because there's
923. things aren't working out like they were supposed to work
924. out, so then that throws you off. Um, I think a lot of
925. women start to resent their husbands, and controlling and
926. want their own lives, and I don't feel I have, I want, I that
927. bothers me. Like I don't feel, yeah, I'd like to pick up and
928. go travelling for a week, but I don't feel this incredible
929. thing to just sort of dump everything and run away,
930. whereas I've met men and women who would just jump
931. at that chance. You know, go for a spa week with your
932. friends. I, for me right now, no. It wouldn't do anything
933. for me. Coz I feel I, that will come. You know, that day
934. will come.

935. I. Right.

936. P. It sort of like reminds me of when you're very young
937. and like (*whispered voice*) Oh God, can't we do the
938. babies? You know. Eighteen, nineteen, and you're like

939. No! You know, you're like no. It's like that was never my
940. sort of, you know. And that to be flexible. You're just
941. being a bit flexible. Um, I think if, if women don't find
942. satisfaction is, as a parent, that's when they struggle.
943. And the child isn't meeting what they thought they should
944. meet. I think that's when you get a lot of dissatisfaction.

945. I. Right.

946. P. And it happens, they're complex, they are difficult.
947. There are some days I want to pull my son, I wanna run
948. away, I, I want, with my son I, definitely get cross with
949. other. And my daughter. But you just have to s-s-suck it
950. up, you know. It's just like having a bad day at work. You
951. can have a crap day at work and hate your clients, but
952. you can't run away from it. But I do think, and I remember
953. that from my job actually, we used to have a lot of, um,
954. well, probably should have done, studies have been done
955. on it, on parents who divorce after their children are born
956. ill. And there's many times there's fathers who can't cope
957. with, if their son, you know, not, is not going to be an
958. athlete coz he's got heart disease or disability or. A lot of
959. kids with heart disease have Down's Syndrome. I used
960. to see a lot of very very, very, um, angry fathers.

961. I. Really?

962. P. Yeah, coz its, er. And there's actually a good article in
963. the Times today about this, how fathers are just trying so

964. much to make their sons, you know, into Beckham
965. Juniors and all this kind of thing, and it's, it's expectation.
966. And it doesn't mean it. You know, they don't wanna do it.
967. They don't wanna deal with it.

968. I. Mmm

969. P. And it's very very difficult, I think. Um, I think that's a,
970. a, it will have a huge, increasingly huge impact on identity
971. of men and women as parents.

972. I. Mmm. Would you feel that you've managed to fit
973. those different parts of yourself together fairly comfortably
974. then?

975. P. Yes. I also think for me, because I had to cope with
976. living here, away from the States, that I put every, all, all
977. this energy into making this work. It, it, coz that gave me
978. so much happiness. Coz when the days when I'd be
979. really homesick or lonely for who I was in America, I
980. channeled it into making it work. Coz I didn't wanna be a
981. failure. *(pause)* And that, I think that has a lot to do with
982. my appreciation of life, you know, a sort of, *(dog barks)*
983. Go get it!

984. My father always used to say to me growing up was, um,
985. be happy. Whatever it takes, be happy. That is the most
986. important thing, not money, not anything else. You must
987. be happy. You know you can never even, anger was not
988. allowed. And my kids know that. I'm not an angry

989. person, I don't like being angry. I don't like that feeling, I
990. don't like it. I don't find it productive. I, in a way it's a
991. good thing, but it's also a bad thing. Coz there's a lot of
992. pressure on you to meet that, um. Not every day is great
993. and I think that's what I've learned now too. But I am, I
994. want to be happy. I want it to be nice. And there have
995. been times when it's not been, and ... I made it. You
996. know. I survive- I got through that. And I hope I can
997. continue to do that.

998. I. Mmm. You said that quite near the beginning actually
999. of our discussion you said, you know, something like "I
1000. did it".

1001. P. Yeah.

1002. I. And I'm just thinking about what you said before I
1003. turned the tape on about thinking about the next stage.

1004. P. Yeah.

1005. I. And wondered what you're, you're thinking.

1006. P. Well that's my next thing. Well, I'm gonna go back to
1007. school. I wanna, you know and I and we. I gotta explain,
1008. the decorator's girlfriend, um, she's at, er, school and she
1009. said Oh God! You know, Jenny said that programme you
1010. wanna try for is really hard to get into. I said I know, but
1011. I'm gonna try and, I'm going for, you know, I am

1012. ambitious. There's no doubt. I think it's good to be
1013. ambitious. As long as you realise, you know, it's. I'm not,
1014. I'm not saying I'm going back to medical school, I'm not
1015. that cr- you know, ambitious. Or I'm gonna be the next
1016. sort of, er, you know, fashion model on Vogue. I'm
1017. *realistically* ambitious. I think I can do it, I think I can. I
1018. may not, but ok, but I can, think I can do it.

1019. I. Mmm.

1020. P. Because I do believe, coz of age, you really need to
1021. fire yourself up. And you really need to get the guns
1022. going and, and I think it's also important as a parent. I
1023. want my kids to see me being ambitious.

1024. I. Right.

1025. P. Because I do think you don't get many shots at, you
1026. know, and I think the pressure on them now in terms of
1027. their careers and their choices are going to be even
1028. thicker and faster and that, you know, it's kind of, it's not
1029. easy. And if you want something, you know, as long as
1030. it's with attainable. Like I would never, if my daughter
1031. said to me Oh mum, I'm gonna become a mathematician,
1032. I'd just laugh her out of the house! (*laughs*) Because
1033. she's terrible in math! But as long as it's within reason.

1034. I. Mmm.

1035. P. As long as it's something that is tangible, why not try
1036. it? Why not see? And not for anybody else. Not to tell

1037. people – oh that's another thing I hate. I hate going to
1038. dinner parties and people talk about their children. Drives
1039. me absolutely bonkers. I'll never forget it, we went once
1040. to this drinks thing, and a friend of ours, the daughter was
1041. just very successful. She um, she did very well at
1042. university and the, and people were patting the father on
1043. the back! You know, why *(laughs)* why are we doing
1044. this? It's why are we doing this? You know, I, yeah, but,
1045. having said that, friend to friend, if something happens
1046. very good to a very dear friend of mine's child, I definitely
1047. would say, you know, *(whispers)* Well done! you know.
1048. But not to, but that's also part of my background coz it in
1049. my growing up it's very, it's um, it it's um, wishing bad
1050. luck if you could gloat. My father'd never want that.

1051. I. Right.

1052. P. You know, people shouldn't, you're never supposed to
1053. ? *(inaudible)* at how much money you make, you're never
1054. supposed to brag. It's bad. It's bad. It's not, it's not a
1055. nice feature. And I taught my, and I agree with that, I do
1056. agree with that. If I say to my daughter, she'll come
1057. home and say Ah mum, I did this, you know, she'll, she'll
1058. say I have no i- she has no idea how anybody else did in
1059. the class. And that's fine. That's what it should be. But,
1060. because we're all beginning too competitive in that way,
1061. so ...

1062. I. Mmm. So if those are your goals for the future,
1063. P. Mmm.
1064. I. You're hoping to go back to school, I just wonder how
1065. you will, how you think you might integrate that with the
1066. role of mum.
1067. P. I think I'll be a, if I get into this Psychology, I think I'll
1068. be great. I think I, I think I would be very good at it. I
1069. think if I can combine my knowledge of nursing, what I did
1070. before, working with sick children to what I know now,
1071. and eager to learn more, um, and I think I have the
1072. energy to do it, I think it'll be great. Um ..
1073. I. How will you integrate it with, with your current role I
1074. guess?
1075. P. Um, I think that I'm also, I'm also planning it so that I'll
1076. have more time to do it. Because if if I go, I'm gonna go
1077. when Danielle's already finished with 6th form.
1078. I. Right.
1079. P. And I'll go part-time, I won't go into anything full, you
1080. know, full er, dee- you know, knee deep. Coz I want a,
1081. you know, life with my husband, you know. We're
1082. thinking already about, you know, what we're going to do,
1083. and, you know, thinking maybe we might get a place in
1084. America, I wanna spend some more time back in the
1085. States, my mum's getting very old, you know. There's
1086. other things. So as long as, our big thing now is

1087. communication. We talk about what we're gonna do and
1088. we plan ahead what we're gonna do and um, and I think it
1089. will be feasible. But having said that I'm prepared if it
1090. doesn't work to be OK. Like I think that's the other thing.
1091. I think you have to be honest and say, you know, you
1092. may not be the right thing. And if it's not, it's it's fine, you
1093. know, um. So, sure there'd be a sense of
1094. disappointment, but I don't, I don't think you could
1095. overwhelm yourself with it, you know, I think there's
1096. bigger disappointments to have in life, to sort of have to
1097. deal with, so

1098. I. Mm-hmm.

1099. P. You have to sort of decide where to put your
1100. disappointment.

1101. I. Yeah. It sounds it's er, a tentative goal,

1102. P. Yeah, it's there,

1103. I. You may or may not get there, but you're ok with that?

1104. P. Yeah, it's there. I, I'm wanna do it. Erm, yeah, and
1105. again, for me. And it might be kind of thing I wouldn't
1106. even tell anybody I'm gonna do. I don't like that coz it's
1107. it's nervous. Like it's you know, the times you know to be
1108. (pause) and I remember when I was, you know, looking, I
1109. did do nursing for a bit, I hated, I was scared to go back
1110. to it, you know coz it challenging. But I think, you know,
1111. day by day, this, this is OK, you know, um, you know I

1112. don't um, I think that's I've changed that, I don't feel the
1113. need to sort of, you know, throw myself open to the world
1114. and say you know, Look what Naomi can do! (*laughs*).
1115. There's no need for that, you know, I don't, don't like that,
1116. you know. Mellow in my old age!

1117. I. (*laughs*). Ok, well I think, um, that brings us to the end
1118. of the questions that I wanted to ask you. Is there
1119. anything else that you'd like to say before we finish,
1120. anything that you feel hasn't been sufficiently covered?

1121. P. No, no, I think it I think it's fine. I hope I've help- I
1122. hope I've answered yours ok.

1123. I. Yeah, yeah, it's been really really helpful.

1124. P. Ah, no, um. No, I think it's been good.

1125. I. We've covered everything?

1126. P. Yeah.

1127. I. Great, ok.

Section C

Cognitive behavioural treatment for social anxiety disorder: Its relevance to women and mothers

Cognitive Behavioural Treatment for Social Anxiety Disorder: Its Relevance to Women and Mothers.

This paper seeks to explore the theoretical understanding and treatment of social anxiety disorder from a particular cognitive behavioural perspective and to consider what help this might offer psychologists working with women and with mothers. This paper will first outline the core features of social anxiety disorder and consider some of the research which has taken place with a focus on women. A theoretical model of social anxiety disorder, with empirical research supporting or challenging this model will then be discussed with particular reference to its relevance to women and mothers. Attention will then focus on how a theoretical understanding of the core features of social phobia and its treatment may be of use for psychologists working with clients who are stay-at-home mothers.

A Definition of Social Phobia (Social Anxiety Disorder)

Cognitive behavioural theories emphasise the importance of the use of diagnostic measures such as the DSM-IV-R (APA, 1994) in order to reach agreement about the existence, severity and treatment of mental health disorders (e.g. Chambless & Hope, 1996; Heimberg, Hope, Dodge & Becker, 1990; van Dam-Baggen & Kraaimaat, 2000). However, some have challenged the assumptions diagnoses make. For example, Ussher (2000) argues that:

“Mental illness can be conceptualised as a social category created by a process of expert definition. In this view, it is a discursively constructed label, based on value-laden definitions of normality”. (Ussher, 2000, p 85).

For the purposes of this review, diagnostic definitions of social anxiety disorder will be described as a method of clarification about the client group (Hunter, Ussher, Cariss, Browne, Jelley & Katz, 2002), but the author wishes to express an awareness of the assumptions such diagnostic language makes (Nicolson, 1986).

