

'I can't be this, you know, ideal mum': An
investigation into the discursive construction of
first-time motherhood

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The candidate confirms that the work submitted is her own and that appropriate credit has been given where reference has been made to the work of others

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Abstract

This thesis reports the findings of a sociolinguistic investigation into how six women negotiated the transition to first-time motherhood and the role that language played in this transition. Despite the ubiquity of the social identity of 'the mother', little sociolinguistic research has been dedicated to the analysis of how speakers performatively enact this identity position. I take a sociocultural linguistic approach to the relationship between language and identity in order to answer the central question of this thesis: how do hegemonic discourses of motherhood affect women's experience of motherhood and the linguistic enactment of a mother identity position?

My analysis focuses on how women negotiate their place in relation to three hegemonic discourses of motherhood which were pertinent to the women in this study: 'natural birth', 'breast is best' and 'child-centeredness'. Through a stance analysis of the women's talk about motherhood, I reveal some of the tensions and conflicts inherent in contemporary hegemonic discourses of motherhood, which are potentially damaging to women. Through interactional analysis of key extracts, I investigate how the women in my study manage these tensions and I demonstrate the complex labour that underpins the enactment of a 'socially acceptable' mother identity position. In doing so, I further problematise the ideological notion that becoming a mother is a 'natural' process.

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Transcription conventions

(Adapted from Jones 2012)

(.)	- pause less than 0.5 seconds
(0.5)	- longer pause over 0.5 seconds
[]	- overlapping talk
<u>text</u>	-emphasised word relative to surrounding talk
te-	-word cut off
< text >	- description of prosody/non-verbal activity/transcriber comments
{text}	- stretch of talk over which comment applies
te::xt	- stretched sound
/	- latching (no pause between speaker turns)
<@ text @>	- laughing quality
text?	- end of intonation unit; rising intonation
text.	- end of intonation unit; falling intonation
<* text *>	- rapid speech
(XX)	- unclear section

1 Situating the research

1.1 Research aims and objectives

This study is a sociolinguistic investigation into how women negotiate their transition to first-time motherhood and the role that language plays in this transition. I followed six women living in the north of England during their transition to first-time motherhood. Interviews began when women were in the third trimester of pregnancy and ended approximately six months after the birth of their first child. The data presented here is taken from the 32.9 hours of interviews I recorded during 16 months of ethnographic fieldwork. The aim of this thesis is to answer the following interdependent questions:

- (i) How do hegemonic discourses about motherhood affect the way women can construct their identities as mothers?
- (ii) How do women use language to negotiate the transition to first-time motherhood?
- (iii) How do women use language to enact their emerging identities as mothers?

In order to answer these questions, I take a sociocultural linguistic approach to examine the struggles women faced as they negotiated their transition to first-time motherhood and sought to enact their own 'socially acceptable' mother identities. Furthermore, I explore how women discursively positioned themselves in relation to hegemonic discourses of motherhood and illuminate the implications that this had for their emerging mother identities.

1.2 Why motherhood?

Motherhood is a highly visible social identity with which we are all very familiar, both through our own personal experiences and the debates about motherhood that are played out in the media. During the course of this research it felt like not a day went by without some headline related to motherhood appearing online or in the mainstream news media, from the uproar surrounding the Duchess of Sussex's reported desire to have a home birth, to debates around paid surrogacy or what we can do about low breastfeeding rates. Motherhood also appeared as the subject of much of the entertainment I consumed, such as comedy shows like Amy Schumer's Netflix stand-up special *Growing* (2019) or the series *The Letdown* (2018); poetry collections, such as McNish's (2016) *Nobody told me: Poetry and Parenthood*; Instagram accounts, such as *the Unmumsy Mum* (Turner 2019) and *Part-time Working Mummy*

(Hambleton 2019); podcasts, such as Giovanna Fletcher's (2017) *Happy Mum Happy Baby* and television documentaries such as Louis Theroux's *Mothers on the Edge* (2019). Motherhood was everywhere.

On some level, we each have an implicit understanding of what a mother is. This familiarity, however, may encourage us to ignore or overlook that fact that 'there is, of course, no single meaning or given experience of motherhood' (McMahon 1995:3). How women experience and understand motherhood exhibits both historical and social variability (McMahon 1995:3). Regardless of this variability, motherhood is typically conceptualised as 'a "natural"' biological unfolding, as calm and inevitable as calving in the spring or peaches ripening and dropping from the tree' (Wolf 2001:3). This representation conceals the fact that although the act of giving birth may be a 'natural' biological process, it does not follow that 'becoming a mother' is also 'natural' (Wolf 2001:5). Indeed, 'not all women who give birth have their (potential) identities as mothers socially validated' (McMahon 1995:18). For example, within the UK the social figure of 'the chav mum or pramface, with her hoop earrings, sports clothes, pony tail...and gaggle of mixed race children' (Tyler 2008:26) is routinely evoked as the epitome of 'bad motherhood'. Although the figure of the 'chav mum' is mobilised in the media to demonise young, working-class, single mothers, it also plays on the anxieties of older, middle-class 'career women' who are represented as selfish for delaying motherhood and thus jeopardising their reproductive potential (Tyler 2008:30). We can, therefore, see that 'the very term "motherhood" connotes a falsely static state of being rather than of a socially and historically variable relationship' (McMahon 1995:3).

If we are to do away with the understanding of motherhood as a 'natural' and static social identity, we must instead recognise that 'new mothers are not born but, through a great effort, *made*' (my emphasis, Wolf 2001:5). We can, therefore, conceptualise 'the mother' as an identity one must performatively enact using social semiotic resources (such as language). With this understanding established, I argue that motherhood is a prime site of investigation for those taking a sociocultural approach to identity, as it allows us to examine both the 'linguistic construction of identity in social interaction and the relationship between individual speaker agency and larger social structures and processes' (Bucholtz and Hall 2008:404). This is because there is nothing 'natural' or inevitable about what we understand 'good' or 'bad' motherhood to be. Motherhood is a socially constructed gendered identity constrained by multiple hegemonic discourses and ideologies. Furthermore, the transition to motherhood is a period in which women 'are grappling with questions about identity' (Wolf 2001:4). By investigating how women 'do' motherhood in interaction, we are able to illuminate the

relationship between individual identity construction and the structures which constrain/enable it.

1.2.1 Researching motherhood

Despite the ubiquity of the social identity of the mother, relatively little sociolinguistic research has been dedicated to its analysis. The majority of work on motherhood that has been conducted comes from the field of language, gender and sexuality. Scholars in the field have, for example, analysed motherhood in the context of family dynamics (Ochs and Taylor 1995; Tannen 2003; Wagner 2010). In their seminal analysis of a series of family dinner time narratives, Ochs and Taylor (1995) argue that by encouraging children to recount their daily activities to fathers, mothers unwittingly set up a 'father knows best' dynamic. Within this dynamic, fathers are understood to be 'primary audience, judge, and critic of family members' actions, conditions, thoughts and feelings' (Ochs and Taylor 1995:99). The result of this practice is that fathers are afforded a powerful position within the family structure, which reproduces hegemonic ideologies of gender which are 'deeply rooted [in] politics of asymmetry' (Ochs and Taylor 1995:117). Taking Ochs and Taylor's (1995) study as a starting point, Tannen (2003:200) argues that rather than viewing family interactions solely in terms of power struggles, they should also be viewed as 'ongoing struggles for connection'. For Tannen (2003:186), 'the father-knows-best dynamic results from gender differences in assumptions about the place of talk in a relationship', rather than male dominance. Wagner (2010) investigated whether the power dynamics reported by Ochs and Taylor (1995) are also found in lesbian parental relationships. She argued that whilst evaluative comments over dinner time narratives do create power hierarchies within lesbian parental relationships, the partner set up to be primary audience 'does not presume to be judge' (Wagner 2010:63). There was, therefore, 'a lack of clear overall patterns of dominance' within the families studied (Wagner 2010:63).

Motherhood has also been examined from the perspective of narrative analysis. Page (2002) compared the child-birth narratives of men and women, in order to identify gender related similarities and dissimilarities in the construction of such narratives. More relevant to this research is Schiffrin's (1996) investigation into the narratives of two middle-aged women, which allowed them to, among other things, 'display their social identities as mothers' (Schiffrin 1996:167). However, Schiffrin primarily focused on how women constructed the mother/daughter relationship and negotiated family conflict. Moving away from the study of family dynamics and narrative, language, gender and sexuality scholars have utilised critical discourse analysis in order to investigate representations of parenthood. Sunderland (2000)

found, for example, that within parentcraft texts women are routinely positioned as primary carers whilst fathers are positioned as ‘bumbling assistants’. Similarly, in her analysis of modern childcare magazines, Sunderland (2006) found that although such publications typically use the gender-neutral term *parenting*, fathers are addressed less frequently than mothers. Mothers are, therefore, still represented as primary caregivers when it comes to childcare. Brookes et al (2016) provide a multimodal critical discourse analysis of two infant feeding pamphlets widely distributed in the UK in order to identify the discursive strategies commonly used in the promotion of breastfeeding.

In the field of linguistic anthropology, Elinor Ochs (1992) provided a cross-cultural comparison of the communicative practices of Western Samoan mothers and white, middle-class American mothers. Focusing exclusively on how women communicate with their children, Ochs (1992:354) argued that mothering ‘demeanours’ exhibit cross-cultural variability. Furthermore, she suggested that Western-Samoan mothers ‘enjoy a more prestigious position vis-à-vis their offspring than mainstream American mothers’ (Ochs 1992:354). She contended that this difference in positioning was, in part, the result of the communicative practices normatively associated with motherhood in each cultural context. For example, mainstream American mothers routinely erased their role in helping children to achieve specific goals, whilst Western Samoan mothers highlighted the joint nature of such tasks. Such findings led Ochs (1992:355) to conclude that within Western societies, “‘mother” is ignored because through her own language behaviour, “mother” has become invisible’.

The existing body of research is valuable because it has furthered our understanding of the relationship between linguistic practice and power dynamics within the family (Ochs and Taylor 1995; Tannen 2003; Wagner 2010). It has offered a greater insight in the relationship between narrative and identity (Schiffrin 1996) and the impact that gender has on narrative structures (Page 2020). We have a clearer picture of how hegemonic representations construe parenting and parenting decisions (Sunderland 2000, 2006; Brookes et al 2016). Furthermore, we can understand notions of appropriate communication strategies between mothers and children to be culturally variable (Ochs 1992). However, none of the studies discussed thus far examine how women use language in order to enact their identities as mothers.

The first substantial sociolinguistic investigation into how women use language to constitute their identities as mothers is Mackenzie’s (2019) study on how motherhood is enacted by the users of the online discussion forum Mumsnet. Mackenzie takes a feminist post-structural perspective to identify the social cultural norms and discourses relevant to Mumsnet users and through detailed linguistic analysis, illuminates how women discursively resist, reproduce and negotiate these norms in online spaces. For example, Mackenzie

(2019:60) shows that Mumsnet users typically use, what she classifies as, 'affective adjectives' such as 'cute' and intensifying adverbs which 'emphasise the intensive nature of their feelings' when describing their children. She argues that these resources constitute an affective style of talk, which 'both draws upon and reinforces the indexical ties between femininity, motherhood and affective behaviour (especially towards children)' (Mackenzie 2019:60). Mackenzie (2019:60) suggests that the use of this linguistic style, which is indexically associated with motherhood, can potentially help to position Mumsnet contributors as mothers. Significantly, she suggests that women can also use such resources in an 'ironic and subversive' way, allowing them to challenge normative understandings of 'good' motherhood (Mackenzie 2019:61). Mackenzie's research is an important contribution to our understanding of how women discursively constitute their identities as mothers. The findings from my study, therefore, contribute to the insights Mackenzie's work offers, by investigating how women performatively enact motherhood during real-time face-to-face interactions. Furthermore, I focus on the transition to first-time motherhood, whilst Mackenzie's work predominantly examines the linguistic behaviour of already established mothers.

In sharp contrast to the relative shortage of sociolinguistic studies on motherhood, the fields of sociology and psychology have long seen the value in analysing women's experience of motherhood. Throughout this thesis I draw on the findings of sociological and psychological studies, which have qualitatively (and quantitatively) analysed women's talk about motherhood, in order to provide an account of the sociocultural context of motherhood and to situate the experiences of the women in this study in relation to commonly identified trends and themes. For example, Miller's (2007:337) study on the transition to motherhood illuminated the fact that birth often acts as a 'discursive turning point' for women, which forces them to negotiate the incongruence between their expectations and the lived reality of motherhood. Murphy's (1999) research on women's talk about infant feeding decisions revealed that the decision to formula-feed requires a significant amount of discursive work. Hays (1996) illustrated the contradictory discourses and expectations women must negotiate in relation to motherhood and paid-employment. Such sociological works have informed my approach to the study of motherhood and have helped me to identify significant themes and points of enquiry in my own dataset.