The term 'social phobia' was first used by Janet (1903) to describe patients with a fear of being observed whilst speaking, writing or playing the piano. It was used more consistently during the 1960's and was recognised as a disorder in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association, 1980). Beck and Emery (1985) define the core problem of social phobia as a fear of being shamed in public by having one's inadequacies exposed, resulting in hyper-vigilance to the possibility of evaluation by others. The fourth edition of the DSM defined social phobia as a marked and persistent fear of one or more social or performance situations and also introduced the alternative term, social anxiety disorder (APA, 1994). The two terms may be used interchangeably to describe individuals meeting the DSM IV-R criteria for social phobia (social anxiety disorder).

Features of Social Anxiety Disorder

The DSM IV-R (APA, 1994) describes how individuals diagnosed with social anxiety disorder may try to avoid feared social situations, or will experience a great deal of anxiety or distress whilst enduring them, fearing that he/she will act in a humiliating or embarrassing manner. Rapee (1995) describes a range of physiological symptoms which may include sweating, shaking, nausea, palpitations, blushing, twitching and stammering. There is argued to be a distinction between specific and generalised social phobia (DSM IV-R, APA, 1994; van Dam-Baggen & Kraaimaat, 2000), with generalised social phobia characterised by pervasive fear and greater symptom severity than specific social phobia, and with an earlier age of onset (Beidel & Turner, 1988; Öst, 1987). Heckelman and Schneier (1995) suggest the greatest source of difficulty is phobic avoidance which may range from avoiding eye contact, to the avoidance of all social contact, but the consequences and limitations of such avoidance can be extreme, affecting an individual's choice of relationship, job and social life. Of particular importance appears the finding that individuals with social phobia are characterised by a discrepancy between the way they perceive themselves and the way they believe they ought to be. This is termed by Strauman (1989) as the actual/ought discrepancy and means that in social situations an individual's thoughts may be dominated by their perceived failure to reach the standards they believe are acceptable.

The research mentioned above positions the source of the mental health problem as existing within the individual, but it has also been shown that adversity in an individual's lived experiences, such as poverty, racism and sexism, is associated with mental health problems (e.g. Williams & Watson, 1994). Hagan and Donnison (1999) argue for an acknowledgement of unequal power relations in society when assessing an individual's mental ill-health difficulties, stating for example that depression is "disproportionately shared with others who are relatively powerless" such as women, Black people or unemployed people (Hagan & Donnison, 1999, p123). This focus on the social context appears important when considering that researchers have found high rates of comorbidity for social phobia and depression (e.g. Liebowitz, Gorman, Fyer & Klein, 1985) with up to 50% of those with a diagnosis of social phobia holding additional diagnoses such as panic disorder, simple phobias and substance abuse (Sanderson, Di Nardo, Rapee & Barlow, 1990). Furthermore, alcohol dependency has been found in about 20% of those being treated for social phobia, (Amies, Gelder, & Shaw, 1983). An alternative view of these findings frames such difficulties within an understanding of the importance of "toxic social influences in the origins of personal distress" (Moloney & Kelly, 2004, p.7). Within this perspective it could therefore be argued that the high prevalence of 'comorbid disorders' can be re-classified as coping mechanisms.

There is a large collection of literature which has focused on specific features of social anxiety such as "embarrassability", and "shyness" (e.g. Heiser, Turner & Beidel, 2003; Stein, 1996; Chavira, Stein & Malcarne, 2002). Rapee (1995) proposes that the individuals in these studies possess very similar features to those diagnosed with social phobia, suggesting that social anxiety is on a continuum, with the difference between the concepts of shyness and social phobia being more quantitative than qualitative concerning the extent to which functional impairment and avoidance are marked features for the individual. However it is argued that shyness may be a difficult concept to measure. For example, a study to "clarify" the relationship between social phobia and shyness led Heiser, Turner, Beidel and Roberson-Nay (2009) to consider two hypotheses. One hypothesis (e.g. Stein, 1999) places both conditions on a continuum, with social phobia defined as "extreme shyness". A second hypothesis states that shyness and social phobia are

overlapping conditions, with shyness defined as a broader construct than social phobia (e.g. Heiser et al, 2003), marking the conditions as qualitatively different in some respects. Their findings offer support for both hypotheses, as the 1303 students who were assigned to a shy or non-shy group depending upon their score on the Revised Cheek and Buss Shyness Scale (RCBS; Cheek, 1983) showed no significant difference on these measures between the social phobia, shy and non-shy groups. There did, however, appear to be qualitative differences amongst the shy group, with one third reporting no social fears. It therefore appears unclear whether social anxiety and shyness exist on a continuum.

The Prevalence of Social Phobia

Social phobia has been described as a common and under-diagnosed problem (Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992; Clark, Ehlers, McManus, Hackmann, Fennell, et al, 2006) which can lead to significant social and occupational handicap. In a community study by Stein, Walker and Forde (1994) to look at the impact of social fears the researchers found that 19% of the total sample reported social anxiety in at least one situation as leading to “moderate” or “a great deal” of psychosocial disruption or distress. However, only 7% of the sample met the more stringent criterion of “a great deal” of distress. Heckelman and Schneier (1995) question the threshold for a definition of “caseness”, suggesting that this varies depending on the cut-off point used to determine significant impairment or distress. Although this may not be an issue in clinical work, it arguably leads to a lack of understanding of the prevalence of the disorder in community settings, or as a co-morbid disorder in clinical settings (Heckelman & Schneier, 1995).

A large number of individuals with extreme fear of embarrassment do not meet the diagnostic criteria because they can avoid their feared situations without seriously impairing daily functioning (Pollard & Henderson, 1988). This makes it difficult to estimate the prevalence of social phobia in the community but studies examining the lifetime prevalence of social phobia in the general population have found that social phobia is more common in women (3.1% lifetime) than in men (2.0% lifetime) (Schneier et al, 1992). Interestingly, these figures do not correspond with data

gathered on individuals presenting for treatment, which suggest a more equal or slightly male-based distribution (Mannuzza, Fyer, Liebowitz & Klein, 1990).

Research on Women and Social Phobia

The suggestion that social phobia is more common in women (Schneier et al, 1992) but that slightly more men might present for treatment (Mannuzza et al, 1990) may be explained by first considering the definition used for social anxiety disorder: Pollard and Henderson (1988) found a 3:2 female to male ratio among individuals with broadly defined social anxiety, but when the criterion of "significant distress" was applied, the sex ratio reversed. A greater understanding of these findings may further be aided by considering the type of situation that causes anxiety. Rapee (1995) proposes that the fact that females report more social anxiety but that males are more likely to present for treatment may reflect societal influences. If individuals only seek help at the point of "significant distress" it has been argued that this may be more likely for those living in a world of employment, rather than managing the situation through staying at home and thus able to use the strategy of avoidance. A study on gender differences in the experience of social phobia (Turk, Heimberg, Orsillo, Holt, et al 1998) suggests no difference in history, sub-type or comorbidity between men and women, but marked differences in the severity of social fears, with women exhibiting more severe levels of fear. Women also reported a far greater range of feared situations, many of which could be categorised as those encountered in a work setting. This leads the researchers to suggest that within Western society, social anxiety may be managed by women through avoiding full-time employment, arguing that socially anxious individuals may try to present themselves according to gender-role expectations (Snell, 1989). Further support for this theory comes from Caspi, Elder and Bem (1988) who report that women with extreme shyness are less likely to return to work after marriage or childbirth.

Markus and Kitayama (1991) propose that Western societies are characterised as individualistic, promoting independent self-concepts with the self defined as autonomous and separate from the social context. In contrast, Eastern societies are more likely to value interdependent self-construals which perceive the self foremost as being connected and integrated within the social context. In a study on the

impact of social construals on social anxiety, Moscovitch, Hofmann, and Litz (2005) hypothesised that the extent to which individuals identified with their culturally prescribed gender role would predict social anxiety. Their findings do not support this hypothesis, but the researchers state that independence rather than interdependence is related to higher social anxiety for women. Moscovitch et al (2005) explain these findings with reference to self-discrepancy theories of social anxiety (e.g. Alden, Mellings & Ryder, 2001), which propose that social anxiety arises when an individual's actual self-attributes do not match the 'ought' self-attributes (Strauman, 1989) expected of them by the people with whom they are interacting in social situations. Those who consider their social or behavioural roles to be contrary to broad cultural standards are more likely to experience social anxiety. Moscovitch et al (2005) postulate that in Western culture, boys are taught to develop independent self-construals, but girls are taught to develop interdependent self-construals. The participants in this study were all undergraduate students, which perhaps explains the contradictory nature of these findings, as these young women may have held more independent self-construals which were arguably at odds with perceived cultural norms. This study highlights the possible value for clinicians of understanding cultural and social influences on the aetiology and maintenance of social phobia, with the extent to which an individual's actual self-attributes match their understanding of cultural expectation (the 'ought' attributes) impacting on anxiety levels during social interactions.

In a longitudinal study to determine rates of natural recovery from DSM IV-R social phobia in a community sample of women, predictors of recovery include being employed, no lifetime depression, few "daily hassles" and "better mental health" (Vriends, Becker, Meyer, Lloyd Williams, Lutz & Margraf, 2007). Participants' mental health was assessed using an unpublished 14 item questionnaire, whilst daily hassles were measured by asking about 16 possible daily hassles such as health problems, stress at work and financial problems experienced over the past 12 months. Participants rated how much stress was experienced on a 0-4 scale. Spontaneous rates of recovery in the community sample appeared relatively high, with 64% at least partially recovered and 36% showed full recovery, but 'partial recovery' was defined as the absence of one or more of the eight DSM IV-R criteria for social phobia at follow-up. Arguably this definition is lacking in any stringency

and perhaps explains the apparently high rate of partial recovery. Whilst the arbitrary nature of assessment of mental health is questionable, the tool to “measure” daily hassles perhaps misses how individuals’ might cope with the subjective meaning of these daily events, rather than how many events they experienced. The responses thus appear to offer a circular argument whereby the measurement of fewer daily hassles may be linked with “better mental health” by measuring individuals’ subjective rating of their coping mechanisms rather than any objective measurement of the number of daily hassles. Interestingly however, the researchers did not find that fewer dysfunctional attitudes and high self-efficacy predicted recovery, the lack of these components being listed as key factors maintaining the disorder by Clark and Wells (1995). Participants were aged between 18 and 24 and although socio-economic factors were considered, there is no mention of whether any of the participants were mothers. It is therefore difficult to know how motherhood might affect predictors of likelihood of prevalence or of recovery in a female community sample, although ‘being employed’ as a predictor of recovery will not be available as a protective factor for stay-at-home mothers.

Social anxiety has been posited as a risk factor for depression in women. Support for this theory comes from a study by Panayiotou and Papageorgiou (2007) who considered individual predictors of depressed mood as well as social factors such as the endorsement of sex-role stereotypes and the amount of decision-making power in the family. They found that depressed mood was associated with individual characteristics such as avoidant coping styles and social anxiety for women. The researchers link the high self-focused attention to negative self-evaluations which is symptomatic of social anxiety as a marker for depression, suggesting further research is required on social anxiety as a risk factor that may increase vulnerability to depression.

Finally, in a study to explore perceived gender differences in social support for socially anxious individuals (Ham, Hayes & Hope, 2005), women were divided into two groups: Married, which included women who were either married or co-habiting; and single, which contained those who were single or divorced. The researchers found no significant main effects of gender or marital status on social support quality or satisfaction. However, there is no mention whether women in either category had

children and what effect this might have had on perceived social support. Once again, women are defined by age or marital status – mothers do not appear in research on social anxiety disorder.

A Consideration of Clark and Wells's (1995) Cognitive Behavioural Model for the Treatment of Social Anxiety Disorder in Women and Mothers

Clark and Wells' (1995) model suggests an interaction between an innate behavioural predisposition and assumptions about the self and the world which leads to a belief that the person is in danger in one or more social situations. The situation is perceived as dangerous because of the fear that they will behave in an unacceptable fashion and that such behaviour will have disastrous consequences, resulting in loss of status, loss of worth and rejection (Wells, 1997). This leads to a cycle of anxiety comprising cognitive, somatic, affective and behavioural responses. The responses themselves can then become a further source of perceived danger and anxiety, thus contributing to a series of vicious circles that act to maintain social anxiety.

The model makes explicit predictions about the key cognitive processes that maintain the problem (Wells & McMillan, 2004). The four processes believed to inhibit disconfirmation of negative beliefs about the dangers in social situations and to maintain social anxiety are: Self-focused attention; in-situation safety behaviours; anticipatory and post-event processing; and self-schemata. On entering a feared social situation, the individual shifts attention inward, processing an image of the self from an "observer" perspective (Wells, 2007). From this perspective, symptoms of anxiety or signs of failure are perceived as highly salient. This process of self-focused attention has been described as "the engine that drives social phobia" (Butler & Hackmann, 2004, p142). The model posits that individuals with social phobia become preoccupied with their responses and negative thoughts which affect their ability to accurately process social cues. Clark and Wells' (1995) propose that self-focused attention will result in a processing bias because information about how others perceive the individual is ambiguous, leading the individual to process the negative feelings created by their fear of the situation. A difference is proposed between those with social phobia and those who are shy, in that whilst a shy person

may enter a social situation with many of the same anticipatory concerns as someone with social phobia, they will notice that others are responding to them with interest and so decide that in this situation they are not being boring, which helps terminate the sequence of negative thoughts and anxiety. In contrast, individuals with social phobia may fail to do this checking and so maintain the sequence of negative thoughts and anxiety.

If the argument that a 'shy' person will act differently to a socially phobic person in a social situation is accepted, it is feasible to suggest that this process may work in reverse. In exploring how a negative bias may arise for a stay-at-home mother, it is perhaps worth considering how the research in section B of this portfolio suggests that women who have assumed the identity of stay-at-home mother can struggle with a sense of negative evaluation from others. Wells (1997) makes the point that, unlike panic disorder in which the catastrophe does not occur, social phobia is a disorder where negative feared events can occur. People do stare, and one can be rejected or humiliated or be thought boring. He therefore defines the problem as the *meaning* attached to these events and the heightened fear of the likelihood of negative outcomes. Therefore he defines social anxiety disorder as not just a problem of distorted self-perception, but as one which is also characterised by a distorted 'other-perception' (Wells, 1997), whereby an assumption is made that everyone will notice and judge negatively. In criticism of this argument, it is difficult to consider that a perception is 'distorted' if the individual does experience a difference in interest by others. It is possible that a woman who has previously experienced an interested response from others may start to notice that this response changes when the identity of stay-at-home mother is assumed. Hagan and Donnison (1999) argue that challenging an individual's assumptions requires the therapist to focus outwards to identify the source of such meanings emerging from distortions in the social world rather than existing entirely within the individual. This perspective allows for the possibility of 'realistic' negative thoughts as a result of objective adversity rather than subjective misinterpretations (Moorey, 1996).

The cognitive model proposed by Clark and Wells (1995) posits that negative thoughts about the self are believed to occur at the anticipatory phase, threatening the stability of the social self-concept. Before a feared social event it is proposed

that the individual may start to think about the situation, become anxious and recall past failures or negative images of how they performed in previous situations, which means that by the time they enter the feared situation they are already in a state of heightened anxiety, and experiencing self-focused attentional processing. Furthermore, the ambiguous nature of social situations leads the individual to conduct a “post-mortem” of the occasion where a focus on their negative self-perception will dominate recall of the sequence of events and further contribute to the maintenance of negative appraisals and beliefs, as ambiguous information is re-interpreted as negative (Stopa & Clark, 1993). The model makes the assumption that sufferers’ negative evaluations of their performance are at least partly distorted and in order to explore this hypothesis, self-ratings and observer ratings of social performance have been compared. The findings show that individuals with social phobia under-estimate their performance, whilst those without social anxiety are relatively accurate (Rapee & Lim, 1992; Stopa & Clark, 1993; Hirsch, Clark & Mathews, 2003). Wilson and Rapee (2005) explored the extent to which interpretative biases of social events change during CBT and whether this predicted longer term treatment outcome. The results support the theory that ‘catastrophic interpretations’ of negative social events are a key factor in maintaining social phobia (Clark & McManus, 2002). However, these studies rely on the ratings of current performance by self and by disinterested others. What it does not explore is the effect of self-ratings of performance by an individual in comparison to previous performances self-assessed as adequate. Whilst subjective, the difference in these intra-psychic ratings may not be entirely dysfunctional. It is possible that women who have changed roles from working woman to stay-at-home mother may compare their subsequent social interactions more negatively if they hold a negative social representation of their mothering identity. It would be helpful to explore whether the act of comparison with previous performances at social events which were self-rated as adequate may lead to a reduction in self-esteem and an increase in social anxiety in this population.

The model also proposes that an individual’s self-schemata will serve to inhibit disconfirmation of negative beliefs. Social situations are posited to appear threatening as a result of ‘dysfunctional’ unconditional beliefs that the person holds about themselves, conditional beliefs concerning social evaluation, and excessively

high standards for how they should behave. Clark and Wells (1995) propose that the negative beliefs held by individuals with social phobia are characterised by unstable self-schemata. Although a person may have a positive view of themselves when alone, or in unthreatening situations such as with their families, the negative view of self is mainly triggered when the individual is with people who they believe may be evaluating them (Clark & Wells, 1995). A criticism of this proposal is that it does not situate individuals within a broader cognitive context in terms of the overlaying self-schemas which might impact on the way individuals make sense of their social worlds. It is argued that this does not allow for the way in which features such as identity and personal values might exert a top-down influence on the way in which social information is processed (Moscovitch et al, 2005). It may be that women who hold a negative social representation of their own identity as a stay-at-home mother will experience greater social anxiety, or be more perceptive of negative social evaluation by others who hold that some negative representation of the identity.

Whilst meta-analytic studies demonstrate that CBT seems to provide some benefit (Rodebaugh, Holaway & Heimberg, 2004), it is also noted that all trials of CBT have found that a proportion of individuals continue to suffer from the disorder after treatment, which has led some to argue for the importance of understanding which components of treatment are most efficacious (e.g. McManus, Clark, Grey, Wild et al, 2009; Clark, Ehlers, McManus, Hackmann et al, 2003). Studies with a focus on the components of treatment have found support for the hypothesis that post-event processing (PEP) is elevated in socially anxious individuals (e.g. Rachman, Grüter-Andrew & Shafran, 2000; Edwards, Rapee & Franklin, 2003). Furthermore, prolonged post-event processing is argued to be predicted by the ambiguity of a situation (Fehm, Schneider & Hoyer, 2007) and this has been posited as an explanation for why individuals with social anxiety do not find that their anxiety decreases from repeated exposure to social situations.

In opposition to the focus on determining the efficacy of isolated components of CBT, Moloney and Kelly (2004) argue that although proponents of CBT emphasise greater refinement of clinical skills, efficacy is not related to the therapist's theoretical position or expertise (see also House, 2003). They agree with researchers such as McManus et al (2009) that even under ideal research trial conditions, only about two

thirds of those treated will show significant improvement but they argue that these findings require an alternative view of the determinants of problems such as depression or social anxiety; to one which acknowledges the profound power of social and material influences which impact upon an individual's experience of psychological disturbance. Thus they argue that psychologists should re-direct the focus outwards to consider the influence of the social context on an individual's way of being.

Group Cognitive Behavioural Therapy for the Treatment of Social Phobia in Women

Cognitive-behavioural therapy has been demonstrated as effective when offered in either individual or group format (Taube-Schiff, Suvak, Antony, Bieling & McCabe, 2007), with group cognitive-behavioural treatment (CBGT) currently the most common psychological treatment for social phobia (Hofmann & Bögels, 2006). Whilst group work means the therapeutic setting itself can be an opportunity for exposure to feared situations with encouragement and support from other group members, it has been argued that this might be dependent upon the extent of group cohesion (Yalom, 1995). For example, Taube-Schiff et al (2007) found that an increase in group cohesion from the midpoint to the end of group treatment significantly predicted post-treatment scores. The assumption that group therapy is most efficacious has been challenged in a meta-analysis of treatment efficacy in social phobia by Aderka (2009). This research found that individual treatments report larger effect sizes than group treatments, leading Aderka, (2009) to propose that individual treatments may be superior.

It may be that group treatment would be beneficial for women suffering from heightened social anxiety as a result of their changed roles. Getz (2002) argues that group therapy for women can allow problems to be viewed relative to and maintained within the family and the social context. Women-only group therapy may increase group cohesion and collaborative support and perhaps allow women to voice problems such as anger, lack of power, and unassertiveness (Brody, 1987) without the constraints of gender role expectations which may be implicit in a mixed group and which may be pertinent to the treatment of social anxiety.

Discussion

This paper does not propose that being a stay-at-home mother leads to social anxiety disorder. However, research suggests that women who take on the identity of stay-at-home mother are at risk of reduced mental well-being (e.g. Brown, Ni Bhrolchain & Harris, 1975; Horwitz, Briggs-Gown, Storfer-Isser & Carter, 2007). The study described in Section B of this portfolio also highlights some of the difficulties this population might experience; in particular a concern regarding negative evaluation by others and a reduction in self-esteem and it is posited that these factors may lead to an increase in symptoms which could arguably be precursors to social anxiety disorder.

The research in section B of this portfolio found that many of the participants themselves judged other stay-at-home mothers as boring, which suggests that others may do the same to them. If a key factor for successful treatment in social phobia is for the individual to notice that others are interested, it is hypothesised that anxiety symptoms could increase in a previously non-socially anxious woman if she notices that she no longer appears to be as interesting to others as she used to be. In addition, stay-at-home mothers can compare their performance, not with others, but with their memory of their own previous social performance whilst holding the identity of working woman. It is proposed that this subjective difference may be a key factor leading to the risk of increased social anxiety in this population.

The lack of research on 'mothers' as a discrete category means that it is not possible to know the extent to which social anxiety might increase as a result of the role of being a stay-at-home mother. Although Panayiotou and Papageorgiou (2007) consider social anxiety to be a risk factor for depression, and women with young children are known to be at risk of depression, there is a dearth of research on social anxiety in mothers. Caspi et al (1988) found that women with extreme shyness were less likely to return to work after childbirth. If 'shyness' already existed pre-childbirth, then taking the role of stay-at-home mother could be framed as a safety behaviour, allowing the individual to avoid feared working situations, thus reducing anxiety levels. However, if a woman experiences a reduction in self-esteem from taking the

role of stay-at-home mother (e.g. Oakley, 1980) this reduction may be a risk factor for increased social anxiety in comparison to pre-childbirth levels.

This review has suggested that women-only therapy groups may be beneficial. However it is acknowledged that there is very little research on social anxiety which recognises differences within the category of 'women'. Thomas (2004) argues that individuals who are not members of the dominant group (termed as White male) are invisible in the social and behavioural sciences. She further posits that culture is not outside individuals but is an inter-subjective reality through which the lived world is experienced. It therefore seems that there is considerable scope for research on treatment for social anxiety which focuses not just on women but also explores the additional sub-groups within the category of 'womanhood' in order to increase understanding not only about which components of treatment are most efficacious (McManus et al, 2009) but also the social context within which social anxiety is experienced. This would allow for better use of group therapy for women, by enabling psychologists to create groups of individuals who are best positioned to understand and support one another.