It is important to acknowledge, however, that sociological and psychological analyses of women's talk about motherhood are marked by the same set of limitations that Bucholtz (2011) identified in relation to sociological research on race. Firstly, such research 'tends to focus exclusively on discourse content' (Bucholtz 2011:386). This ignores a founding principle of Gumperz's (1982:1) work on interactional sociolinguistics, which is that 'mere talk to produce

sentences, no matter how well formed or elegant the outcome, does not by itself constitute communication'. As will be argued (see Section 1.6), speakers use all levels of language, such as vocal quality and morphosyntactic variation in order to construct meaning. A significant pause prior to a word can change the meaning of an utterance or signal interactional uncertainty. By solely analysing the content of a speaker's talk, sociological accounts of language are likely to miss much of what is actually being communicated. Secondly, non-linguists typically treat 'language as a direct mirror of the speaker's biography and psychology rather than a situated social production' (Bucholtz 2011:286). In this way, such analyses ignore the performative quality of language; the fact that it is through language (and other social semiotic practices) that social identities are enacted. Finally, Bucholtz (2011:286) argues that research conducted by non-linguists 'typically overlooks the subtle discursive phenomena that support the workings of race and power'. This critique can also be applied to sociological research on motherhood; for example, I illuminate how women's talk about motherhood serves to reproduce hegemonic discourses of motherhood which are potentially damaging to women.

Having now justified why motherhood is a prime site of investigation for sociocultural linguists, I move on to a discussion about how I understand the terms, 'ideology', 'discourse' and 'hegemony'. It is important to define how these terms will be used for the purpose of this research as they are fundamental to my understanding of how women can use language in order to enact their mother identity positions.

1.2.2 Motherhood and ideology

In her seminal feminist account of motherhood, *Of Woman Born*, Rich (1977:42) states that:

The institution of motherhood is not identical with bearing and caring for children, any more than the institution of heterosexuality is identical with intimacy and sexual love. Both create the prescriptions and the conditions in which choices are made or blocked; they are not "reality" but they have shaped the circumstances of our lives.

Here Rich challenges the notion that motherhood, as we understand it, is natural or inevitable. By distinguishing between the 'institution of motherhood' and the physical activities related to birth and childcare, Rich draws our attention to the fact that motherhood is an ideological concept. Similarly, Hays (1996:19) states that:

Images of children, childrearing, and motherhood do not spring from nature, nor are they random. They are socially constructed. Their natural quality is refuted not only by their variance across persons and places but also by their ever changing character.

In line with Rich (1977) and Hays (1996), I understand motherhood to be an ideological concept. This makes it a fruitful site for the study of identity in interaction, because the identity of 'the mother' is constrained by hegemonic ideologies. For the purpose of this study, I will adopt Hall's (1986:29) formulation of ideologies as:

The mental frameworks – the languages, the concepts, categories, imagery of thought, and the systems of representation – which different classes and social groups deploy in order to make sense of, figure out and render intelligible the way society works.

The utility of this definition is that it avoids the commonly held assumption that ideologies are solely about '*legitimizing* the power of a dominant social class or group' (original emphasis, Eagleton 2007:5). This is not to ignore the fact that many ideologies do legitimate the power of dominant social groups; but if we understand ideologies to be solely the terrain of the dominant, we are forced to ignore the fact that 'not every body of belief which people commonly term ideological is associated with *dominant* political power (original emphasis, Eagleton 2007:6). For example, feminism and socialism would typically be identified as ideological movements (given that they are concerned with legitimating the power and interests of specific social groups), despite the fact that they do not hold a dominant position in society.

It is widely acknowledged that in contemporary Western society, notions of 'acceptable' motherhood are mediated through an ideology that Hays (1996) labels 'intensive motherhood' (Arendell 2000; Douglas and Michaels 2004; Vincent 2010; Wall 2010). Intensive motherhood ideology constructs mothers as primarily responsible for raising children through intensive methods, which are 'child-centred, expert-guided, emotionally absorbing, labour-intensive, and financially expensive' (Hays 1996:54). The choices women make in relation to mothering are, therefore, constrained by intensive motherhood ideology. This is not to ignore the fact that the choices women make are real, but the choices available are circumscribed. Throughout this thesis, I examine how women negotiate their emerging identities as mothers in relation to intensive motherhood ideology and demonstrate how ideologies of motherhood are reproduced and challenged at the micro-level of interaction.

Despite the dominant position that intensive motherhood ideology holds, this does not necessarily mean that mothers are consciously aware of it. For example, Hays (1996:4) argues that it was clear that for the mothers in her study 'appropriate childrearing [was] not an ideology but a given, a matter of what [was] natural and necessary'. This is despite the fact that 'this form of mothering is neither self-evidently natural nor, in any absolute sense,

necessary; it is a social construction' (Hays 1996:4). The fact women view this type of intensive mothering as a matter of basic necessity, relates to another key point about ideology:

On one hand, ideology is no mere set of abstract doctrines but the stuff which makes us uniquely what we are, constitutive of our very identities; on the other hand, it presents itself as an 'Everybody knows that', a kind of anonymous universal truth.

(Eagleton 2007: 20)

A central function of ideology is to make specific social arrangements and particular understandings appear to be self-evident and common-sense. For example, in Western societies, it is commonly assumed that mothers make the best primary caregivers, due to the fact that women are 'naturally' more caring than men (Jones 2012:11). There is, however, nothing natural about this social arrangement; for example; Hays (1996:20) points out that 'in most societies, the rearing of small children is shared among women, or among women and older children'. Jones (2012:11) argues that one effect of positioning mothers as primary caregivers is that it potentially 'allows men to maintain a patriarchal system whereby they are more likely to enter the workforce and women are less likely to achieve powerful positions in society'. Here we see an example of the material effects that ideological formations can produce.

Taking the example of mothers as primary caregivers, it is important to consider how ideological formations maintain their dominance, especially if they can negatively affect people's lives. Eagleton (2007:14) states that:

In order to be truly effective, ideologies must make at least some minimal sense of people's experience, must conform to some degree with what they know of social reality from their practical interaction with it.

The element of intensive motherhood ideology that positions mothers as primary caregivers is congruent with most women's lived experience of motherhood in this culture. Sunderland (2006:505) argues that in Western contexts, 'childcare is overwhelmingly still carried out by women, and...the number of men who stay at home to be full-time parents is still relatively small'. This observation is supported by Hochschild's (2012) seminal work *The Second Shift*, in which she finds that in two-parent, heterosexual, working-families, women still provide the majority of childcare, even if they too have a full-time job outside the home. Hochschild (2012) named the unpaid labour women are expected to undertake in relation to childcare and home-management 'the second shift'. The women in Hochschild's (2012:7) study typically 'felt the second shift was *their* issue and most of their husbands agreed' (original emphasis).

We can, therefore, see that one reason intensive motherhood ideology maintains currency is because it offers an explanation for the social reality that women experience on a day-to-day basis. It allows women to rationalise the fact that it is they, rather than their partners, who do most of the childcare. Importantly, if women can successfully demonstrate that it is they who are the primary caregivers for their children, they may be positively evaluated as 'good' mothers. Mothers who return to work and delegate childcare to someone else risk being negatively evaluated as selfish or neglectful (Hays 1996; Douglas and Michaels 2004). In this sense, 'being oppressed sometimes brings with it slim bonuses that we are occasionally prepared to put up with' (Eagleton 2007: *xxii*). This is not to say that women who are primary caregivers are necessarily oppressed, but Eagleton's assertion helps us to see that ideologies which, on one level, potentially constrain people (e.g. women's careers may suffer if they become primary caregivers), may also offer them, on another level, rewards (e.g. they are positively evaluated as 'good' mothers).

1.2.3 Motherhood and discourse

Given that ideologies are often misrecognised as 'common-sense' knowledge or 'just the way things are', it is important to consider how they are transmitted (and potentially challenged). Recounting her own experience, Rich (1977:39) argues that the institution of motherhood:

allowed me only certain views, certain expectations, whether embodied in the booklet in my obstetrician's waiting room, the novels I had read, my mother-in-law's approval, my memories of my own mother, the Sistine Madonna or she of the Michelangelo Pietà.

Here Rich (1977) alludes to the fact that her understanding of motherhood was constrained by pre-existing discourses about the topic (i.e. novels, medical leaflets, famous images of motherhood). This is in keeping with Van Dijk's (2006:115) assertion that ideologies are 'acquired, confirmed, changed, perpetuated through discourse'. It is important to note, that by *discourse*, I am not referring to what people say in practice, I am instead aligning with Hall (1997a:6) who states that:

Discourses are ways of referring to or constructing knowledge about a particular topic or practice: a cluster (or *formation*) of ideas, images and practices, which provide ways of talking about, forms of knowledge and conduct associated with, a particular topic, social activity or institutional site in society.

Discourses structure the way we are able to speak about topics such as motherhood and 'discursive formations can be seen as a set of rules which determine what can and must be

said from a certain position in social life' (Eagleton 2007:195). One of the most easily identifiable discourses of motherhood is commonly referred to 'breast is best'. The visibility and hegemony of this discourse is such that participants in this study were able to name it. As will be discussed thoroughly in Chapter 4, this discourse construes breastfeeding as the optimal way to feed a child, which has resulted in formula-feeding being understood as an activity with which 'good' mothers do not typically engage (Murphy 1999, Valenti 2012). The discourse of 'breast is best', therefore, constrains women's ability to construct themselves as 'good' mothers if they do not breastfeed. As we see in Chapter 4, one effect of this discourse is that the decision to formula-feed typically involved a series of justifications from the women in this study and attempts to legitimate their decision. Discourses related to motherhood constrain the choices that women are able to make in relation to childrearing.

Although certain discourses, such as 'breast is best', may hold a dominant position in society at a given time, this is not to say that alternative discourses do not exist. This point is raised by Macdonell (1986:3) who states that discourses typically exist in relation to other, potentially opposing discourses. For example, an oppositional discourse of 'fed is best' has been developed as a direct challenge to the discourse of 'breast is best'. The Fed Is Best Foundation (FIBF) state that their aim is to 'advocate for the millions of families whose babies have experienced complications under current breastfeeding protocols or who have been shamed for choosing any number of clinically approved and safe feeding options for their babies' (FIBF c2016). In this respect, the 'fed is best' 'discourse takes effect indirectly or directly through its relation to, its address to, another discourse' (Macdonell 1986:3), which in this case is the discourse of 'breast is best'.

It is important to recognise that although competing discourses may exist around a single topic, as is the case for infant feeding decisions, it does not entail that such discourses are afforded equal status. Macdonell (1986) draws our attention to the fact there is often a hierarchy of discourses in relation to a single topic or social activity. She clearly illustrates this point with an example pertinent to this study:

In any institution, there is a distribution and hierarchy of discourse. Where a pregnant woman wants her childbirth to be natural, her statements and the concepts in which she thinks may conflict with those of the doctor. The field of discourse within an institution is not uniform; and not all the statements made about the woman's pregnancy may be accepted as 'knowledge': the woman may find that her words carry little weight.

(Macdonell 1986:2)

One of the women in this study experienced a similar scenario to the one outlined by Macdonell, which will be discussed in Section 3.5. The participant was left feeling 'disempowered' by the fact that clinical staff discounted her knowledge and desires during birth. Macdonell's example helps us to see that although there may be a range of discourses that women can draw on in relation to motherhood, the material effects produced by each discourse are constrained by pre-existing hierarchies.

A final point to be made about discourse concerns the issue of misrecognition. As speakers, we typically assume that the words we are using are our own, meaning that 'the speaker "forgets" that she or he is just the function of a discursive and ideological formation, and comes to misrecognise herself as the author of her own discourse' (Eagleton 2007:196). This relates to Bakhtin's (c1981) work on language and heteroglossia. Bakhtin (c1981:292) states that 'all words have the "taste" of a profession, a genre, a tendency...the contexts in which it has lived its socially charged life'. This means that there are no neutral words or language because everything we say is, in an abstract sense, imbued with the voices which have gone before. It is also important to recognise that 'although a mode of discourse may encode certain interests...[it] may not be particularly intent on promoting them' (Eagleton 2007:2002). This is important, since although a woman may draw on a discourse in a specific interactional moment, it does not necessarily mean that she aligns with the overriding interests of that specific discourse, instead the discourse may simply prove to be momentarily useful.

1.2.4 Motherhood and hegemony

In order to explain how dominant ideologies of motherhood can be contested and resisted, it is necessary to draw on the Gramscian concept of hegemony. For Gramsci, hegemony means that 'particular social groups struggle in many different ways, including ideologically, to win the consent of other groups and achieve a kind of ascendancy in both thought and practice over them' (Hall 1997b:48). The word 'struggle' is key here. If we view certain ideologies or discourses as simply 'dominant', we are unable to explain how counter ideologies and discourses emerge. In contrast hegemony 'is won in the to-and-fro of negotiation between competing social, political and ideological forces through which power is contested, shifted or reformed' (Gledhill 1997:348). The result of this type of constant struggle and negotiation is that 'ideologies may shift their ground, cultural consensus may be changed, and the "real" reconstructed' (Gledhill 1997:348). For example, as I argue in Chapter 4, despite the current hegemony of 'breast is best' discourse, up until the 1950s, formula-feeding was hugely popular because it was understood to be more 'scientific' and

'modern' (Knaak 2005:199). Within the course of a century then, understandings of what 'good' mothers do in relation to infant feeding have been contested and reconstructed. Our collective understanding of what it means to be a mother is, therefore, perpetually under negotiation.

In this thesis I examine how this process of negotiation occurs at the micro-level of interaction, as women both reproduce and contest hegemonic ideologies of motherhood in order to enact their own 'socially acceptable' mother identity positions. In order to explain how I do so, it is necessary to outline my understanding of the relationship between language and gendered identities such as 'mother'.

1.3 Language, gender, sexuality and identity

Thus far I have suggested that the social identity 'mother' is not something natural or inevitable, rather it is something that speakers must enact using social semiotic resources such as language. Furthermore, I have argued that motherhood itself is an ideological construct (Rich 1977:42; Hays 1996:19), which exhibits both historical and cultural variability (McMahon 1995:3; Hays 1996:44). These understandings are in keeping with, what Cameron (2005:483) classifies as, 'postmodern feminist approaches' to the relationship between language, gender and sexuality. The field of language, gender and sexuality has been fundamental in allowing sociolinguists to give more sophisticated accounts of the relationship between linguistic practice, social identities and society (Levon 2015:295). It is, therefore, necessary to briefly consider the key developments in this field, and the implications these hold for the current study.

Both Mills and Mullany (2011:1) and Bucholtz (2014) argue that despite their diversity, scholars of language, gender and sexuality each share the common goal of a 'political commitment to social justice' (Bucholtz 2014:23). This shared commitment distinguishes research in the field from, for example, variationist studies which seek to simply correlate gender/sexuality in relation to patterns of linguistic variation and change (e.g. Labov 1972; Trudgill 1974). Although in such works gender and/or sexuality may be considered in relation to linguistic practice, there is no 'meaningful engagement either with feminist theory or with feminist linguistics' (Bucholtz 2014:24). In contrast to this, feminist research such as the current study, has a 'specific political purpose by focusing on gender as a social, political and ideological category' (Mills and Mullany 2011:1). Feminist theorising typically 'enables change to be brought about within relations between men and women' or 'brings about a change in conceptualisations, that is, it raises consciousness and thus accords with the overarching feminist goal of emancipation' (Mills and Mullany 2011:65). A feminist perspective is,

therefore, a fundamental property of research in the field of language, gender and sexuality. It is worth pausing here to consider the feminist aims of the current study. First, I intend to challenge the conceptualisation of motherhood as 'natural' or inevitable by illuminating the discursive work which underpins the enactment of this identity position. Second, I aim to highlight the disjuncture between hegemonic discourses of motherhood and the lived reality of motherhood, thereby heightening our awareness of what 'the institution of motherhood' (Rich 1977) looks like today.

The first work to investigate the relationship between language and gender from an explicitly feminist perspective was Robin Lakoff's (1973) article, *Language and Woman's Place*. Two years later she published a book of the same title (Lakoff 1975) and 'thus was launched the study of language and gender' (Eckert and McConnell-Ginet 2013:37). Lakoff's work came during the second wave feminist movement, which originated in the United States during the 1960s and quickly spread in Western contexts (Cameron 2018:6). Second wave feminism, though varied, was primarily concerned with advancing the rights women had gained in the 1920s as a result of the suffrage movements (Cameron 2018:6), focusing on issues such as equal opportunities legislation and the right of women to control their reproductive systems (Mills and Mullany 2011:46). It was within this political climate that Lakoff (1973, 1975) put forward the argument that men and women speak differently and that the language women use both reflects and reproduces their subordinate position in a patriarchal society. For Lakoff, women are 'disadvantaged language users' (Talbot 2003:474) because their speech is viewed as deficient in relation to an assumed male 'norm'. Lakoff is, therefore, understood to have taken a *deficit* approach to the relationship between language and gender. Significantly, Lakoff did not seek to endorse the view of women's language as deficient in comparison to men's language, she was instead highlighting 'a culture-wide ideology that scorns and trivializes both women and women's ways of speaking' (Bucholtz 2014:26). Indeed, Lakoff (1973:48) famously argued that a woman is 'damned if she does, damned if she doesn't'. If women adhere to linguistic norms of femininity they will be viewed as trivial, but if they resist such norms they will be negatively evaluated as unfeminine. The deficit model, which argues that women's linguistic practice disempowers them, is in alignment with liberal feminist perspectives which do 'not seek to change the structure of society but rather to provide equal opportunities for women within existing social structures' (Bucholtz 2014:25).

Lakoff's (1973,1975) work proved controversial and has been critiqued from a number of perspectives. For example, her observations were based on intuition, her personal experience and the experiences of her middle-class, white, well-educated friends. It has, therefore, been argued that her work lacked empiricism. It has also been suggested that her

observations simply reproduce potentially damaging stereotypes about women's linguistic practice (Cameron 1985:33). Regardless of these critiques, Lakoff's work highlighted the importance of studying the relationship between language and gender and prompted multiple scholars to further investigate her specific claims (e.g. Cameron et al 1989) and gender-based differences in linguistic practice more broadly (e.g. Zimmerman and West 1975; Fishman 1978).

Early feminist linguists typically moved away from the androcentric *deficit* model of the relationship between language and gender. Instead, work in the initial period of scholarship broadly fell into two categories: that which took a *dominance* approach to the relationship between language and gender and that which took a *difference approach*. Dominance theorists, such as Zimmerman and West (1975) and Fishman (1978) argued that gender differences found in talk were the result of the widespread gender inequality which permeated society. Zimmerman and West (1975:116), for example, found that in cross-sex dyads men were responsible for 96% of interruptions. Based on their findings, they concluded that 'just as male dominance is *exhibited through male control of macro-institutions in society*, it is also exhibited through control of at least a part of one micro-institution' (Zimmerman and West 1975:125, original emphasis). In other words, the dominance men hold in society is manifest and reproduced at the micro-level of talk. The dominance model is in keeping with radical feminist perspectives which understand 'the root cause of social inequality' to be 'gender inequality (Bucholtz 2014:30), which is based on 'men's systematic and structural subordination of women' (Bucholtz 2014:30).

Like dominance theorists, those who took a difference approach to the relationship between language and gender argued that men and women speak differently, but crucially they did not see these differences to be a manifestation of society-wide male dominance. Fundamental to the difference model is Maltz and Borker's (1982:200) argument that because male and female children are socialized differently from a young age and are encouraged to play in same-sex groups, men and women develop 'different sociolinguistic subcultures' which leads to 'cultural miscommunication'. For scholars, such as Tannen (1990) who take a difference approach to language and gender, men and women's speech is typically seen as different but equal (Bucholtz 2014:28). The linguistic practices of women are, therefore, not understood to be the cause, or a reflection of, women's oppressed position in society. Indeed, issues such as male dominance and the patriarchal organisation of society are often backgrounded by difference theorists, which is one of the primary critiques of the approach (Bucholtz 2014:28). The difference model is in keeping with cultural feminism which understands 'women's ways of thinking, acting and speaking as distinctive and inherent

qualities that should be valorised by scholars and society' (Bucholtz 2014:27). The difference model 'provided an important alternative to the more pessimistic view of women's interactional practices' (Bucholtz 2014:29) propagated by deficit and dominance theorists. Women's linguistic practice is repositioned not as a tool of their oppression, but as skilful and worthy of appreciation (Bucholtz 2014:29).

As Cameron (2005:486) observes, although there were frequent debates between difference and dominance scholars, they shared a set of fundamental similarities:

Adherents of both approaches looked for differences between women and men, groups they implicitly considered to be well-defined and internally homogenous. Both regarded linguistic differences as a matter of gender rather than sex, and both often described them as the product of early socialization.

Early language and gender scholars did not question the categories 'male' and 'female', rather they took gender difference as the starting point for research. In doing so, they could be 'perceived as inadvertently perpetuating the notion of dichotomous gender *difference*' (Jones 2012:22). This early focus on gender difference was, however, 'necessary to establish gender as a relevant topic for scholarship' (Bucholtz 2014:31).

As well as using gender difference as a starting point for research, early scholars relied on the 'big stories' (Cameron 2005:486) of difference and dominance in order to explain gender-based linguistic variation. By focusing on big stories and inter-group gender differences, such works overlooked intra-group variation. The result of this is that early findings were often 'misinterpreted as representations of how *all* men or women...use language' (Jones 2012:22). This is problematic for two reasons, first it perpetuates the understanding of 'men' and 'women' as two homogenous groups. Second, in the same way that second-wave feminism focused primarily on issues related to white, middle-class, heterosexual women (Mills and Mullany 2011:46), the majority of early language and gender scholarship focused exclusively on the linguistic practices of white, middle-class, heterosexual speakers (e.g. Lakoff 1973, 1975) who could be regarded as meeting 'mainstream prototypes of femininity and masculinity' (Cameron 2005:486). The speech of those outside these hegemonic ideals was, therefore, erased or othered.

More recently, scholars have taken a 'postmodern feminist' approach to the relationship between language, gender and sexuality (Cameron 2005:486), which helps to overcome some of the limitations associated with earlier models. Fundamental to the postmodern approach is the philosopher Judith Butler's (2006:45) now famous assertion that 'gender is the repeated stylization of the body, a set of repeated acts within a highly

rigid regulatory frame that congeal over time to produce the appearance of substance, of a natural sort of being'. Gender is, therefore, reconceptualised as something one 'does' rather than being something that one 'is'. This insight disrupts essentialist notions which understand gender to be something internal, a 'shared cultural "essence" that unites all women and differentiates them from men' (Bucholtz 2014:31) and vice versa. Instead we can say that speakers use semiotic resources such as language in order to performatively enact identity positions related to gender and sexuality. Gender is the result, rather than cause, of linguistic practice. For example, Cameron (1997) explored how a group of fraternity men used 'gossip', a genre of talk stereotypically associated with femininity, in order to performatively enact a specific form of heterosexual masculinity. She concluded that 'what is important in gendering talk is the "performative gender work" the talk is doing; its role in constituting people as gendered subjects' (Cameron 1997:59). This understanding directs researchers to 'focus away from a simple cataloguing of differences between men and women to a subtler and more complex inquiry into how people use linguistic resources to produce gender differentiation' (Cameron 1997:49).

Another key difference between early language and gender scholarship and postmodern feminist linguistic research is that whilst early scholars relied on 'big stories' to explain gender-based variation in linguistic practice, contemporary scholarship typically 'looks locally' (Eckert and McConnell-Ginet 1992). This means 'relating performances of gender to the particularities of the context, rather than treating them all as expressions of some overarching global opposition (e.g. male power/female powerlessness)' (Cameron 2005:488). The directive to 'look locally' came from Eckert and McConnell-Ginet (1992), who introduced the concept of 'community of practice' to sociolinguistics. Originally conceptualised by Lave and Wenger (1991) to describe learning as a situated social process, a community of practice is defined as 'an aggregate of people who come together around mutual engagement in an endeavour' (Eckert and McConnell 1992:464). The result of this mutual engagement around a joint endeavour is that community members develop a shared repertoire of practices, including language. Community of practice theory has been valuable in highlighting the fact that language is just one of a range of social practices with which people engage in order to constitute themselves as gendered beings. Furthermore, it has helped to highlight the fact that local identity categories often offer a better explanation for linguistic variation and change than macro-demographic categories such as 'gender' do (e.g. Bucholtz 1999a; Eckert 2000; Moore 2004; Moore and Podesva 2009).