The extent of empirical research available to explain the maintaining factors of social anxiety can be used positively when working with stay-at-home mothers. The cognitive model of social phobia assumes that individuals hold three sets of dysfunctional beliefs or assumptions. These can be categorised as: Excessively high standards for social performance, such as "I must appear intelligent and witty"; conditional beliefs concerning social evaluation, such as "if others really get to know me, they won't like me"; and unconditional beliefs about the self, such as "I'm stupid, or inadequate". It is proposed that similar sets of beliefs could arguably exist in women who struggle with a perceived stereotyped social representation of mother which has been described as invisible or hidden when contrasted with those in paid employment (Shelton & Johnson, 2006; Nicolson, 1998), as this could arguably lead to greater social anxiety than they had previously experienced. Work with women experiencing these problems could focus on challenging their beliefs about what adequate social performance means or looks like, and their beliefs about the meaning attached to evaluation by others and by the self (Wells, 1997), allowing for new beliefs and a degree of acceptance of their identity to emerge.

It is recognised that a proportion of individuals continue to experience an uncomfortable level of distress at the end of treatment (McManus et al, 2009). The work by Moscovitch et al (2005) highlights the importance of considering not just components of treatment, but also social and cultural norms, together with an understanding of a woman's gender role identification and expectations when working to understand the underlying beliefs and assumptions that she might hold. Shyness, social phobia and avoidant personality disorder have been conceptualised as existing on a continuum (Rapee, 1995; Herbert, 1995). Although this is disputed (Heiser, Turner, Beidel & Roberson-Nay, 2009), the concept of a continuum means that an understanding of the social contexts which may change an individual's position on that continuum would allow for more efficacious treatment to be offered by working with the particular belief system held by the person. Innovative work on women and depression in Finland (Laitinen & Ettorre, 2004) has developed gender sensitive groups which have encouraged depressed women defined by the researchers as previous "objects of treatment", in that treatment was 'done to' them, to become active agents in the healing process. This work takes the position that constructions of depression are shaped by gender (Gold, 2004). It is argued that a construction of social anxiety which acknowledges the effects of gender and social context may facilitate greater efficacy in the cognitive behavioural treatment of women suffering its effects.

In conclusion, research on social phobia shows the importance of self-focused attentional processing and of the fear of negative evaluation in maintaining the disorder. The difficulties some stay-at-home mothers experience, such as a fear of negative evaluation suggest similar features with social anxiety disorder, particularly if social anxiety is seen as existing on a continuum. It is proposed that stay-at-home mothers may be at higher risk of the sub-type of social phobia characterised by rapid and late onset, proposed by Clark and Wells (1995) as most likely to occur following a subjective experience of failure to meet their own high standards for social behaviour (or a change in these subjective standards). An understanding of the efficacy of treatment for social phobia therefore appears beneficial when working with women who bring similar precursor symptoms. However, the lack of research on mothers as a discrete category appears limiting. Panayiotou and Papageorgiou

(2007) propose some critical links between social anxiety and depression in women which would suggest an important direction for future research. Furthermore, research to determine whether social anxiety levels change after childbirth and to explore the effect on social anxiety levels from the fear of negative evaluation as expressed by the women in the study in Section B of this portfolio would also be of value for psychologists working with these populations.

Therapeutic work itself also may benefit from taking a more woman-centred approach. For example, a study by Ammerman, Bodley, Putnam, Lopez et al (2007) describes an adapted treatment for depressed mothers which offers cognitive behaviour therapy during “in-home visitation”. This is described as an empirically based treatment which takes place in a home setting and is tightly integrated with home visits by other professionals taking an interest in both the mother and child. Such innovative and adaptive treatment may arguably hold promise for those working with social anxiety where mothers with young children may be unable to attend therapy and may also find the very concept of a group or even a one-to-one setting initially too difficult (Chambless, Tran & Glass, 1997). Such integrated home-based work may be a crucial starting point for an individual which could lead to later participation in women-only groups as posited by Laitinen and Ettore (2004) and Getz (2002).

Finally, an emphasis on the social context may allow difficulties to be framed within the woman’s lived reality, with a focus on strategies which make that reality easier, rather than taking a purely individualistic view of the problem (Moloney & Kelly, 2004).

References

- Aderka, I.M. (2009). Factors affecting treatment efficacy in social phobia: The use of video feedback and individual vs. group formats. *Journal of Anxiety Disorders, 23*, 12-17.
- Alden, L.E., Mellings, T.M.B., & Ryder, A.G. (2001). Social anxiety, social phobia, and the self. In S.G. Hofmann & P.M. DiBartolo (Eds.), *From social anxiety to social phobia: Multiple perspectives* (pp.304-320). Needham Heights: Allyn & Bacon.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders*, (3rd ed.). Washington, DC: American Psychiatric Association.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders*, (4th ed). Washington, DC: American Psychiatric Association.
- Amies, P.L., Gelder, M.G., & Shaw, P.M. (1983). Social phobia: A comparative clinical study. *British Journal of Psychiatry, 142*, 174-179.
- Ammerman, R.T., Bodley,, A.L., Putnam, F.W., Lopez, W.L., Holleb, L.J., Stevens, J., & Van Ginkel, J.B. (2007). In-home cognitive behaviour therapy for a depressed mother in a home visitation program. *Clinical Case Studies, 6* (2), 161-180.
- Beck, A.T., & Emery, G. (1985). *Anxiety disorders and phobias: A cognitive perspective*. New York: Basic Books.
- Biedel, D.C. & Turner, S.M. (1988). Comorbidity of test anxiety and other anxiety disorders in children. *Journal of Abnormal Child Psychology, 16*, 275-287.
- Brody, C. M. (Ed.). (1987). *Women's therapy groups, paradigms of feminist treatment*. New York: Springer.
- Brown, G.W., Ni Bhrolchain, M., & Harris, T. (1975). Social class and psychiatric disturbance among women in an urban population. *Sociology, 9* (2), 225-254.
- Butler, G., & Hackmann, A. (2004). Social anxiety. In Bennett-Levy, J., Butler, G., Fennell, M., Hackmann, A., Mueller, M., & Westbrook, D. (Eds.), *Oxford guide to behavioural experiments in cognitive therapy* (pp141-158). Oxford: Oxford University Press.
- Caspi, A., Elder, G.H., Jr., & Bem, D.J. (1988). Moving away from the world: Life-course patterns of shy children. *Developmental Psychology, 24*, 824-831.
- Cheek, J.M. (1983). Cited in Heiser, N.A., Turner, S.M., Beidel, D.C., & Roberson-Nay, R. (2009). Differentiating social phobia from shyness. *Journal of Anxiety Disorders, 23*, 469-476.

Chambless, D.L. & Hope, D.A. (1996). Cognitive approaches to the psychopathology and treatment of social phobia. In P.M. Salkovskis (Ed.), *Frontiers of cognitive therapy*. New York: The Guilford Press.

Chambless, D.L., Tran, G.Q., & Glass, C.R. (1997). Predictors of response to cognitive-behavioral group therapy for social phobia. *Journal of Anxiety Disorder, 11* (3), 221-240.

Chavira, D.A., Stein, M.B. & Malcarne, V.L. (2002). Scrutinizing the relationship between shyness and social phobia. *Journal of Anxiety Disorder, 16*, 585-598.

Clark, D.M., Ehlers, A., McManus, F., Hackmann, A., Fennell, M., Campbell, H., et al. (2003). Cognitive therapy vs fluoxetine in the treatment of social phobia: A randomised placebo controlled trial. *Journal of Consulting and Clinical Psychology, 74*, 568-578.

Clark, D.M., Ehlers, A., McManus, F., Hackmann, A., Fennell, M., Grey, N., Waddington, L., et al. (2006). Cognitive therapy versus exposure and applied relaxation in social phobia: A randomized controlled trial. *Journal of Consulting and Clinical Psychology, 74* (3), 568-578.

Clark, D.M. & McManus, F. (2002) Information processing in social phobia. *Biological Psychiatry, 51*, 92-100.

Clark, D.M., & Wells, A. (1995). A cognitive model of social phobia. In R.G. Heimberg, M.R.Liebowitz, D.A. Hope, and F.R.Schneier, (Eds.), *Social phobia: Diagnosis, assessment and treatment* (pp. 69-93). New York: The Guilford Press.

Edwards, S.L., Rapee, R.M., & Franklin, J. (2003). Postevent rumination and recall bias for a social performance event in high and low socially anxious individuals. *Cognitive Therapy and Research, 27* (6), 603-617.

Fehm, L., Schneider, G., & Hoyer, J. (2007). Is post-event processing specific for social anxiety? *Journal of Behavior Therapy, 38*, 11-22.

Getz, H.G. (2002). Family therapy in a women's group: Integrating marriage and family therapy and group therapy. *The Family Journal: Counseling and Therapy for Couples and Families, 10* (2), 220-223.

Gold, N. (2004). Sexism and antisemitism as experienced by Canadian Jewish women: Results of national study. *Women's Studies International Forum, 27*, 55– 74.

Hagan, T. & Donnison, J. (1999). Social power: Some implications for the theory and practice of cognitive behaviour therapy. *Journal of Community and Applied Social psychology, 9*, 119-135.

Ham, L., Hayes, SA. & Hope, D.A. (2005). Gender differences in social support for socially anxious individuals. *Cognitive Behaviour Therapy, 34* (4), 201-206.

- Heckelman, L.R., & Schneier, F.R. (1995). Diagnostic Issues. In R.G. Heimberg, M.R.Liebowitz, D.A. Hope, and F.R.Schneier, (Eds.), *Social phobia: Diagnosis, assessment and treatment* (pp. 3-20). New York: The Guilford Press.
- Heimberg, R.S., Hope, D.A., Dodge, C.S., & Becker, R.E. (1990). DSM-III-R subtypes of social phobia: Comparison of generalized and public speaking phobics. *Journal of Nervous and Mental Disease*, 178, 172-179.
- Heiser, N.A., Turner, S.M., & Beidel, D.C. (2003). Shyness: Relationship to social phobia and other psychiatric disorders. *Behaviour Research & Therapy*, 41, 209-221.
- Heiser, N.A., Turner, S.M., Beidel, D.C., & Roberson-Nay, R. (2009). Differentiating social phobia from shyness. *Journal of Anxiety Disorders*, 23, 469-476.
- Herbert, J.D. (1995). An overview of the current status of social phobia. *Applied & Preventative Psychology*, 4, 39-41.
- Hirsch, C.R., Clark, D.M., & Mathews, A. (2006). Imagery and interpretations in social phobia: Support for the combined cognitive biases hypothesis. *Behavior Therapy* 37, 223-236.
- Hofmann, S.G., & Bögels, S.M. (2006). Recent advances in the treatment of social phobia: Introduction to the special issue. *Journal of Cognitive Psychotherapy*, 20, 3-5.
- Horwitz, S.M., Briggs-Gowan, M.J., Storfer-Isser, A., & Carter, A.S. (2007). Prevalence, correlates, and persistence of maternal depression. *Journal of Women's Health*, 16 (5), 678-691.
- House, R. (2003). *Therapy beyond modernity: Deconstructing and transcending profession centred therapy*. London: Karnac.
- Hunter, M.S., Ussher, J.M., Cariss, M., Browne, S., Jelley, R., & Katz, M. (2002). Medical (fluoxetine) and psychological (cognitive-behavioural therapy) treatment for premenstrual dysphoric disorder: A study of treatment processes. *Journal of Psychosomatic Research*, 53, 811-817.
- Janet, P. (1903). Cited in Heckelman, L.R., & Franklin, R.S. (1995). Diagnostic issues. In R.G. Heimberg, M.R. Liebowitz, D.A. Hope & F.R. Schneier (Eds.), *Social phobia: Diagnosis, assessment and treatment* (pp.3-20). New York: The Guilford Press.
- Laitinen, I., & Ettore, E. (2004). The women and depression project: Feminist action research and guided self-help groups emerging from the Finish women's movement. *Women's Studies International Forum*, 27, 203-221.