'Looking locally' has helped contemporary language, gender and sexuality scholars to highlight the diversity of identities related to gender and sexuality, which is an important

task given that early research primarily focused on the speech of white, middle-class, heterosexual speakers. By looking locally and examining the speech of those who may fall outside heteronormative ideals, contemporary scholarship has allowed us to see that gender and sexuality are not static or stable categories and that there is a vast range of identities related to these concepts. For example, Bucholtz (1999a) illustrated that within an American high school, girls in a 'nerd' community of practice used language, in combination with other semiotic resources, in order to performatively enact a specific 'nerd' girl identity position, which opposed some of the expectations associated with heteronormative femininity. Similarly, Mendoza-Denton (2011) showed how a Latina gang-girl used creaky voice (a phonation type stereotypically associated with masculinity) in order to enact a 'hardcore gang-girl' persona. Such studies allow us to see that norms of 'femininity' (e.g. Eckert 2000; Moore 2004; Jones 2012) and 'masculinity' (e.g. Cameron 1997; Kiesling 1997) are negotiated in relation to local contexts of interaction and there is, therefore, no single meaning for these two categories.

Although contemporary scholars typically focus on local contexts of interaction in order to examine the construction of identities related to gender and sexuality, this does not mean that the wider social context of those interactions is ignored. 'Language should be seen as being produced within an ideological system that regulates the norms and conventions for "appropriate" gendered behaviour'. (Mills and Mullany 2011:41). As has been argued, (Sections 1.2.2 & 1.2.3) the gendered identity of 'mother' is regulated by multiple discourses and ideologies which constrain what we understand 'good' and 'bad' motherhood to be. Therefore, current language, gender and sexuality research typically 'focuses on examining interactions/texts in their much broader social context' (Mills and Mullany 2011:41).

Eckert and McConnell-Ginet (1992:471) argue that in order to fully understand the linguistic enactment of gender identities, gender needs to be examined in relation to the other dimensions of a speaker's social identity (e.g. race/age/social class). This view is in keeping with current understandings of social identities as intersectional, which means 'that no one category (e.g., "woman" or "lesbian") is sufficient to account for individual experience or behaviour' (Levon 2015:295). The term 'intersectionality' was coined by the legal scholar Kimberlé Crenshaw (1989) in order to explain the unique discrimination black women face as a result of both their gender and their race. Contemporary scholars in the field of language, gender and sexuality have demonstrated how identities related to gender and sexuality intersect with other dimensions of speaker's social identities such as social class (e.g. Eckert 2000; Moore 2004), ethnicity (e.g. Mendoza-Denton 2008, 2011) and

religious orientation (e.g. Levon 2016). The move towards understanding identities from an intersectional perspective has furthered our understanding of the complexities involved in the negotiation of the certain identity positions (e.g. Levon 2016) and the diversity of social identities related to gender and sexuality.

In alignment with contemporary research in the field of language, gender and sexuality, in this thesis I take a postmodern feminist approach to the relationship between language and gender. This means I understand the social identity of 'the mother' to be something speakers must performatively enact using social semiotic resources such as language, rather than being something they inherently 'are'. I align with Eckert and McConnell-Ginet (1992) who argue that in order to understand the enactment of gender identities we must 'look locally' rather than focussing on 'big stories' (Cameron 2005:488). This means I examine women's experience of motherhood in relation to their specific local context. However, I recognise that the local enactment of a mother identity position is constrained by macro-ideological systems (Mills and Mullany 2014:41), which regulate the norms of 'acceptable' motherhood. Finally, I understand the women's experience and enactment of a mother identity position to be affected by other dimensions of their social identities (e.g. their age/social class/ethnicity/sexuality).

I will now outline the specific approach I take to the analysis of identity in interaction. As we shall see, each element of this approach is influenced by, and in alignment with contemporary postmodern feminist understandings of the relationship between language, gender and sexuality.

1.4 A sociocultural approach to identity

I align with Bucholtz and Hall (2005:586) who take a sociocultural approach to the analysis of identity in interaction, which means focus is placed 'both on the details of language and the workings of culture and society'. Their definition of identity is purposefully broad: 'identity is the social positioning of self and other' (Bucholtz and Hall 2005:586), but adequately captures the fact that social identities are an intersubjective accomplishment. In what follows, I outline Bucholtz and Hall's (2005) key principles for the analysis of identity in interaction, which are central to my understanding of identity.

The first principle of *emergence* runs in direct opposition to traditional variationist understandings of the relationship between language and identity (e.g. Labov 1966, Trudgill 1974), which understood language to be a reflection of a speaker's pre-existing identity (primarily their macro-demographic characteristics). In contrast, Bucholtz and Hall (2005:588)

state that 'identity is best viewed as the emergent product rather than pre-existing source of linguistic and other semiotic practices'. The emergence principle is in keeping with Butler's (2006) postmodern approach to gender. Central to Butler's (2006:34) understanding of gender is that 'there is no gender identity behind the expressions of gender; that identity is performatively constituted by the very "expressions" that are said to be its results'. Extending this principle to sociolinguistics, we can say that we perceive people to be who they are 'because of (among other things) the way they talk' (Cameron 1997:49). As has already been discussed (Section 1.3.), for Butler gender is not something one 'has', but something one 'does', an 'ongoing accomplishment' (Cameron 2005:486) achieved, in part, through 'the repeated stylization of the body' (Butler 2006:45). We can say that 'speech too is a "repeated stylization of the body"' (Cameron 1997:29), meaning that one of the ways we can enact gendered identities, such as 'the mother', is through talk.

Importantly, Bucholtz and Hall (2005:588) recognise that there are constraints on the types of identities we can performatively enact using language, because speakers are reliant on the pre-existing structures of the linguistic system and ideologies in order to bring social identities into being. This point is clearly articulated by Levon (2009:32):

In order for language to achieve social meaning it must already exist in a recognized symbolic relationship...with that which is signified. Speakers, in order to take advantage of language's productive potential, are therefore required to use these salient symbolic linkages to arrive at a legible social end.

Levon's (2009) point about a 'legible social end' highlights the fact that in order to enact recognisable social identities, speakers are constrained by the structures, of what Butler (2006) classifies as, 'the rigid regulatory frame', which is central to her understanding of gender. The 'rigid regulatory frame' refers to the 'socially instituted and maintained norms of intelligibility' (Butler 2006:23) which ascribe the limits of what we understand gendered identities to be. This is not to say that gendered identities outside of the rigid regulatory frame do not exist, indeed 'their persistence and proliferation...provide critical opportunities to expose the limits and regulatory aims of that domain of intelligibility' (Butler 2006:24). However, such identities may be understood to be 'developmental failures' (Butler 2006:24) if viewed through the prism of the regulatory frame. This has important implications for this study as it suggests that in order to successfully enact mother identity positions, women must rely on pre-existing links between language and ideologies of motherhood and gender.

Butler's (2006) theory is essential because it allows us to see people as 'conscious agents who may - albeit often at a social cost - engage in acts of transgression, subversion and

resistance' (Cameron 1997:50). This is significant because it allows for the possibility of innovation in the field of identity construction. For example, Bucholtz (1999b) analysed the fight narrative of a white, male, American student and showed that he creatively used features of African American Vernacular English (AAVE) in order to construct a specific version of 'cool' urban white masculinity. This presentation of self was only possible due to long-standing ideological associations between black masculinity, 'coolness' and 'urban life'. In this sense, the innovative gendered social identity constructed emerged during the telling of the narrative, but was reliant on, and therefore constrained by, the existing structures of ideology and the linguistic system.

The emergence principle also foregrounds the intersubjective nature of social identities, by citing discursive social action as the arena through which identities become 'socially real' (Bucholtz and Hall 2005:591). Social identities are not constituted by an individual in isolation; rather, it is through intersubjective social action that they are made manifest. This point is mirrored by Coupland (2007:108) who states that 'discursive social action is where...social identities "live" and where we can see them taking shape'. The identity of 'the mother' is not, therefore, something that women achieve in isolation; their mother identity positions emerge during the course of intersubjective social action.

The second principle of Bucholtz and Hall's (2005) framework is that of *positionality*. The positionality principle sets out a tripartite understanding of identity, suggesting that identity encompasses three different levels. This means that when analysing how a speaker does identity in interaction, it is important to consider: 1) the fleeting interactional moves that a speaker makes; 2) locally available cultural positions and identity types; and 3) macro-demographic categories. The benefit of this approach is that it avoids assuming that people's linguistic practice is primarily related to macro-identity categories such as gender or social class, and instead encourages us to consider locally available identity positions which may provide a better explanation for people's linguistic behaviour. This principle is, therefore, in keeping with Eckert and McConnell-Ginet's (1992) argument that we must 'look locally' to give accounts of the relationship between linguistic practice and gendered identities (see Section 1.3). In order to illustrate the utility of the positionality principle, it is helpful to consider Ochs' (1992) analysis of the linguistic practices of white, middle-class, American mothers. Ochs (1992) states that when middle-class American women use a simplified register (often called 'baby talk' or 'motherese') to address their child (*a fleeting interactional move*), they display a high level of accommodation to their child. This type of accommodation to children is constitutive of a child-oriented mother *social type*, which is ideologically associated with white middle-class mothers (*macro-demographic category*). Here we can see that the fleeting

interactional moves that speakers make can index locally available identity positions, which in turn relate to macro-demographic categories.

Bucholtz and Hall's (2005:598) *relationality* principle emphasises the fact that 'identities are never autonomous or independent but always acquire social meaning in relation to other available identity positions. For example, the 'breastfeeding mother' identity position is only meaningful in relation to the 'formula-feeding mother' identity position (and vice versa). If all mothers formula-fed (or breastfed), the identity would be unmarked, and therefore invisible. A significant strength of Bucholtz and Hall's (2005) discussion of relationality is that they move our understanding away from thinking about relationality solely with respect to sameness and difference. Instead they propose that we also need to consider relations of 'genuineness/artifice, and authority/delegitimacy' (Bucholtz and Hall 2005:589). For example, relations of genuineness and artifice were crucial to understanding identity construction in Jones' (2012) linguistic ethnography of a lesbian walking group. Jones (2012:71) demonstrated that for the women in the walking group it was important to avoid normative feminine styles and social practices in order to construct oneself as 'authentically' lesbian. Jones (2012) also exemplified the importance of understanding relationality with respect to 'authority and delegitimacy' through her analysis of a group interaction in which, speakers negotiated the place of 'girly' practices in relation to a lesbian identity. In a discussion about practices typically associated with heteronormative femininity (ironing, wearing skirts, and body hair removal) a number of speakers attempted to delegitimise a speaker who confessed to ironing bed sheets (a practice associated with normative femininity). One speaker stated that 'no self-respecting lesbian has a bloody ironing board' (Jones 2012:94), and in doing so, attempted to assert a new norm for the group which was that 'lesbians do not iron' (Jones 2012:94). This was an attempt to delegitimise the speaker who claimed to iron but also be a lesbian, through an assertion about what 'authentic' lesbians do. Importantly, Jones (2012) illustrates that what was deemed delegitimate was constantly negotiated during interaction, as the degree to which speakers engaged in normatively feminine practices differed. Speakers who admitted to participating in such practices framed their participation in specific ways (e.g. discussing the practicality of wearing skirts) in order to authorise their choices and maintain their authentic lesbian persona. The relationality principle allows us to see that identity construction is reliant on alternative identity positions, and more importantly, that this type of positioning is about more than sameness and difference. For example, with respect to motherhood, we can say that the middle-class breastfeeding mother identity position is typically authorised by institutions related to childrearing. By contrast, the identity of the formula-feeding mother is typically delegitimised and associated with selfishness and irresponsibility (Murphy 1999).

The principle of *partialness* is concerned with the contentious issue of speaker agency. Bucholtz and Hall (2005:606) state that agency should be conceptualised as ‘the accomplishment of social action’. This definition encompasses speakers who are consciously constructing aspects of their identity as well as those who engage in habitual (and therefore largely unconscious) identity practices; in both cases, social actions have an effect on the world. The partialness principle highlights the fact that both structure and agency are constitutive of social identities because ‘identities are reliant on both interactional and ideological constraints for their articulation’ (Bucholtz and Hall 2005:605). However, it is important to recognise that, as Butler (2006) states, people do construct identities outside of the rigid regulatory frame (ideology), even if there may be negative consequences for doing so. Ideologies of motherhood consistently exhibit historical and cultural variability, and therefore should not be considered ‘stable’ concepts. Because ideologies can shift and change, there is always scope for new identities to emerge.