- Liebowitz, M.R., Gorman, J.M., Fyer, A.J., & Klein, A.F. (1985). Social phobia: Review of a neglected anxiety disorder. *Archives of General Psychiatry*, 42, 729-736.
- Mannuzza, S., Fyer, A.J., Liebowitz, M.R., & Klein, D.F. (1990). Delineating the boundaries of social phobia: Its relationship to panic disorder and agoraphobia. *Journal of Anxiety Disorders*, 4, 41-59.
- Markus, H.R., & Kitayama, S. (1991). Culture and the self: Implications for cognition, emotion, and motivation. *Psychological Bulletin*, 98, 2242-253.
- McManus, F., Clark, D.M., Grey, N., Wild, J., Hirsch, C., Fennell, M., Hackmann, A., Waddington, L., Liness, S. & Manley, J. (2009). A demonstration of the efficacy of two of the components of cognitive therapy for social phobia. *Journal of Anxiety Disorders*, 23, 496-503.
- Moloney, P., & Kelly, P. (2004). Beck never lived in Birmingham: Why CBT may be a less useful treatment for psychological distress than is often supposed. *Clinical Psychology*, 34, 4-10.
- Moorey, S. (1996). When bad things happen to rational people: Cognitive therapy in adverse life circumstances. In P.M. Salkovskis (Ed.), *Frontiers of cognitive therapy* (pp. 450-469). Guilford: New York.
- Moscovitch, D.A., Hofmann, S.G., & Litz, B.T. (2005). The impact of self-construals on social anxiety: A gender-specific interaction. *Personality and Individual Differences* 38, 659-672.
- Nicolson, P. (1986). Developing a feminist approach to depression following childbirth. In S. Wilkinson (Ed.), *Feminist social psychology: Developing theory and practice* (pp. 135-149). Milton Keynes: Open University Press.
- Nicolson, P. (1998). *Post-natal depression: Psychology, science and the transition to motherhood*. London: Routledge.
- Oakley, A. (1980). *Women confined*. Oxford: Martin Robertson.
- Öst, L.G. (1987). Age of onset in different phobias. *Journal of Abnormal Psychology*, 96, 223-229.
- Panayiotou, G., & Papageorgiou, M. (2007). Depressed mood: The role of negative thoughts, self-consciousness, and sex role stereotypes. *International Journal of Psychology*, 42 (5), 289-296.
- Pollard, C.A., & Henderson, J.G. (1988). Four types of social phobia in a community sample. *Journal of Nervous and Mental Disease*, 176, 440-445.
- Rachman, S., Grüter-Andrew, J., & Shafran, R. (2000). Post-event processing in social anxiety. *Behaviour Research and Therapy*, 38, 611-617.

- Rapee, R.M. (1995). Descriptive psychopathology of social phobia. In R.G. Heimberg, M.R.Liebowitz, D.A. Hope, and F.R.Schneier, (Eds.), *Social phobia: Diagnosis, assessment and treatment* (pp. 41-66). New York: The Guilford Press.
- Rapee, R.M., & Lim, L. (1992). Discrepancy between self and observer ratings of performance in social phobics. *Journal of Abnormal Psychology, 101*, 727-731.
- Rodebaugh, T.L., Holaway, R.M., & Heimberg, R.G. (2004). The treatment of social anxiety disorder. *Clinical Psychology Review, 24*, 883-908.
- Sanderson, W.C., Di Nardo, P.A., Rapee, R.M., & Barlow, D.H. (1990). Syndrome co-morbidity in patients diagnosed with a DSM-III-Revised anxiety disorder. *Journal of Abnormal Psychology, 99*, 308-312.
- Schneier, F.R., Johnson, J., Hornig, C.D., Liebowitz, M.R., & Weissman, M.M. (1992). Social phobia: Comorbidity and morbidity in an epidemiological sample. *Archives of General Psychiatry, 49*, 282-288.
- Shelton, N., & Johnson, S. (2006). 'I think motherhood for me was a bit like a double-edge sword': The narratives of older mothers. *Journal of Community & Applied Social Psychology, 16*, 316-330.
- Snell, W.E. (1989). Willingness to self-disclose to female and male friends as a function of anxiety and gender. *Personality and Social Psychology Bulletin, 15*, 113-125.
- Stein, M.B. (1996). How shy is too shy? *Lancet, 347*, 1131-1132.
- Stein, S.B. (1999). Coming face-to-face with social phobia. *American Family Physician, 60*, 2244-2247.
- Stein, M.B., Walker, J.R., & Forde, D.R. (1994). Setting diagnostic thresholds for social phobia: Considerations from a community survey of social anxiety. *American Journal of Psychiatry, 151*, 408-412.
- Stopa, L., & Clark, D.M. (1993) Cognitive processes in social phobia. *Behaviour Research and Therapy, 31*, 255-267.
- Strauman, T.J. (1989). Self-discrepancies in clinical depression and social phobia: Cognitive structures that underlie emotional disorders? *Journal of Abnormal Psychology, 98*, 14-22.
- Taube-Schiff, M., Suvak, M.K., Martin, M.A., Bieling, P.J., & McCabe, R.E. (2007). Group cohesion in cognitive-behavioral group therapy for social phobia. *Behaviour Research and Therapy, 45*, 687-698.
- Thomas, V.G. (2004). The psychology of black women: Studying women's lives in context. *Journal of Black Psychology, 30* (3), 286-306.

- Turk, C. Heimberg, R., Orsillo, S.M., Holt, C.S. et al (1998). An investigation of gender differences in social phobia. *Journal of Anxiety Disorders*, 12 (3), 209-223.
- Ussher, J.M. (2000). Women and mental illness. In L. Sherr & J.S. St Lawrence (Eds.) *Women, health and the mind* (pp. 77-90). Chichester: John Wiley & Sons Ltd.
- Van Dam-Baggen, R., & Kraaimaat, F. (2000). Group social skills training or cognitive group therapy as the clinical treatment of choice for generalized social phobia? *Journal of Anxiety Disorders*, 14 (5), 437-451.
- Vriends, N., Becker, E.S., Meyer, A., Lloyd Williams, S., Lutz, R., & Margraf, J. (2007). Recovery from social phobia in the community and its predictors: Data from a longitudinal epidemiological study. *Journal of Anxiety Disorders*, 21, 320-337.
- Wells, A. (1997). *Cognitive therapy of anxiety disorders: A practice manual and conceptual guide*. Chichester: John Wiley & Sons Ltd.
- Wells, A. (2007). Cognition about cognition: Metacognitive therapy and change in generalized anxiety disorder and social phobia. *Cognitive and Behavioral Practice*, 14, 18-25.
- Wells, A., & McMillan, D. (2004). Psychological treatment of social phobia. *Psychiatry*, 3 (5), 56-60.
- Williams, J. & Watson, G. (1994). Mental health services that empower women: The challenge to clinical psychology. *Clinical Psychology Forum*, 64, 6-12.
- Wilson, J.K., & Rapee, R.M. (2005). The interpretation of negative social events in social phobia: Changes during treatment and relationship to outcome. *Behaviour Research and Therapy* 43, 373-389.
- Yalom, I.D. (Ed.). (1995). *The theory and practice of group psychotherapy* (4th ed.). New York: Basic Books.

Section D

Towards self acceptance: A cognitive behavioural approach to working with a woman's experiences of negative evaluation by others

Introduction

This case study aims to offer an example of my clinical work as a counselling psychologist. Vicky (the client's name has been altered to preserve confidentiality) is a woman who was referred to the service suffering from depression, which appeared to be maintained in part from her experiences of being judged by others and her determination to avoid further negative evaluation. Vicky brought a great deal of very rich material to our first meeting and initially did not appear entirely suitable for the short-term therapy I was offering in this primary care setting. I considered the possibility of onward referral, but the psychodynamic therapy unit had just been closed and so I no longer had the option to refer her for longer term therapy. I therefore decided to work with Vicky, but felt it important to be realistic in our expectations about outcome by ensuring that we had clear goals to work towards. The challenge of working with this client was to acknowledge the social context of her life but also to offer beneficial tools for change. Vicky's lived reality is that of a single mother living on benefits who has to raise two children on a limited budget and with no social support. My lived reality as a therapist was to be constrained to six sessions within which to offer or to uncover alternative coping mechanisms to help make the social context more tolerable for her (Moloney & Kelly, 2004). Within these constraints, our work together focused on her belief that she should hide her 'true' self and instead show a self which she believed was more acceptable to others, thus increasing the likelihood of others evaluating her positively and offering acceptance. On completion of our work together it seemed that the strength of our therapeutic relationship was critical in effecting change.

Profile of the client and the referral

Vicky is a white, British woman. She is unemployed and a single mother to two children, aged 12 and 10. She separated from the children's father seven years ago and the children have irregular contact with him. Vicky was referred by her GP and had agreed to attend therapy, although admitted to feeling uncertain that it would help her. She had been on anti-depressants for a year (the third time in 10 years).

I saw Vicky within an NHS Primary Care setting, where she had been on the waiting list for five months. Vicky presented a neat and tidy appearance, looking

considerably younger than her 36 years. Although she was tearful, she appeared very willing to talk to me and to share her experiences.

Presenting Problem

Vicky reported that she had been feeling depressed for about 10 years. She explained that she had made some bad decisions in her life which had left her feeling angry at herself, guilty and very unhappy. This in turn was affecting family life, as she had very little patience with her two children. She tried to show others that she was coping well by keeping her house “immaculate” and always appearing to be in control, but was finding this very difficult to maintain. She told me that her feelings of self-hatred led her to drink one to two bottles of wine a night, but this in turn led her to think of herself as weak and a failure. She said that she did not have anybody with whom she could share her thoughts and feelings.

Background

Vicky told me that she was brought up by her mother as an only child until she was 10 and had no contact with her father. She described this period of her life as a “happy” childhood and considered herself to have been close to her mother. Her mother then remarried and had another daughter. Her stepfather already had a son and a daughter a little older than Vicky from a previous relationship. Vicky described feeling “very pushed out”, believing that her mother no longer cared about her. She recalled her mother telling Vicky that she did not like her and described how she would stay out late nightclubbing as a young teenager, but that her mother and stepfather did not seem to care and did not try to stop her. At 14 she became pregnant and had an abortion. She could not recall any sense of choice or discussion around this decision, but did remember an acute sense of shame whilst in hospital, and a belief that she was being judged by the other women there because she should not have had sex at 14 and “should have known better”. The family tried to keep the abortion a secret, but she recalled the baby’s father shouting at her at a party “You killed my baby”. Vicky left home when she was 16 and had little contact with her parents for a year. When she was 17, Vicky’s mother suffered a brain haemorrhage and nearly died. Vicky explained that after the operation her mother changed, becoming moody, unpredictable and abusive. She told me that it became impossible to disagree with her mother, as this would result in bizarre or frightening

behaviour. For example, one argument led to her mother locking herself in the toilet to take an overdose, texting Vicky each time she took another paracetamol.

Vicky told me that she must always “stay in control” and never let anyone see her upset. She told me she worked hard to keep her house “perfect” and to appear cheerful and well organised. She feared that if she did not present a perfect image to friends they would judge her and abandon her and she would be all alone. She told me that she spent a lot of time crying, and described feelings of low mood, irritability and difficulty sleeping. She told me that she was often angry at the children, shouting at them for making any kind of mess.

Theoretical Framework

Tarrier (2002) argues that in the absence of social equality, psychological treatment can only be a sticking plaster over the wound, but states that cognitive-behaviour therapy (CBT) is the best plaster available. I chose to work within a CBT framework because it is argued to offer proven effectiveness in treating depression (Dobson, 1989) and low self-esteem (Padesky, 1994). In addition it is the recommended psychological treatment for depression according to NICE guidelines (NICE, 2007). Organisational constraints meant that I could only offer this client six sessions and CBT seemed most suited to offer her some tools for change within this time frame by challenging some of Vicky’s ways of thinking.