To summarise thus far: I understand identities to be the emergent product of social interactions, as opposed to being something inherent within each individual. When analysing identity in interaction, it is important to consider how the fleeting interactional moves speakers make help them constitute locally available identity positions. Furthermore, it is vital to examine how local identity categories relate to macro-demographic categories. The identities speakers are able to performatively enact are constrained by the structures of both the linguistic system and ideology. However, given that ideologies exhibit historical and cultural variability, they can be viewed as unstable structures, which allows for the possibility of innovation in the field of identity construction. It is necessary to recognise that social identities gain meaning through their relation to alternate identity positions. Such positioning is about more than sameness and difference, we must instead consider the ways in which social identities are authorised or delegitimised.

1.5 How do we ‘do’ identity with language?

The four principles I have discussed thus far in relation to Bucholtz and Halls’ (2005) model primarily relate to the ontological status of identity. I now outline the processes through which we can enact social identities using language, starting with a discussion of indexicality. I then define how I understand the concepts of ‘stance’ and ‘style’, which are crucial to my understanding of the relationship between language and identity

1.5.1 Indexicality

One of the chief aims of this research is to illuminate how women use language to negotiate a mother identity position. In order to explain this process, it is necessary to draw on the concept of indexicality. I concur with Bucholtz and Hall's (2005:593) principle of *indexicality*, which states that indexicality is 'the mechanism whereby identity is constituted'. The indexical relationship between language and gender is comprehensively examined by Ochs (1992), in her cross-cultural comparison of the communicative practices of white, middle-class American mothers and Western Samoan mothers.

Ochs (1992) states that it is rare for language to directly index gender in the way that personal pronouns (e.g. he/she/they) and kinship terms (e.g. mother/father) do. More commonly, language directly indexes stances, acts and activities, which come to be ideologically associated with gender. The relationship between language and gender is typically, therefore, one of indirect indexicality which is mediated by ideologies, such as those which construct the 'preferred image' of men and women in a particular society (Ochs 1992:341). Furthermore, the relationship between language and gender is constitutive. This means, for example, that by consistently using linguistic features ideologically associated with women, speakers reproduce and constitute understandings of gender.

A central concern of much language and gender scholarship has been to identify features of language which have come to be ideologically associated with 'feminine' or 'masculine' styles of interaction. This concern was fundamental to Lakoff's (1973, 1975) initial contribution to the study of language and gender, in which she outlined several features which she understood to be constitutive of 'women's language' (or a feminine linguistic style). For example, she suggested that women make greater use of tag-questions and high-rise intonational contours because these features signal 'uncertainty' and society expects women to be uncertain in their talk. She argued that if women do not adhere to this non-assertive linguistic style they will be negatively evaluated and viewed as 'unfeminine' (Lakoff 1973:48). We could, therefore, suggest that by taking an interactional stance of uncertainty, speakers are (in certain interactional context) able to index a feminine identity position. Although Lakoff's work has been widely criticized (see Section 1.3), many of her original propositions about the nature of a 'feminine' linguistic style were also identified by other early language and gender scholars. Summarising the findings of this early body of work, Holmes and Stubbe (2003:574) argue that feminine interactional styles are 'widely cited' as being: 'indirect', 'conciliatory', 'facilitative', 'collaborative', 'person/process-oriented', 'affectively oriented' and include 'supportive feedback'. In contrast to this, masculine interactional styles are frequently characterised as being 'direct', 'confrontational', 'competitive', 'autonomous', task/outcome-

oriented', 'referentially oriented', whilst also including 'aggressive interruptions' (Holmes and Stubbe 2003:574).

A list of such features can be considered problematic because it reproduces the notion of dichotomous gender difference, and 'takes no account of the many sources of diversity and variation (such as age, class, ethnicity, sexual orientation, and so on), which are relevant when comparing styles of interaction' (Homes and Stubbe 2003:575). However, the fact that multiple scholars have identified the same types of features as characteristic of 'masculine' and 'feminine' linguistic practice, suggests that certain ways of speaking have come to be ideologically associated with gender. The existence of this ideological association means that speakers are able to productively use such features in order to position themselves as gendered subjects. For example in her examination of the linguistic practices of phone-sex workers in America, Hall (1995) found that the workers employed features ideologically associated with femininity, such 'supportive comments and questions' (Hall 1995:200) in order to cater to male callers' desires and to position themselves as the 'perfect' woman. The indexical link between these types of features and femininity is such that a male phone-sex worker was able to rely on them to successfully construct himself to be a heterosexual female within in the context of fantasy calls. Similarly, Kiesling (1997) analysed the linguistic practices of a group of American fraternity men to illuminate how they used language in order to 'create and demonstrate power' in the context of a group meeting. As has been discussed, (Section 1.3) power has been a central issue in language and gender scholarship, and Kiesling (1997:65) argues that 'power is usually cited as the most important factor when discussing masculinity'. In his analysis of the fraternity men's meeting, Kiesling (1997) demonstrates that speakers use linguistic features ideologically associated with masculinity, such as imperatives, taboo lexis, and the avoidance of mitigation, thereby allowing them to enact 'powerful' masculine identity positions.

In order to produce ourselves as gendered subjects we are, therefore, reliant on the pre-existing indexical links between certain linguistic features/discursive strategies and specific gendered identities. Each time we use these pre-existing indexical links to enact gendered identity positions, we reproduce the notion that this is how 'women' or 'men' are meant to speak, thereby constituting understandings of gender. Returning to the current study, we can say that other than kinship terms such as 'mother' and 'mum', language rarely directly indexes a mother social identity. Rather, women must use language in ways which are ideologically associated with motherhood, in order to enact a mother identity position.

Along with highlighting the indirect and constitutive relationship between language and gender, Ochs (1992) also draws our attention to the fact that the relationship between

language and gender is non-exclusive. This means that a feature, which may in certain contexts indirectly index gender, could be used in another context to invoke a social meaning unrelated to gender. This point is elaborated by Eckert (2008:464), who argues that ‘the indexical value of a variable creates... an indexical field’, which is ‘a constellation of meanings that are ideologically linked’. In other words, a linguistic variable or a discursive technique rarely (if ever) has a single meaning; but the meanings it can potentially invoke are often related. The non-exclusive relationship between language and social identities means that the social meaning of a feature is only identifiable and activated in the specific context of use. For example, Ochs (1992:350) states that simplified registers are used in both traditional Western Samoan and mainstream American societies in order to directly index ‘accommodation’ to an addressee. Whilst middle-class American mothers use simplified registers to address their children, Western Samoans use them to address visiting dignitaries. Therefore, ‘the same set of linguistic features that directly index one social meaning, i.e. accommodation, in two speech communities (mainstream American, traditional Western Samoan) indirectly index different social identities (i.e. caregivers and children, members to foreign dignitaries)’ (Ochs 1992:350-351). She concludes that American mothers’ use of simplified registers to address their children ‘has a constitutive impact on the image of women in that this practice socializes young children into an image of women as accommodating’ (Ochs 1992:351). Significantly, a simplified register indexes a mother identity for middle-class American women only because hegemonic ideologies of motherhood in America construct ‘good’ middle-class mothers as child-centric. Without this existing ideology, a stance of accommodation to children would not necessarily be constitutive of a mother identity position.

Indexicality is central to sociocultural approaches to the analysis of identity in interaction as it allows us to conceptualise how the fleeting interactional moves speakers make relate to both locally available identity categories (such as the child centric-mother) and broader macro-demographic identity categories (such as gender and social class). Furthermore, it foregrounds social interaction as the site of identity construction. However, given that social identities are primarily about ‘the social positioning of the self and other’ (Bucholtz and Hall 2005:586), it is important to consider how this type of positioning is achieved. One of the ways we can investigate positioning in interaction is by drawing on the concept of stance-taking.

1.5.2 Stance

In order to examine how speakers position themselves in relation to both ongoing talk and in relation to others, I employ the concept of stance-taking (Ochs 1992; Du Bois 2007; Jaffe 2009a). Du Bois (2007:139) argues that:

One of the most important things we do with words is take a stance. Stance has the power to assign value to objects of interest, to position social actors with respect to those objects, to calibrate alignment between stance takers, and to invoke presupposed systems of sociocultural value.

Stances are 'by definition necessarily fleeting – they are orientations speakers adopt in specific moments of interaction' (Levon 2016:218). However, as Ochs (1992) argues, certain stances (e.g. accommodation to a child) can come to be ideologically associated with gendered identities, such as 'the mother', meaning that fleeting stances can serve to index 'more durable identities' (Levon 2016:218). For the purpose of this thesis, I align with Du Bois' (2007:163) definition of stance:

Stance is a public act by a social actor, achieved dialogically through overt communicative means, of simultaneously evaluating objects, positioning subjects (self and others), and aligning with other subjects, with respect to any salient dimension of the social field.

In order to successfully understand and interpret a stance, Dubois (2007:146) states that we need to identify the 'stancetaker' (i.e. the person taking the stance), the 'stance-object' (i.e. the subject of the stance) and what the stancetaker is responding to (i.e. prior stances). Furthermore, we need to consider the type of stance being taken and how this helps to position speakers. For Dubois (2007:142) and Jaffe (2009b:5) the most easily recognisable form of stance-taking is evaluation. Jaffe (2009b:5) argues that 'all acts of evaluation are simultaneously acts of alignment or disalignment (thus positioning) with other subjects'. Speakers can also, for example, take affective stances that 'represent emotional states' (Jaffe 2009b:7) and epistemic stances 'that convey speakers' degrees of certainty about their propositions' (Jaffe 2009b:7). In taking such stances speakers position themselves along affective and epistemic scales (Dubois 2007:143). Affective stances 'are resources through which individuals can lay claims to particular identities and statuses as well as evaluate others' claims and statuses' (Jaffe 2009b:7). This is because 'displays of affect have a variety of social and moral indexicalities' (Jaffe 2009b:7). In taking affective stances speakers are, therefore, able to invoke and position themselves in relation to contextually relevant systems of sociocultural value (Dubois 2007:143). Epistemic stances 'serve to establish the relative authority of interactants, and to situate the sources of that authority in a wider sociocultural

field' (Jaffe 2009b:7). We can, therefore, see that regardless of the type of stance speakers take, stances are always about the positioning of the self and others.

Dubois' (2007) definition of stance foregrounds the dialogic nature of stance-taking. This is because whenever a speaker takes a stance their words 'derive from, and further engage with the words of those who have spoken before – whether immediately within the current exchange...or more remotely along the horizons of language and prior text as projected by the community of discourse' (Dubois 2007:140). This understanding is in keeping with the widely influential work of the Russian literary critique Bakhtin (c1981:426), who states that the outcome of living in a world of heteroglossia is that whenever we speak we are responding, not only to the current interaction, but also to what has been said before on the subject. Linguistic utterances are, therefore, understood as 'part of a greater whole' (Bakhtin c1981:426) *and* in relation to the current interactional context. This dialogic understanding of stance-taking is fundamental to my approach to the study of women's construction of their emerging mother identities. This is because it foregrounds that fact that women's talk about motherhood is always understood in relation to normative understandings of 'good' or 'bad' motherhood, as well as in relation to the local context of interaction.

Along with being dialogical, we can also understand stance-taking to be an inherently intersubjective process (Du Bois 2007:140). 'Stance is not something you have, not a property of interior psyche, but something you do – something you take' (Du Bois 2007:171). Stancetaking is not something we do in isolation; we typically take stances in relation to another speaker's linguistic (or non-linguistic) practice. It is important to note that these other speakers can be real (i.e. in the current interactional context) or imagined (i.e. emblematic of specific subject positions or social identities). Stance taking is, therefore a form of social action which cannot be carried out in private.

In order to explain how social identities can be enacted through stance-taking, Bucholtz and Hall (2005) rely on the concept of 'stance accretion' (Rauniomaa 2003, cited in Bucholtz and Hall 2005:596) which they define as the process of repeatedly taken stances. A number of scholars (see Jaffe 2009a) have argued that collections of repeatedly taken stances can come to be associated with either specific individuals (Johnstone 2009) or specific social identities or personae (Kiesling 2009; Moore and Podesva 2009). For example, Johnstone (2009) takes a discourse analytic approach to analyse the speech and writing of the politician Barbara Jordon, in order to illuminate how Jordon constructs a recognisable individual style. Johnstone (2009:38) shows that across time and genre, Jordon repeatedly takes both epistemic and interactional stances which construct her as having personal and moral

authority. Johnstone (2009:47) argues that it is by consistently taking the same stances across time and genre that Jordan is able to construct a recognisable linguistic style.