An intrinsic assumption of the cognitive model is that individuals actively construct their reality (Beck, 1987). The model is content-specific, meaning that cognitive-behaviour therapy focuses on the individual’s particular cognitions in order to maximise treatment efficacy (Persons & Tompkins, 1997). CBT teaches individuals to identify, evaluate and modify their ‘dysfunctional’ thoughts and behaviours by questioning the evidence for their thoughts, examining alternatives and testing hypotheses through exposure tasks. Beck’s (1967) cognitive model of depression suggests that people’s experiences lead to the creation of core beliefs or assumptions about themselves, the world and others, which then act to regulate behaviour (Fennell, 1989). Depression is believed to occur as a result of one or more stressful life events which then trigger the person’s core beliefs (Beck, 1976).

In depression, an individual's predominant cognitive theme may concern personal loss or deprivation (Clark & Steer, 1996).

Low self esteem may be a feature of depression, or it may act as a vulnerability factor. Working on depression without tackling the individual's underlying negative sense of self may therefore impact upon the efficacy of treatment (Fennell & Jenkins, 2004). Padesky (1994) argues that cognitions contributing to low self-esteem will occur at three levels: Core beliefs about the self which interact with beliefs about the world and others; 'dysfunctional' assumptions containing rules to be followed in order to protect self esteem; and negative automatic thoughts which maintain the problem.

The assumption made in CBT is that a person's thoughts mediate their reactions to events and that modification of 'negative' thoughts will positively impact upon their psychological well-being. This assumption has been challenged by Moloney and Kelly (2004) who propose that social and material contexts are overlooked by this model. They argue that the extent to which modification of 'negative' thoughts can beneficially impact upon an individual's psychological state is limited by the existence of "toxic social influences" (Moloney & Kelly, 2004, p.7). The work described with Vicky is informed and guided by the theoretical models discussed above, but I acknowledge that the approach itself makes assumptions which have been criticised and disputed and that these assumptions are inherent in the terminology used. My work is therefore additionally informed by Hagan and Donnison (1999) who argue for the importance of re-framing clients' beliefs within an understanding of their social position. They further argue for the need to avoid pathologising the client through psychiatric terminology such as 'maladaptive assumptions' or 'rational thoughts'. Here I am influenced by Greenberger and Padesky (1995) who have replaced such terminology with alternatives such as 'balanced thoughts'.

Vicky's narrative further suggested difficulties in maintaining mutually supportive relationships with others. In exploring problems with interpersonal relationships there are two models which appeared relevant. The generic cognitive model formulated by Beck, Rush, Shaw and Emery (1979) is posited as useful in challenging beliefs, assumptions and automatic thoughts about relationships, whilst

behavioural experiments in interpersonal situations can further challenge the thoughts and assumptions an individual holds about others (Flecknoe & Sanders, 2004). The second model contributing to work in this area is one formulated by Safran and Segal (1990). This proposes that an individual's way of interacting may invite responses from others which serve to maintain and confirm the individual's interpersonal beliefs. The process of interaction will occur both within and outside the therapeutic relationship and can therefore be targeted in therapy.

Whilst treatment manuals refer to the importance of collaborative empiricism (Beck et al, 1979), Josefowitz and Myran (2005) postulate that traditionally, emphasis has been mainly focused on the specifics of CBT interventions rather than factors which may impact upon and influence the collaborative relationship. Although Young, Klosko and Weishaar (2003) describe current CBT approaches as being more likely to conceptualise the relationship as an integral part of the treatment that can be used in conjunction with technique in order to facilitate change, this is disputed by Miranda and Andersen (2009) who posit that the emphasis on technique has resulted in a de-emphasis of the therapeutic alliance. Furthermore they argue that the focus on challenging cognitive distortions can lead to a client's affect being ignored and may even lead to a rupture of the therapeutic relationship. Greenberg (2009) concurs with the belief in the importance of establishing a positive working alliance in order to allow the client to access emotion.

Holmes (2001) suggests that the therapeutic relationship, regardless of approach, should be defined as a "containing" relationship which allows the client to feel safe. The challenge in CBT is therefore to offer an active, focused treatment which is combined with an empathic stance and collaborative relationship. My work with this client uses cognitive behaviour therapy, but my understanding of the 'collaborative relationship' conceptualised by Beck et al (1979) is defined by the factors identified by Rogers (1957) as core to a positive therapeutic relationship; namely acceptance or unconditional positive regard, empathy and congruence. Greenberg (2009) proposes that these conditions are part of a single therapeutic way of being fully present.

Initial Assessment and Formulation

In recognition of theoretical assumptions that formal diagnosis of symptoms clarifies communication about the client group (Hunter, Ussher, Cariss, Browne, Jelley & Katz, 2002), I assessed Vicky's symptoms as appearing to fit the DSM IV-R category for depression (APA, 1994), including low mood, tearfulness, guilt, irritability, lethargy and insomnia. In addition, she presented a negative sense of self, resulting in low self-esteem. Vicky's assumptions included the beliefs that "if I show vulnerability, people will reject me" and "if people reject me, it means I am unlovable". These assumptions led her to try to live according to her conditional beliefs such as, "if I am perfect, people will like me". Vicky's struggle to live according to these rules appeared to be extremely hard work, leading her to feel a failure. She coped with these feelings by drinking quantities of alcohol, resulting in her feeling less able to cope and thus even more of a failure (see Appendix 1 for case conceptualisation).

This diagnosis appears incomplete in that it positions the symptoms as existing within the individual. A further context-driven assessment suggests that her negativity may be more an outcome of negative experiences that she has endured (Erwin, 1995). This additional emphasis on context may be important in understanding Vicky's problems and is argued to be a fundamental determinant of personal distress within the cognitive behavioural approach proposed by Moloney and Kelly (2004).

Contract and Counselling Plan

Vicky and I agreed to meet for a further five, weekly sessions. Although this felt to be very little in the light of all she had told me, this was in line with organisational constraints. Vicky agreed to the sessions being taped, and confirmed that she understood the issues of confidentiality around this.

Vicky's goals were to stop feeling guilty, to stop drinking, to stop making bad decisions and to stop hating herself. Together we redefined these goals in more positive terms so that Vicky could move towards manageable targets (Kirk, 1989). I wanted to emphasise the possibility of realistic change, but to avoid what Gambrell (1977) terms the 'dead man's solution', where no negative emotions or thoughts are

expected to be experienced. We agreed to work on reducing her guilt and her alcohol intake. We also agreed to consider some of the decisions Vicky has made, and to explore Vicky's need to stay in control.

Development of the Therapy

I used the first session to explore Vicky's current difficulties and to gain some understanding of the background to the problem; to start to uncover core beliefs about herself, the world and others (Beck, 1967) and to orient Vicky to the cognitive behavioural model by explaining the link between thoughts, emotions and behaviour.

In the second session, Vicky reported feeling very tearful over the previous week. She had managed two evenings without drinking, which had made her feel more positive. She reported how she had thought "I'm never going to drink again". When she subsequently did so, she told me that she hated herself for being weak and saw herself as a failure. Clark and Coker (in press) propose that self-criticism is a central maintaining factor of dysfunctional perfectionism. Clark (1989) emphasises the importance of working with clients to evaluate their negative automatic thoughts and to substitute these with more 'realistic' thoughts. Our second session thus worked on identifying some of Vicky's ways of thinking (identified by Wells (1997) as 'cognitive distortions'), which included thinking in all-or-nothing terms and setting herself unrealistic standards (Clark, 1989). Furthermore we considered how she might set herself up for failure by setting herself the goal of perfection.

We explored the trigger to one drinking episode, where Vicky had thought about the evening ahead of her and had had the following sequence of thoughts: "I must cook tea. The kids won't eat it. I'll have to clear up alone. The kids will be in their bedrooms all evening. I'll have nothing to do". Wells (1997) stresses the importance of socialising the client to the cognitive model by demonstrating the link between cognition, emotion and behaviour. We considered how these thoughts had led to her feeling sad and lonely, and to the behavioural coping strategies of comfort eating and opening a bottle of wine, which led to further negative thoughts such as "I hate myself", and "I'm weak" (Fennell, 1989). In addition, Salkovskis (1999) advises of the importance of normalising the client's thoughts, which I tried to do – who wouldn't feel depressed having this sequence of thoughts?

We spent some time considering the balance in her typical week and concluded there was very little for Vicky to look forward to or to enjoy in her day. Together we planned some pleasurable activities for the coming week, with the aim of increasing the proportion of satisfying activities (Fennell, 1989). In addition, we discussed working towards *reducing* her alcohol intake, rather than stopping completely. My aim was to help Vicky restructure her rules and assumptions that she must never drink, and that if she does she is a failure (Wells, 1997). We also considered alternative activities which she might consider as a reward instead of a glass of wine, such as watching a favourite television programme or having a long, hot bath. By following Greenberger and Padesky's (1995) suggestion to work towards more *balanced* thinking, I hoped to increase Vicky's self-esteem by accepting herself as 'good enough' rather than aiming for perfection.

I had expected to revisit this work the following week, but Vicky came to the third session very upset that none of her family had called on her son's birthday. This felt to be very important to her, and so I decided to hold on to my thoughts about the work we had done and allow Vicky to set the agenda. She told me that although she felt very upset by her family, she must never show her vulnerability or she would be further hurt by them. Vicky described feeling very isolated from the rest of the family and believed that this was because she was back in touch with her mother. We explored some of Vicky's complex feelings about her mother, and her fear of being just like her. She described her mother as uncaring, thoughtless, hurtful and aggressive, and rated her likeness to her mother as 100% which left her feeling anxious and depressed. Together we completed a thought record (Greenberger & Padesky, 1995) about the thought "I am just like my mother". Vicky was surprised to find that she could generate many alternative thoughts to suggest she is not like her mother, and her belief dropped from 100% to 30%.

Fennell and Jenkins (2004) suggest that negative core beliefs about the self lie at the centre of low self-esteem. Having challenged Vicky's belief that she was like her mother, I also wanted to explore her beliefs about others and the world and how this affected her interaction with others. We considered her core belief about herself as being weak and her belief about others as judgemental and hostile and how this

belief had been activated by the lack of contact by family members on her son's birthday. She told me she felt it was evidence that no one ever wants to help her, which seemed to leave her feeling isolated and alone. I was aware that Vicky had taken a risk in telling me about how vulnerable and upset she felt. Satir (2000) argues that the therapist's use of self is the main tool for change for the client and I hoped that a congruent response to her beliefs by offering feedback on my thoughts might help empower her in this new way of interacting with someone else. I suggested to Vicky that it might be difficult for someone to offer help to her, and wondered how she might react if they did. Vicky was quick to recognise that she would push them away. Safran and Segal (1990) suggest that an individual's way of interacting may encourage responses from others which act to maintain and confirm the individual's interpersonal beliefs. We therefore explored the idea that others had learned to behave towards her in a way which confirmed Vicky's apparent truth about others.

Hardy, Cahill and Barkham (2009) propose that interpretations by the therapist which allow links and connections to be made within clients' interpersonal themes can be beneficial and can increase the quality of the therapeutic alliance. My relational interpretations appeared to encourage Vicky to make her own further links and to consider how her cognitions and behaviour may be impacting upon her experience of relating with others. However, just changing a client's cognitions may not be enough. Fennell and Jenkins (2004) advise that behavioural experiments are crucial to ground the belief change in direct experience. We therefore agreed a task where she would ring her sister and share some of her thoughts and feelings in order to test her belief that showing vulnerability leads to criticism and abandonment.

I was aware how much Vicky had allowed her vulnerability to show in our sessions and I asked her how it felt to cry in front of me. She told me how uncomfortable it made her feel, not only because she saw it as weakness, but because she felt I must be thinking that too. Hardy et al (2009) argue that clients emphasise the importance of warmth and emotional involvement by the therapist to define a good working alliance, whilst Young et al (2003) emphasise the importance of empathising and validating a client's reactions towards their therapist as understandable, given their life history. I therefore normalised her reaction and also let her know how much I

admired her for taking such a risk with me. The emerging strength of our relationship thus appeared crucial to the work we were doing together by allowing Vicky to express her emotions and to risk my judgement. This served as an important step in challenging the accuracy of her beliefs about others as hostile and judgemental. It also allowed Vicky to experience a changing view of herself with me, which she was then able to extend with others. Hardy et al (2009) define this as a positive outcome of the client-therapist interaction.