Although interactional stances are by their very nature fleeting, ‘studies of stance-taking based on a single interaction or even a set of similar ones may miss an important aspect of how stance can work to link an individual with a style of stance’ (Johnstone 2009:47). Therefore, to understand how repeated patterns of stance-taking accumulate into recognisable social identities (such as ‘a mother’) it is necessary to examine language use across time and genre. This insight into the analysis of stance-taking is fundamental to my approach. Data collection with each individual took place over approximately seven months, during which time I interviewed the women on five occasions and spent time with them in their homes and in situations such as parent and baby groups (see Sections 2.2.4 & 2.2.5). The result of collecting data in this way is that it enabled me to identify the stances that speakers repeatedly took across time in order to enact their mother social identity positions. In other words, I was able to identify the stances which were constitutive of a ‘mother’ style. I now turn to a discussion of the place of style in sociolinguistic research and outline its relevance to this study.

1.5.3 Style

Stance is fundamental to my approach to style, as I align with the understanding that the styles associated with specific social identities (whether group or individual) are best conceptualised as a set of repeatedly taken stances (Johnston 2009; Kiesling 2009). This is in keeping with Bucholtz’s (2009:148) assertion that ‘at the level of direct indexicality, linguistic forms most immediately index interactional stances—that is, subjective orientations to ongoing talk’. However, ‘at the level of indirect indexicality, these same linguistic forms become associated with particular social types believed to take such stances’ (Bucholtz 2009:148). The benefit of this approach to style is that it allows us to illuminate how specific social identities are constituted through fleeting interactional moves. Social interaction is foregrounded as the site of the stylistic process.

Recent theorising about style in sociolinguistics has reconceptualised style as an ‘active social process’ through which speakers performatively enact social identities (Levon 2009:30). This understanding of style differs significantly from traditional variationist approaches to style, which viewed style as a primarily responsive phenomenon. Style shifts were understood to occur either as a response to the perceived formality of a situation (style as attention paid to speech (Labov 1966)) or as a response to the speaker’s perceived audience, whether real or

imagined (style as audience design (Bell 1984)). Although these conceptions of style have offered great insights into how linguistic variation patterns in relation to macro-demographic categories such as gender and social class, a number of critiques have been levelled against these early models. First, if style is solely about attention paid to speech, then a speaker's agency is limited to self-correction of their linguistic practice, with respect to their use of standard and non-standard variables (Eckert 2012:89). Second, the style as attention to speech model fails to recognise that 'shifts which are appropriate are nevertheless creative in the sense that speakers opt to operate communicatively within normative bounds' (Coupland 2001a:200). Furthermore, these early accounts of style relied on the notion that a speaker's linguistic practice was the result of their macro-demographic characteristics, which leaves little room for innovation.

Contemporary accounts of style either explicitly (e.g. Eckert 2000; Moore 2004) or implicitly draw on Hebdige's (1984) notion of 'bricolage', which is a process whereby people creatively combine semiotic resources (both linguistic and non-linguistic) in order to construct new social meanings and distinctions. In this sense, style is always multidimensional, involving clusters of linguistic (and non-linguistic) variants (Eckert 2000; Moore 2004; Mendoza-Denton 2008). Stance-taking can be accomplished across a variety of linguistic levels, from phonological variation (Eckert 2000), vocal quality (Levon 2015) morphosyntactic variation (Moore 2004), morphological variation (Snell 2010) to the level of discourse (Johnstone 2009).

This understanding of style is clearly illustrated in Eckert's (2000) ground-breaking linguistic ethnography on two communities of practice in an American high school. Eckert focused on speakers' stylistic variation in relation to linguistic variables primarily associated with the Northern Cities chain shift. Her quantitative analysis found that speakers from the 'burnout' community of practice were leading in the use of newer sound changes, which were primarily associated with urban areas. In contrast, speakers in the 'jock' community of practice used variables primarily associated with suburban areas. Eckert (2000:136) proposed that due to their geographical distribution, these variables had 'urban' and 'suburban' associations respectively. She argued that for the burnouts, the urban variables had a positive symbolic value, and that for the jocks suburban variants had a positive symbolic value. Crucially, through ethnographic observations, Eckert was able to situate the linguistic practice of the jocks and burnouts in relation to their non-linguistic practices, such as the activities they participated in and their clothing choices. It was these stylistic choices in combination which were constitutive of 'jock' and 'burnout' social identities.

From the perspective of style as stance-taking, Eckert's study is also significant. Eckert illustrates that the burnouts' use of urban variables correlated with their general orientation to

urban life. Similarly, the jocks' use of suburban variables correlated with their pro-school orientation and their more general orientation to the suburban community. These findings are entirely consistent with the understanding of style as habitual stance-taking. We can say that the suburban variables allowed the jocks to index a stance of alignment towards school. The non-linguistic social practices of the jocks can also be explained in this way. Through engagement with school activities, jocks consistently indexed stances of alignment towards the school; whilst the anti-social behaviour burnouts participated in can be understood as stances of disalignment towards the school. In summary, the burnout out style consisted of repeatedly taken stances of disalignment towards the school, whilst the jock style consisted of repeatedly taken stances of alignment towards the school. By taking consistent stances towards the same stance object (i.e. the school) through linguistic and non-linguistic social practices, the two communities of practice were able to construct distinctive styles which were constitutive of their burnout and jock social identities.

The results from subsequent linguistic ethnographies can also be explained in relation to stance-taking. For example, Moore (2004) illustrates that the differential use of morphosyntactic variables (tag questions, non-standard *were*, negative concord and right dislocation), along with differential levels of engagement with certain social practices (such as underage drinking and drug taking), were constitutive of two distinct communities of practice in a high school in North-West England. Significantly, Moore's interpretation of the differential linguistic behaviours of the two communities of practice also relied on their differential levels of orientation to the school and local community. We can say that the 'townies' higher commitment to non-standard forms associated with the local community (e.g. non-standard *were*), along with their participation in more extreme locally oriented activities (such as drug-taking), allowed them to take stances of disalignment towards the school. Although the 'popular' girls engaged in some of the same locally oriented activities that the townies did (e.g. underage drinking), they avoided extreme behaviours. In addition to this, they were generally more committed to the school system and engaged in school activities. Therefore, we can say that by showing a lesser commitment to non-standard variables than their townie counterparts, avoiding extreme locally oriented behaviours and by engaging with school activities, the popular girls were able to index stances of (mitigated) commitment towards the school. In this sense, the differential styles of the two groups related to their differential stances towards the school and the local community.

Similarly, in her ethnography of a Northern Californian high school, Mendoza-Denton (2008) illustrated how language choice (Spanish versus English) along with social practices such as make-up, clothing styles and music taste functioned to construct two distinct all female

Latina gangs, the Americanised Norteñas and the Latin American oriented Sureñas. Sureñas ‘overwhelmingly disidentified with English, since they view it as symbolic of Americanisation, assimilation and loss of Mexican-ness’ (Mendoza-Denton 2008:61). They also displayed a great interest in the pop music of Mexico. In contrast, Norteñas ‘identified with a Chicana-centred ideology that stressed their bilingualism and bicultural identity’ (Mendoza-Denton 2008:61). Their musical tastes revolved around American music recorded on the Motown label. We can therefore say that Sureñas typically took stances which indexed their alignment with Mexican culture, whilst Norteñas typically took stances which indexed their alignment with American Chicana culture.

In combination these studies demonstrate that styles which come to be associated with specific social identities can be understood as sets of repeatedly taken stances. Whether it be the anti-school stance of Eckert’s (2000) burnouts, or the pro-Mexican stance of the Sureña gang-girls in Mendoza-Denton’s (2008) study. Therefore, in this study I identify the stances which women repeatedly take in relation to their mother identity positions.

Significantly, approaching style from the perspective of stance-taking also allows us to identify the conflicts inherent in the enactment of certain social identities. For example, McIntosh (2009) analysed the narratives of white Kenyans who were forced to negotiate two seemingly contradictory ontological positions. Although they primarily valued rationalism, their exposure to the ‘superstitions’ of the African culture which surrounded them, had led to many white Kenyans taking ‘stances of apparent belief and of avowed disbelief vis-à-vis the African occult’ (McIntosh 2009:73). McIntosh argues that in order to negotiate these contradictory beliefs, speakers discursively ‘privileged some...stances over others as closer to who they wanted to be, in a kind of performative effort to fashion a level-headed and socially acceptable self out of the contradictions’ (McIntosh 2009:73). In this sense, although white Kenyans are not able to take the same consistent stances that, for example, Eckert’s (2000) burnouts did, stance-taking allowed them to ‘express some of the realities and contradictions of what it means to be a white African today’ (McIntosh 2009:89).

Similarly, Levon (2016) provides a case study of the linguistic practice of an Orthodox Jewish man, Igal, who is in a heterosexual marriage with children, but who also has romantic and sexual relations with other men. Igal is forced, therefore, to negotiate two conflicting understandings of self. Through quantitative and qualitative analysis of Igal’s use of creaky voice, Levon demonstrates that creaky voices occurs during interactional moments where Igal ‘expresses an affective alignment with same-sex desire that threatens to disrupt his simultaneous alignment with Orthodox Judaism’ (Levon 2016:233). Due to this distribution, Levon (2016:234) argues that ‘creaky voice serves as a deontic stance-marker for Igal, through

which he signals his continued commitment to the valuative framework of Orthodox Judaism', whilst simultaneously discussing his same-sex desires. It is significant that Levon (2016) and McIntosh (2009) both argue that the contradictory stances which are constitutive of certain social identities do not require 'a final declaration or resolution' (McIntosh 2009:74). Rather, as Levon (2016:234) concludes, such conflicting identifications 'remain in stable tension'. This is significant to my research, as I examine how women negotiate the tensions and conflicts inherent in hegemonic discourses of motherhood. Understanding style from the perspective of stance-taking allows me the opportunity to identify such conflicts and examine how women attempt to negotiate them at the micro-level of interaction.

1.6 Interactional sociolinguistics

In order to analyse how women enact their mother identity positions, I take an interactional sociolinguistic approach to data analysis. This theoretical perspective is entirely in alignment with the sociocultural linguistic framework I have outlined thus far as it 'regards interaction as a key site for the construction and reproduction of social identities' (Rampton 2006:24). This is in keeping with Bucholtz and Hall's (2005) principle of emergence, and Butler's (2006) performative theory of gender. Rather than attempting to find statistically significant linguistic variation in relation to preordained identity categories (such as social class or gender), as traditional variationist linguists might, interactional sociolinguists are concerned with uncovering how social identities are 'created and made meaningful' within a specific interactional context (Jones 2012:15). This approach, which is widely attributed to Gumperz (1982), encourages us to consider the momentary interactional moves speakers make and to view 'all aspects of language (rather than specified variables) as of potential significance to its analysis' (Jones 2012:16). This is important, as I have argued that stances can be taken at all levels of language, from changes in vocal quality (Levon 2009), to the level of discourse (Johnstone 2009; McIntosh 2009). By avoiding focusing on the use of specific variables, interactional linguistics allows us the opportunity to consider the multiple ways speakers position themselves in relation to both ongoing talk and other social actors, thereby constituting their identities during the course of interactions. An interactional approach is fundamental to sociocultural linguistics because it focuses on 'communicative practice as the everyday-world site where societal and interactive forces merge' (Gumperz 2015:312). In this way, it helps us focus on how the momentary interactional moves speakers make relate to, reproduce, construct, and are potentially constrained by the structures of ideology and the linguistic system. This allows us to reveal how, for example, hegemonic ideologies of motherhood are reproduced, contested and renegotiated in everyday talk.

Rather than attempting to gather vast amounts of data from a wide variety of participants, which can be subject to statistical analysis, interactional linguists typically focus on samples of 'discursive data from a small group of speakers' (Jones 2012:16). The aim of this type of data collection is to 'produce detailed and fairly comprehensive analyses of key episodes, drawing on a range of frameworks to describe both small- and large-scale phenomena' (Rampton 2006:24). In light of these aims, I collected a total of 32.9 hours of data from six women undergoing the transition to motherhood through the use of ethnographic interviews (see Chapter 2). The findings generated from my interactional analysis illuminate the discursive strategies the women in *this* study used in order to enact their mother identity positions. I contend that this means that although the results cannot be generalised to the wider population, the discursive practices of the women in this study are constrained by, and relate to, hegemonic ideologies of motherhood, which provide the context in which all women in this culture experience and understand motherhood. In this sense, how the women in *this* study used language to enact their mother identities reveals something about how we currently conceive of the social identity of the mother. This is in keeping with McMahon's (1995:5) assertion 'that the participant's experience provides the empirical starting point from which the subjective can be linked to the social organization'.