In session four Vicky reported that she had carried out the task we had agreed. She had rung her sister and told her how difficult she finds their mother. To her surprise she found that her sister, who she thought coped extremely well with their mother, had struggled with many of the same issues, and sympathised with her. In addition, she had rung her step-sister and found that the lack of contact on her son's birthday was not because of her mother but because of some of her step-sister's own, unrelated problems. Vicky also told me that she had got more done at home by not drinking in the early evening; she had allowed herself one or two glasses of wine as a reward and told me she was feeling more in control as a result. I was pleased that Vicky had managed to get things done, but was concerned that I was reinforcing her need for control by showing this pleasure. However Vicky's reality was that she *did* have to get certain things done at home as she did not have anyone to support her in looking after her children. Hagan and Donnison (1999) argue that assumptions about what is possible for the client to achieve need to be formulated within an explicit focus on social power relations in the real world. My aim with Vicky was to aim for 'balanced thinking' about her options (Padesky & Greenberger, 1995) within her lived reality. We therefore worked towards a goal of getting things done to a 'good enough' standard without aiming for perfection.

Over the course of the first four sessions, we had uncovered the belief that "I must always be perfect" and the assumption that "if I am not perfect, others will abandon me". We had considered the link between these assumptions and her past experiences, firstly as a child when the family changed considerably to include her step-father and a new sister, and secondly her experiences of critical others as a teenager dealing with an unplanned pregnancy. We thought about how those experiences may have influenced the formation of her assumptions and beliefs. We

then discussed how critical incidents might lead these assumptions to be activated, resulting in a series of negative automatic thoughts and the accompanying symptoms of depression. Vicky had experienced a certain amount of powerlessness as a child and as a teenager and her assumptions about others seemed to be based on her lived reality and therefore highly functional rather than a 'maladaptive' schema (Hagan & Donnison, 1999). I offered these ideas to Vicky with the aim of encouraging her to think about the wider context within which her low self-esteem had developed as a rational and adaptive response to earlier experiences (Hagan & Donnison, 1999).

In session five Vicky reported that she had started smoking again and was feeling both angry and guilty about this. Her belief that "I must be perfect" was once again driving her anger at 'failing'. I found myself feeling disappointed that Vicky had not been able to transfer the cognitive strategies we had practised and wanted to devote the session to challenging Vicky's need to be perfect. This made me wonder if I was picking up on her need to be perfect and unintentionally reinforcing this behaviour through my disappointment that she had not remembered and acted upon our work together. However, Vicky had a clear idea of how she wanted to use the session, telling me that she had an important secret she wanted to share. She told me that six years ago she had developed a cocaine habit which led to her losing her home. Subsequently she had experienced overwhelming guilt, believing that she had neglected her children during this period and been a bad mother.

Wright, Basco and Thase (2006) suggest that whilst an agenda gives direction to the session, this can be deviated from if important new topics emerge. Hardy et al (2009) propose that the therapist's ability to be responsive and flexible is paramount in maintaining the relationship. The planned agenda in this session thus changed focus to explore Vicky's guilt and shame, both about her drug habit but also about her beliefs that she had failed her children. My response was intended to demonstrate my empathic acceptance of her experiences and to allow her to express and explore her guilt. We then considered the link between the guilt she carried and her need to be perfect, and started to work on challenging this need, now that we understood more of what was driving it.

Once again Vicky offered evidence of her extreme thinking, describing herself as a 'failure' for having had a drug habit, and now for smoking again. We spent some time considering the idea of failure and perfection as end points on a continuum (Leahy, 2003) and I asked Vicky whether she knew anyone that was perfect. I had expected from her extreme thinking that she would be able to think of a number of people who appeared perfect and found myself surprised that she could think of no-one. I could usefully have shared what this meant, emphasising the point that no-one is perfect. Instead I decided to ask her about her children and where they sat on the continuum. She told me that they would be "quite high up". I then asked her to think about her son's room right now, and where that might place him on the continuum. She laughed and told me "right the way down the bottom!" which made me laugh too. Having a strategy to direct the line of questioning can help clients see inconsistencies in their beliefs or assumptions (Wright et al, 2006). I knew how important Vicky's children are to her, but also how vital it is to have an immaculate house to show that she is in control. I felt that if I could link the idea that someone almost perfect can be messy, and also that she can see someone who is messy as almost perfect, it might be a really valuable way of attacking her rigid view of herself as a failure. This moment in our therapeutic relationship appeared to be a moment of real connection. I found myself feeling extremely emotional, almost tearful, at this point and could not work out quite what my feelings were towards Vicky. In some way it felt to be a connection based on my understanding of her, mother to mother, as I had accurately guessed what her son's bedroom might be like and felt I could use this therapeutically, but my feelings were too powerful to be this alone. I also felt extremely maternal towards her. Perhaps this allowed me to offer in this moment the unconditional acceptance and understanding she craved so much from her own mother. Lazarus (2006) states that humour can enhance rapport and we both appeared to experience this moment as one of close, empathic understanding. I then asked Vicky to think about the last time her son had done something that she considered to be good and where that would place him on the continuum. She told me he was back up at the top and I asked her to tell me what had put him there, as I wanted her to vocalise how, over the last few minutes, he had slid up and down the scale.

We discussed how Vicky can recognise that others do not have to be perfect all the time, but can still be lovable and considered whether these 'rules' might also apply to Vicky. We considered an alternative definition of getting over a drug habit, framing it as a success rather than a failure, challenging her belief that she was a weak person by considering the strength she had shown in overcoming her addiction. Greenberg (2009) postulates that the therapist's unconditional acceptance of the client's experience allows for a reduction of interpersonal anxiety and the capacity to tolerate greater intrapersonal anxiety. Our work together towards understanding and challenging Vicky's beliefs about herself appeared extremely beneficial to her. However, I was also aware towards the end of the session that I was very quick to summarise our work for Vicky, rather than encouraging her to take the lead in this and to consider what we had learned. Perhaps my maternal protective feelings towards her in this session affected my ability to engage in collaborative empiricism (Beck et al, 1979).

In the final session, Vicky reported heightened anxiety. She wanted to continue behaving in a more open, and trusting manner, but was frightened that, when therapy ended, she would return to her old ways of 'bottling things up'. Rouf, Fennell, Westbrook, Cooper and Bennett-Levy (2004) emphasise the importance of allowing enough time for reflection on what was learned in each experiment, and for a review of the new learning. We therefore spent some time considering recent examples when she had acted differently, the risks she had taken both within and outside the therapy room, the hypotheses she had tested and the benefits she had discovered. It was a session aimed at cementing some of her new ways of thinking. It also felt to be a very positive ending to our therapeutic relationship.

Use of Supervision

Focusing in supervision on Vicky's decision to tell me about her addiction also allowed me to reflect on the strength of our therapeutic relationship. Josefowitz and Myran (2005) suggest that a client will only risk disclosing shaming or embarrassing issues once a positive working alliance has been established. The new information that Vicky shared with me about her previous addiction led to a reformulation of the problem, as it seemed that her drug habit may have acted as a triggering event for some of her feelings and beliefs and we were then able to work with this. The

strength of the relationship encouraged Vicky test her belief that she must always be in control and hide her vulnerability, as she was able to share the secret of her past addiction and its accompanying burden of guilt. In doing so she risked losing my regard and showed real courage in taking this risk.

Whilst the concept of transference originates from psychoanalysis, with its focus on the unconscious, in CBT the transferential focus is on an awareness of habitual ways of thinking and acting which may be re-enacted in the therapeutic relationship (Wright et al, 2006). From my reflections on this session I was able to use this awareness of her usual way of thinking and behaving to inform our last session together. We were able to really focus on the risk she had taken in our relationship by showing herself to be vulnerable and imperfect. We were able to reflect on what she had learned from this new behaviour and think about new ways for her to test her beliefs and assumptions further. Safran and Segal (1990) suggest that an individual's way of interacting serves to confirm their beliefs. We were able to reflect on how Vicky's altered way of interacting with others, which she first tested in the therapy room, had encouraged a different response from others, such as her sister and sister-in-law, thus challenging her beliefs that others would judge her or hurt her if she showed weakness.

My supervisor also encouraged me to be aware of the process in our work. An important theme running through Vicky's life was of loss, and this would apply to the ending of our therapy too. This was helpful in thinking about our final session and the importance of offering Vicky a 'good' ending to our relationship. My supervisor agreed that I could offer Vicky a further session for her to use within the next six months if she felt it necessary. This felt to be a very powerful intervention, as it demonstrated my commitment to her, thus continuing to challenge her belief that showing vulnerability would lead to judgement and abandonment. It also led me to question the inflexibility of the six session model of CBT generally offered in Primary Care. Fennell (1997) suggests that for problems of low self-esteem the influences of early experiences and current maintainers need to be explored. She proposes a model of CBT set within a longer time frame which shifts the emphasis more significantly to working on the past with greater emphasis on the therapeutic

relationship. Although our work did emphasise the therapeutic relationship, I found myself wishing that I could have worked longer with Vicky.

Evaluation of the Work

Each week brought the challenge of allowing Vicky space to bring her problems, whilst maintaining a focus on our therapeutic goals. The amount and complexity of the material Vicky brought sometimes led to me feeling that our sessions were a little disjointed, but all of them challenged her quest for perfection and her need to hide her vulnerability. In thinking about how I could have improved this work, my initial concerns were that the sessions could have been more clearly structured. And yet, in considering this, I am also aware of how Vicky struggled to hide her confusion from others. Perhaps my tolerance of the 'messiness' of our sessions challenged her belief that her emotional turmoil cannot be tolerated by others.

What did feel to be highly therapeutic was the quality of our relationship. Wright and Davis (1994) state that treatment efficacy is strongly influenced by the therapeutic relationship and Beck, Wright, Newman and Liese (1993) concur, suggesting that without warmth, accurate empathy and genuineness, CBT therapy becomes "gimmick oriented" (Beck et al, 1993, p.135). Bozarth (2002) defines these variables relating to treatment efficacy as the core conditions of empathy, genuineness and unconditional positive regard as proposed by Rogers (1957) and this definition influenced my approach towards building a therapeutic relationship with Vicky.

Vicky was clearly motivated to find new ways of thinking and behaving, and demonstrated new behaviour in showing vulnerability and greater openness to others. She also started to reduce her need for perfection, aiming for more achievable standards, and reported a reduction in her feelings of guilt. Her alcohol intake dropped dramatically. All these changes were beneficial outcomes of the therapy. Although NICE (2007) guidelines recommend 6-8 sessions of CBT for depression, spread over 10-12 weeks, and this work appeared effective, I was left wondering what more we could have achieved with additional sessions. Vicky's anxiety at the end of the therapy perhaps therefore also reflected my own – there was more that could have been worked with and that felt a little unsatisfying for both

of us. My concerns were not about the therapeutic model per se, but about the organisationally imposed sessional constraints within which we worked. A longer period of therapy may have allowed more time to focus on the importance of past experiences and current maintainers of Vicky's low self-esteem (Fennell, 1997). A greater understanding of the influence of the social context in determining her sense of self and her current experience of low self-esteem and depression might have further enabled Vicky to reduce her internalised beliefs about guilt and failure. This also led me to question my own ideals – my wish to 'complete' work with a client is unrealistic in a Primary Care setting.

In spite of these concerns, through working with Vicky I was able to challenge my own negative automatic thoughts that we might not be able to effect beneficial change in six sessions. In thinking about this work I am struck by a key theme in the therapy. My aim was to help Vicky work towards being 'good enough' rather than aiming for perfection. I am left wondering who these words were for – client or therapist?

References

APA. (1994). *Diagnostic and statistical manual of mental disorders*, Revised, 4th Ed. Washington, DC: American Psychiatric Association.

Beck, A.T. (1967). *Depression: Causes and treatment*. Philadelphia: University of Pennsylvania Press.

Beck, A.T. (1976). *Cognitive therapy and the emotional disorders*. International Universities Press: New York.

Beck, A.T. (1987). Cognitive models of depression. *Journal of Cognitive Psychotherapy*, 1, 2-27.

Beck, A.T., Rush, A.J., Shaw, B.F., & Emery, G. (1979). *Cognitive therapy of depression*. New York: Guilford Press.

Beck, A.T. Wright, F.D., Newman, C.F., & Liese, B.S. (1993). *Cognitive therapy of substance abuse*. New York: Guilford Press.

Bozarth, J.D. (2002). Empirically supported treatments: Epitome of the 'specificity myth'. In J.C. Watson, R.N. Goldman & M.S. Warner (Eds.), *Client-centred and experiential psychotherapy in the 21st century: Advances in theory, research and practice* (pp.168-203). Ross-on-Wye: PCCDS Books.

Clark, D.A. (1989). Anxiety states. In K.Hawton, P.M. Salkovskis, J. Kirk, & D.M. Clark (Eds.), *Cognitive behaviour therapy for psychiatric problems: A practical guide* (pp. 52-96). Oxford: Oxford University Press.

Clark, D.A. and Steer, R.A. (1996). Empirical status of the cognitive model of anxiety and depression. In P.M. Salkovskis (Ed.), *Frontiers of cognitive therapy* (pp. 75-96). New York: Guilford Press.

Clark, S. and Coker, S. (in press). Perfectionism, self-criticism and maternal criticism: A study of mothers and their children. *Personality and Individual Differences*.

Dobson, K.S. (1989). A meta-analysis of the efficacy of cognitive therapy for depression. *Journal of Consulting and Clinical Psychology*, 57(3), 414-419.

Fennell, M.J.V. (1989). Depression. In K.Hawton, P.M. Salkovskis, J. Kirk, & D.M. Clark (Eds.), *Cognitive behaviour therapy for psychiatric problems: A practical guide* (pp. 169-234). Oxford: Oxford University Press.

Fennell, M.J.V. (1997). Low self-esteem: A cognitive perspective. *Behavioural and*

Cognitive Psychotherapy, 25 (1), 1-25.

Fennell, M.J.V. & Jenkins, H. (2004). Low self-esteem. In J. Bennett-Levy, G. Butler, M. Fennell, A. Hackmann, M. Mueller, & D. Westbrook (Eds.), *Oxford guide to behavioural experiments in cognitive therapy* (pp.413-430). Oxford: Oxford University Press.

Flecknoe, P. & Sanders, D. (2004). Interpersonal difficulties. In J. Bennett-Levy, G. Butler, M. Fennell, A. Hackmann, M. Mueller, & D. Westbrook (Eds.), *Oxford guide to behavioural experiments in cognitive therapy* (pp.393-409). Oxford: Oxford University Press.

Gambrill, E.D. (1977). *Behavior modification: handbook of assessment, intervention and evaluation*. San Fransisco: Jossey-Bass

Greenberg, L.S. (2009). Emotion in the therapeutic relationship in emotion-focused therapy. In P. Gilbert, & R.L. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioural psychotherapies*. (pp. 43-62). Hove, East Sussex: Routledge.

Greenberger, D. & Padesky, C.A. (1995). *Mind over mood: Change how you feel by changing the way you think*. New York: Guilford Press.

Hagan, T. & Donnison, J. (1999). Social power: Some implications for the theory and practice of cognitive behaviour therapy. *Journal of Community & Applied Social Psychology*, 9, 119-135.

Hardy, G., Cahill, J., & Barkham, M. (2009). Active ingredients of the therapeutic relationship that promote client change. In P. Gilbert, & R.L. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioural psychotherapies*. (pp. 24-42). Hove, East Sussex: Routledge.

Holmes, J. (2001). *The search for the base: Attachment theory and psychotherapy*. Hove: Brunner-Routledge.

Josefowitz, N., & Myran, D. (2005). Towards a person-centred cognitive behaviour therapy. *Counselling Psychology Quarterly*, 18 (4), 329-336.

Kirk, J. (1989). Cognitive-behavioural assessment. In K.Hawton, P.M. Salkovskis, J. Kirk, & D.M. Clark (Eds.), *Cognitive behaviour therapy for psychiatric problems: A practical guide* (pp. 13-51). Oxford: Oxford University Press.

Lazarus, A. (2006). In Goldwin, E., Bordan, T., Araoz, D.L., Galdding, S.T., Kaplan, D., Krumblytz, J., Humor in counseling: Leader perspectives. *Journal of Counseling and Development*, 84, 397

Leahy, R.L. (2003). *Cognitive therapy techniques: A practitioner's guide*. New York: The Guilford Press.

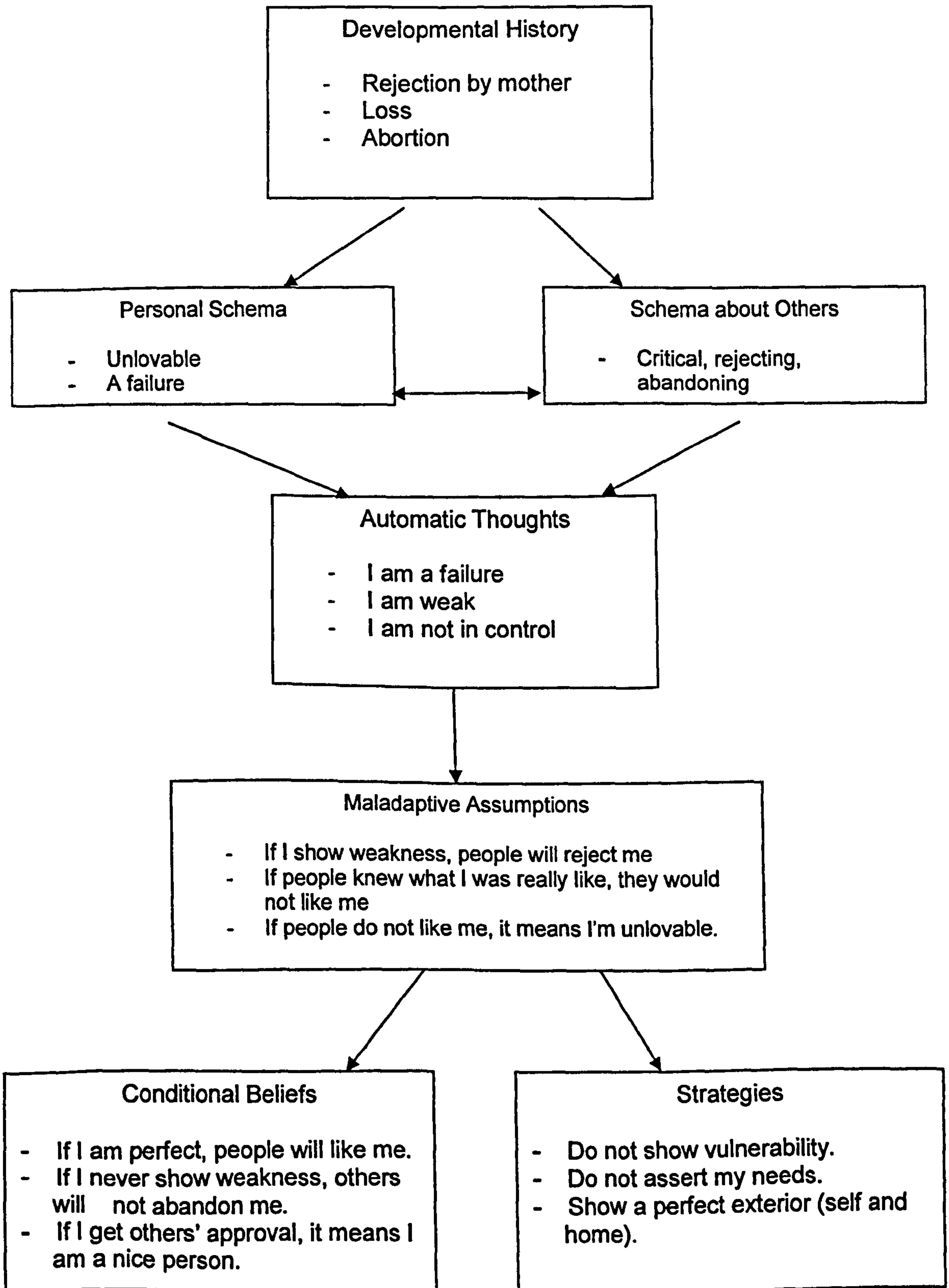
- Miranda, R. & Andersen, S.M. (2009). The therapeutic relationship. In P. Gilbert, & R.L. Leahy (Eds.), *The therapeutic relationship in the cognitive behavioural psychotherapies*. (pp. 63-89). Hove, East Sussex: Routledge.
- Moloney, P. & Kelly, P. (2004). Beck never lived in Birmingham: Why CBT may be a less useful treatment for psychological distress than is often supposed. *Clinical Psychology*, 34, 4-10.
- National Institute for Clinical Excellence (NICE). (2007). *Depression: Management of Depression in Primary and Secondary Care*. No. 23. London: National Institute for Clinical Excellence.
- Padesky, C.A. (1994). Schema change processes in cognitive therapy. *Clinical Psychology and Psychotherapy*, 1, 267-278.
- Persons, J.B. & Tompkins, M.A. (1997). Cognitive-behavioral case formulation. In T.D. Eells (Ed.), *Handbook of psychotherapy case formulation* (pp. 314-339). New York: The Guilford Press.
- Rogers, C.R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95.
- Rouf, K., Fennell, M., Westbrook, D., Cooper, M., & Bennett-Levy, J. (2004). Devising effective behavioural experiments. In J. Bennett-Levy, G. Butler, M. Fennell, A. Hackmann, M. Mueller and D. Westbrook (Eds.) *Oxford guide to behavioural experiments in cognitive therapy* (pp. 21-58). Oxford: Oxford University Press.
- Safran, J.D. & Segal, Z.V. (1990). *Interpersonal process in cognitive therapy*. New York: Basic Books.
- Salkovskis, P.M. (1999). Understanding and treating obsessive-compulsive disorder. *Behaviour Research and Therapy* 37, 29-52.
- Satir, V. (2000). The therapist story. In M. Baldwin (Ed.). *The use of self in therapy*, 2nd ed., (pp. 17-27). New York: The Haworth Press Inc.
- Shafran, R., Cooper, Z., & Fairburn, C.G. (2002). Clinical perfectionism: A cognitive-behavioural analysis. *Behaviour, Research and Therapy*, 40, 773-791.
- Tarrier, N. (2002). Yes, cognitive behaviour therapy may be all that you need. *British Medical Journal*, 324, 293-298.
- Wells, A. (1997). *Cognitive therapy of anxiety disorders: A practice manual and conceptual guide*. Chichester: John Wiley & Sons Ltd.
- Wright, J.H., Basco, M.R., & Thase, M.E. (2006). *Learning cognitive-behavior*

therapy: An illustrated guide. Arlington, VA: American Psychiatric Publishing Inc.

Wright, J.H., & Davis, D. (1994). The therapeutic relationship in cognitive-behavioral therapy: Patient perceptions and therapist responses. *Cognitive and Behavioral Practice, 1*(1), 25-45.

Young, J.E., Klosko, J.S., & Weishaar, M.E. (2003). *Schema therapy: A practitioner's guide.* New York: Guilford Press.

APPENDIX 1: My Initial Case Conceptualisation for Vicky



Case conceptualisation diagram adapted from Leahy, 2003, p97