1.7 Outline of the study

In this chapter I have outlined the aims of this research. I have provided the theoretical frameworks I draw on in order to analyse how the women in this study enact their mother identity positions during interactions. I have argued that motherhood should be understood as an ideological concept which places constraints on the choices women can make in the enactment of their own mother identity positions. There is, therefore, nothing 'natural' or inevitable about becoming a mother, or what we understand 'good' and 'bad' motherhood to be. Instead, I have suggested that social identities such as 'the mother' are something which speakers must work hard to achieve. The aim of this thesis is to show the discursive work that goes into the production of a mother identity position and to illuminate the discourses which structure it.

In Chapter 2 I outline the methodological approaches I took to the collection and construction of my dataset, which includes an account of what it means to do ethnographic research and a discussion about the methods I used to manage, interrogate and analyse the data I generated. I provide some necessary background information about myself and the women who took part in this study and I discuss the ethical issues related to the research

project. I also consider how the women in this study felt about being research subjects and discuss the implications this has for how we can 'give back' to our research participants.

Chapter 3 is the first of the three analysis chapters, which are centred on the key discourses of motherhood which I understand to be pervasive in the dataset. In Chapter 3 I focus on the women's talk about birth expectations and experiences and how such talk is constitutive of the women's mother identity positions. I identify some of the key discursive strategies women use in order to construct their birth expectations and experiences of interventionist births in light of the 'natural' birth ideal. I show that the hegemony of 'natural birth' discourse constrains women's understandings of what it means to have a 'good' birth. Importantly, I also illustrate that what counts as a 'natural' birth is negotiated by women on an individual basis.

Chapter 4 explores women's talk about infant feeding decisions and the implications such talk has on their emerging mother identity positions. I show that the hegemony of 'breast is best' discourse means that the ability to breastfeed is essential to the women's conceptions and performative enactment of 'good' motherhood. I identify the conflicts inherent in 'breast is best' discourse and illuminate how women attempt to negotiate these tensions in the construction of their mother identities. I also examine the effect that 'breast is best' discourse has on women's accounts of formula-feeding. I show that rather than simply justifying their decisions, women attempt to challenge the status of 'breast is best' discourse and recontextualise the introduction of formula-feeding as a beneficial process.

In Chapter 5 I examine the implications that women's talk about parenting and what it means to be a 'good' mother has on their emerging identities as mothers. I show that the hegemonic discourse of 'child-centeredness' and the ideology of intensive motherhood (Hays 1996) constrain the ways in which women can discursively position themselves as 'good' mothers. I also illuminate how conflicts and tensions inherent in parenting discourse are played out at the micro-level of interaction. I argue that one effect of such tensions is that motherhood is typically a conflicted identity position.

In Chapter 6 I outline the key contributions made by this research to the field of sociocultural linguistics and language, gender and sexuality scholarship. I consider the implications that my findings have for our understanding of women's experience of motherhood. I discuss the impact this research has in relation to sociolinguistic understandings of language and identity as well as directions for future research.

2 Field work and methodology

I begin this methodology chapter by discussing what it means to do ethnographic research and the implications this had for my project. I then give an account of the field work process, which includes details about participants, ethnographic interviews/observations and a discussion about the ethical considerations related to this research. Finally, I detail the methodology I used in order to manage, interrogate and analyse the data I collected.

2.1 What is ethnography?

A sociocultural understanding of linguistic practice suggests that language is one of many social practices with which speakers engage in order to negotiate their identity positions. As already discussed, previous sociolinguistic research, including that conducted in the field of language, gender and sexuality, has taken an ethnographic approach to data collection, in order to situate speakers' linguistic practice within their broader range of social practices (Eckert 2000; Moore 2004; Mendoza-Denton 2008; Snell 2010; Jones 2012). In this chapter, I discuss what it means to take an ethnographic approach. While there is no single definition of ethnography, I aim to highlight the founding principles of ethnographic research.

Ethnography can be understood as a theoretical and methodological approach which aims to provide accounts of people's behaviour (Agar 1980:81) and to uncover the patterns which occur in everyday social practice (Agar 1980:194; Rampton et al 2015:16). In order to meet these aims, almost all ethnographic research involves some form of extended participant observation (Agar 1980:195; Lareau & Shultz 1996:3). During participant observation, ethnographers typically take field notes, which Agar (1980:111) considers to be the 'traditional core data of ethnographic research'. Prolonged engagement with participants allows ethnographers to illuminate the patterns in people's behaviours. With regards to this study, prolonged engagement with participants was fundamental in allowing me to identify the stances which women repeatedly took in the enactment of their mother identity positions. This is in keeping with Johnstone's (2009:47) assertion that in order to understand the stances constitutive of specific social identities, it is important to look at stance-taking across time and genre (see Section 1.5.2).

An ethnographic approach is key to understanding how speakers use language to enact certain identity positions because, as Bucholtz (1999a:210) states, 'for the specificity of an identity to become visible, it must be examined from the point of view of the individuals

who enact it'. One of the chief characteristics of ethnographic research is a concern with trying to understand the social world from the perspective of participants (Lareau and Schultz 1996:3). Ethnographies are, therefore, 'participant- rather than analyst-driven' (Bucholtz 1999a:210). Ethnographers often use interviews in order to gain an insight into participants' understandings of their own behaviours (Agar 1980:194). The purpose of these interviews is not to directly compare participant answers to the same question, rather the interviews offer the researcher a chance to learn more about a participant's experience of certain events. Ethnography is not, therefore, about hypothesis testing, but 'is the more general process of understanding another human group' (Agar 1980:71). In order to gain a deeper understanding of the behaviour of a specific social group, ethnographers overwhelmingly focus on depth, rather than breadth. This means spending a significant amount of time with a small set of individuals, rather than attempting to gather data from a large group. An ethnographic approach, therefore, allows us to 'look locally', which is one of the chief aims of contemporary language, gender and sexuality scholarship (see Section 1.3).

Researcher reflexivity is another key characteristic of ethnographic research (a point which is expanded upon in Section 2.2.6). Ethnographers recognise that, as researchers, we are 'located in the economic, social and cultural relations which we study' (Skeggs 1997:18). This means that throughout the process of conducting research it is necessary for researchers to be reflexive about how their own social practices and positioning affect those of their participants, and therefore the data generated. This point relates to the Labovian concept of the observer's paradox, which is that as researchers we typically want to understand how people behave when they are not being observed, however in order to generate such data we must observe participants, which in turn affects the data we can generate (Labov 1972:209). The best we can do as ethnographers is to be reflexive about the effect we have on the data we generate, and recognise that another researcher would not be able to return to the field and collect the same data because it is a unique product of the relationship between ourselves and our participants. Further to this, researchers must recognise that any account they give of a certain group's behaviour is an interpretation which has been influenced by the assumptions they already held about different aspects of cultural and social life. This point is in keeping with Macdonell's (1986:34) assertion that 'we cannot get outside of ideology'. As researchers, our perceptions of the social identities we study are constrained by the same ideological structures which render such identities intelligible.

Now that the general characteristics of ethnographic research have been established, I move on to a discussion about the methodology devised to answer the research questions of this thesis.

2.2 The study

This thesis reports the findings of a linguistic ethnography which investigated six women's transitions to first-time motherhood. Women were interviewed five times over a seven-month period, which began when they were in the third trimester of pregnancy (29-41 weeks pregnant) and ended approximately six months after the birth of their first child. This yielded 32.9 hours of recordings.

I concur with Mackenzie (2019:33-34) who states that we should understand 'data' as 'artefacts that come to exist as such only because of the research process, and will likely be perceived in different ways depending on how and why they are collected, collated and analysed'. The term 'data construction' (rather than 'collection') is useful because it foregrounds the fact that, as researchers, we generate data in line with the aims of our specific research questions. It allows us to avoid the assumption that the data we 'collect' is a 'natural' representation of some pre-existing phenomena. Each choice we make with respect to the research process, whether it be how we recruit participants, the questions we ask in interviews, or the way we collate our data, affects the accounts we give.

2.2.1 Participant recruitment

Participant recruitment began in August 2016 and ended in February 2017. Previous research indicated that the most effective way to recruit participants for pregnancy cohort studies is through face-to-face recruitment methods (Manca et al 2013:5). Therefore, I initially focused on gaining access to spaces where there would be groups of pregnant women expecting their first child. The most obvious place to recruit participants would have been antenatal classes. However, prior to the beginning of the recruitment process I discussed my study with a number of academics in the Faculty of Medicine and Health at the University of Leeds who had first-hand experience of midwifery and their insights proved invaluable. The overwhelming message from these discussions was that gaining National Health Service (NHS) ethical approval to attend antenatal classes would be a time-intensive process and given the small sample size required for my project, potentially not that rewarding or fruitful. The National Childbirth Trust (NCT) also runs antenatal classes which are not affiliated with the NHS and therefore would not require NHS ethical approval. However, a contact within the organisation informed me that the NCT typically only allows pregnant women and their partners to attend antenatal courses.

With antenatal classes no longer a viable option, I contacted instead pregnancy fitness classes and support groups in the local area who were not affiliated with the NHS or NCT, asking if I would be able to attend a session in order to hand out leaflets advertising the study. I contacted the leaders of eight classes and received two offers to attend the groups to hand out flyers. The first was from the leader of a local pregnancy yoga group, who invited me to distribute flyers at the beginning of her class. I spoke to each woman in the class individually and handed them a participant recruitment leaflet (appendix 2). The yoga classes cost eight pounds each and therefore access to the group was restricted to those with a certain level of economic capital. A number of the women in the class worked or had worked within higher education and were therefore very interested in the research. I handed out a total of 13 leaflets and within a week had received emails from three of the women who were recruited for the study, Charlotte, Sylvie and Zoe (note that these and all names in the thesis are pseudonyms, see Section 2.2.6). Both Charlotte and Zoe had personal experience of conducting post-graduate research and therefore their familiarity with higher education settings may have attracted them to the research. Indeed, during our initial meet-up to discuss the study, Charlotte told me that she felt it was important to take part in research projects such as mine, because she had been reliant on people volunteering to take part in her own research. In addition to this, she wanted to understand what it felt like to be a research participant as opposed to being the researcher.

A few months after attending the yoga class, I was invited to visit a local group which offered free support to young mothers. Although there were no pregnant women at the session, it was interesting to sit and hear women talk about their experiences of motherhood. Furthermore, it heightened my awareness to some of the sensitivities related to studying motherhood. For example, whilst chatting to one of the toddlers about what they were having for lunch, I said 'have you got crisps and chocolate' as this was what was on the child's plate. The child's mother was keen to tell me that her daughter had also been given raisins, a small sandwich and a yoghurt. I felt she was concerned that I was judging her child's diet, which was not the case, however this interaction made me realise that women may often feel their parenting decisions are under surveillance. This was, therefore, a valuable lesson. Although the group did not yield any participants, it was a significant experience because it helped me attune myself to how women talk about motherhood and the potential effects that small comments I made could have on women.

During a discussion about the difficulties I was facing in attempting to recruit participants, a new mother suggested I try to attend locally run second-hand baby and children's equipment markets. I arranged to have a free stall at a local event where I could

hand out leaflets and discuss my study with new mothers, on the condition that I advertised the event on social media. The markets cost approximately two pounds to enter and stall holders paid a small fee to sell at the event. This recruitment method resulted in me meeting one participant, Jane.

As well as attempting to gain access to groups and events where I could meet participants face-to-face, I also left flyers advertising the study in a range of locations across the local area that pregnant women were likely to visit, such as libraries and children's centres. A local mother and baby fitness group offered to hand out my leaflets at their events and the contact I made in the NCT placed an advert for my study in the regional NCT newsletter, which was emailed to approximately 600 families. The local NCT group also agreed to share a social media post about the study on their Facebook page. I gained one participant from the social media post shared by the NCT, Helen. Jackie was also indirectly recruited via social media as one of her friends passed on my details after seeing an advertisement for the study online.

Previous research has indicated that mothers with a higher socioeconomic status typically respond to flyers and social media posts advertising for research participants (Leung et al 2013). However, Charlotte, who would be identified as middle-class, given her level of education and economic capital, told me that she would not have signed up for the study if I had not met her face-to-face in the yoga class. She said that by meeting me she could see I was a 'normal' person who she would be willing to share her experience with, which is something Zoe also commented on. Therefore, face-to-face recruitment is a useful technique regardless of women's socioeconomic status.

Participant recruitment was a more lengthy and complex process than I had envisaged. Despite the various methods used for recruitment, only seven women originally agreed to take part in this study, which was short of my original aim to have ten participants. However, small, non-random, self-selecting samples such as mine are typical of ethnographic studies (such as Lareau 2011; Jones 2012). Although I recruited three participations through the first yoga-class I visited, I then went months without recruiting anyone, which was both frustrating and stressful.

One of the initial aims of this project was to recruit women from a diverse range of socioeconomic backgrounds. This is because much research on motherhood has examined the experiences of older, white, heterosexual, middle-class women (e.g. Schmied and Lupton 2001; Caputo 2007; Miller 2007; Wall 2010) and a primary concern on contemporary language, gender and sexuality research is to diversify our understanding of the range of identities related to gender and sexuality (see Section 1.3). One of the reasons for the current research

bias is that 'white, middle-class women have set the agenda for the analysis of women' (Skeggs 1997:20) This is reflected in traditional scholarship on language and gender (see Section 1.3) and in much of the feminist theorising about motherhood, which has been written by, and primarily focused on, the experience of this sociodemographic group (e.g. Rich 1977; Wolf 2001; Valenti 2012). However, another reason for this research bias is the ease with which participants can be recruited. Previous work on recruitment methods for pregnancy cohort studies have found that white, middle-class women with higher levels of education are more likely to volunteer to take part in research than working-class women (Leung et al 2013; Manca et al 2013). Indeed, despite my attempts to seek out locations in which I could potentially meet working-class women, such as the young mothers support group and the second-hand baby equipment market, the women recruited to this study typically self-identified as middle-class. Lareau (2011:352) suggests that the working-class mothers who did respond to her invitation to be part of an ethnographic study of childrearing practices were 'usually secure in their roles, did not have drug problems and were generally less concerned about the possibility of being "turned in" to the state for being "bad" or "abusive" parents'. Here she picks up on a central methodological issue for those studying motherhood, which is that mothers operate under a constant state of 'surveillance' (Douglas and Michaels 2004:6; Henderson et al 2010).

Applying the Foucauldian notion of surveillance to modern motherhood, Henderson et al (2010:235) argue that mothers typically feel that they are 'constantly watched by an external authority figure' such as paediatricians and educators, who judge their child's progress (and therefore their mothering abilities) in relation to specific developmental and physiological scales. In addition, mothers are often concerned that their parenting is judged by friends and family. In this sense, 'mothers exist in a modern age of constant surveillance; they surveil themselves, and other moms' (Henderson et al 2010:236). The result of this constant surveillance is that women typically feel guilty about their parenting practices, as they struggle to meet the largely unrealistic ideals of intensive motherhood (Henderson et al 2010:240). Therefore, asking women to participate in a study which is explicitly focused on their identity as a first-time mother potentially adds to this feeling of surveillance. Furthermore, the fact this study is affiliated with a university (a powerful social institution), would likely make some women feel uncomfortable if they lacked confidence in their potential mothering abilities. This type of mistrust in relation to powerful institutions is not unfounded; indeed, there can be grave consequences for mothers whose parenting is judged to be lacking in some way. All of the women in this study were educated to a least degree level (see Table 1) and were therefore familiar with the higher education setting, which means they were potentially less likely to distrust the institution as a whole. Women who were less familiar with the workings of

higher education may have had less trust or faith in taking part in a study affiliated with a university. Given these difficulties, recruiting for a pregnancy cohort study is a challenging task and it is likely that the mothers who volunteer to participate are women with a level of confidence in their mothering practices, or at least, those who do not fear engagement with powerful social institutions such as universities.

Despite not meeting my original aims for participant recruitment, the actual participant sample is appropriate given that one of the primary aims of this study is to examine how hegemonic ideologies of motherhood affect women's enactment of a mother identity position. Intensive motherhood ideology positions white, middle-class women as the 'ideal' mother (Hays 1996; Arendell 2000; O'Brien Hallstein 2017). In this sense, the women in this study are potentially more constrained by the ideology of intensive motherhood, given that their social positions afford them the opportunity to better meet the ideals of intensive motherhood (Miller 2007:341). It is also important to examine how middle-class women use language to negotiate their mother identity positions, because if this social identity is left unexamined it acquires the status of the 'norm' against which other mothers' behaviours are compared. This same rationale was used to encourage feminist linguists to examine not only the speech of women, but the speech of men (Meinhof and Johnson 1997:1), which has given us a more nuanced understanding of how existing gender hierarchies are reproduced, resisted and reconfigured during the course of everyday interactions.

Once participants had signalled that they wished to take part in the study, I invited them to meet up to discuss the research in more detail, which allowed me to gain informed consent. Prior to these meetings, I emailed each woman a participant information sheet (appendix 1), so they had time to read it and think of any questions they would like to ask. These initial meetings were also important in order to allow myself and the participants to begin rapport building, which was crucial to the fieldwork process.

Rapport is about 'more than just putting people at ease. It means convincing people that you are listening [and] that you are interested in what they are talking about' (Leech 202:665). The women's own reflections on the research process highlight the significance of establishing a good rapport with participants. For example, Charlotte told me:

I think your approach definitely has...really really has suited me and my personality type because it's not been, I don't know, it's just been quite relaxed and quite non-assumptive. And I don't know it's just, for me it's just worked and I can be very very closed to people. Like if I, I don't know something in me that can just really close up if I feel the person's got a certain agenda or something... Whether I want to close up to

them or not it's just my, I just have that defence mechanism...I think if it had been somebody else I wouldn't have...have stayed with it or I would have but I would have been a bit false.

Here Charlotte indicates that the rapport we built up was important in allowing her to speak openly about her experiences and encouraged her to maintain involvement with the project. In order to establish a rapport with speakers I was open about my own experiences and feelings. Prior to the beginning of an interview, we would often chat over a cup of tea and discuss how I was finding the PhD, or how moving in with my then partner had gone. Sharing aspects of my personal life in this way was important in establishing trust between myself and the participants. They got a sense of who I was, which allowed them to be more open about who they were.

I was always clear about the primary aims of my research during these initial meetings and answered all of the participants' questions. I did not want the participants to feel patronised, nor did I want them to feel I was hiding some aspect of my research. One of the principle goals of these discussions was to foster a sense of openness that would facilitate the fieldwork process. Importantly, it was only by being open about the research that the participants could give informed consent.

2.2.2 The participants

Table 1 gives background information about each participant involved in this research.

Table 1. Participant Information

Name (age)	Ethnicity	Occupation	Education	Relationship	Housing	Social class	Antenatal class
Charlotte (31)	White, British	Lecturer	Postgraduate degree	Married	Owns	Middle-class	NCT
Helen (29)	White, British	Admin	Bachelor's degree	Married	Owns	Middle-class	NCT
Jackie (37)	White, British	Consultancy	Bachelor's degree	Married	Owns	Middle-class	NCT
Jane (30)	White, British	Teacher	Bachelor's degree	Co-habiting	Owns	Middle-class	NHS
Sylvie (30)	White, Spanish	Nurse	Nursing diploma	Co-habiting	Owns	Middle-class	NCT
Zoe (31)	White, British	Researcher	Postgraduate degree	Engaged	Rents	Middle-class	NHS

The mean age of the women in this study (as recorded during the prenatal interview) was 31.3 years. This is higher than the national average age of first-time mothers in the UK, which was 28.8 years in 2016 (Office of National Statistics 2017). All the women in this study had a higher education qualification. Furthermore, two of the six women were educated to post-graduate level. Previous research has shown that in Western contexts engagement with higher education often results in the postponement of motherhood (Happel et al 1984; Rendall and Smallwood 2003; Nicoletti and Tanturri 2008). Therefore, the women's educational attainment may offer one possible explanation as to why the average age of first-time motherhood was higher for the women in this study in comparison to the national average.

Like McMahon (1995:44), I used the women's level of education as the primary indicator of their social class. Due to her interest in the effect that motherhood had on women's identities, McMahon (1995:44) argues that 'while education is not identical to class position, it is a good indicator of...class differences in options and life circumstances'. Furthermore, level of education has been shown to correlate with some of the decisions women make in relation to motherhood, such as breastfeeding and birth plans. It has been shown that women with higher levels of education are more likely to breastfeed (Riva et al 1999; Dubois and Girard 2003; Knaak 2005; Skafida 2009). Women with lower levels of education also tend to exhibit more positive attitudes towards medicalised births (Benyamini et al 2017:427).

If I had chosen income as the primary criterion for the women's social class position, I would have had to decide whether to use combined household income or the women's individual incomes. Using combined income would have meant the women's social class positions were reliant on their partner's incomes. Considering that the aims of this study relate to the women's individual identities as mothers, it would have potentially been problematic to use 'male-derived indicators of social class' (McMahon 1995:43). A further benefit of using level of education rather than income as the social class criterion is that it recognises the fact that 'economic capital is not enough by itself to define class' (Savage 2015:49). Drawing on the widely influential work of Bourdieu, Savage (2015) argues that class should be conceptualised in relation to the accumulation of economic capital (wealth), cultural capital (such as level of education) and social capital (who we know). Educational qualifications are a form of cultural capital, which can significantly affect people's life chances. For example, 'well-educated people feel confident in dealing with institutions...and are hence often better able to get the best services from schools, health services and suchlike' (Savage 2015:51). This is of particular

relevance to this study, as the transition to motherhood is a time during which women must navigate institutions such as health care and education. In this way, higher educational qualifications can lead to the accumulation of advantages which may be less accessible to those with lower educational qualifications.

Given the ethnographic nature of this study, it was also important to consider what women understood their own social class positions to be. When I asked women how they would classify themselves, their answers typically aligned with the classification I had attributed to them. For example, Jackie told me:

I would say that we're middle class...I think. Has it changed from when I was younger? Maybe. I would say my parents were working to middle class and I'm probably more firmly in middle class, even though I hate the fact that classes exist but they kind of do don't they? In terms of in- our income bracket our disposable income, erm the cars we drive, the lifestyle that we have I would say that's probably- we're slightly more, we're probably slightly better off than my folks were.

Similarly, Helen identified as 'lower middle-class' and Jane identified as 'middle-class'. Despite Jackie, Helen and Jane self-identifying in similar ways, I observed noticeable differences in their lifestyles. For example, Jane was concerned about money and had bought the majority of her childcare equipment second hand. In contrast, Jackie had furniture custom made for her nursery. Jane often spoke about money and was forced to return to work earlier than planned due to receiving less maternity pay than she had expected. I had the feeling that money was a real issue for Jane, in a way it was not for other participants such as Jackie and Charlotte. Similarly, Helen told me of her desire to have a second child, but reported that financial constraints would play a factor in the decision-making process.

Sylvie, Charlotte and Zoe found it harder to identify their social class positions. For Zoe and Charlotte this was primarily down to the fact that their current social class position differed from the social class they felt that they had been born into. Zoe told me that her family were traditionally working-class and that she was one of the first of her family to go to University. She conceded that although she would still wish to identify as working-class, having studied for a PhD: 'I'm still not sure you could come out the other end and say I'm still working-class'. Here she implies that her involvement in higher education excludes her from claiming a working-class identity, which indicates that educational level is important to her conception of social class. Similarly, after a lengthy discussion about what social class means, Charlotte concluded that although she did not have money growing up, she would now consider herself to be 'middling' due to her combined household income. Furthermore, she saw differences between

her own lifestyle and those of the families she had researched who were 'struggling in terms of their education, opportunity, socially, economically'. Sylvie was the only woman in the study not born in the UK. She was born in Spain but told me that social class was the same in Spain as it was in the UK. We discussed social class at length, but she never clearly articulated her own position. She felt that because she was unable to claim maternity pay in the UK, economically she had more in common with the working-class women she interacted with in the free breastfeeding group she attended, than she did with the middle-class women in her NCT group. She rejected the notion that because her partner was a GP he was 'posh'. However, Sylvie's lifestyle was perhaps more in line with Charlotte and Jackie. She and her partner moved to a large house in the countryside during the course of the study. She attended NCT antenatal classes (which users pay for) and she rarely discussed having financial concerns in the same way as Jane. However, she often spoke about acquiring baby equipment second hand and distanced herself from the women in her NCT group who regularly spoke about the new baby paraphernalia they had bought.

The discussions I had with the women highlight the difficulties inherent in attempting to clearly identify social class. With this in mind, it is important to recognise that although I use educational attainment as the primary criterion for social class, this does not mean the participant sample with respect to class is entirely homogenous. The women's individual lived experiences and conceptions of class differed, whether subtly or markedly.

As well as being middle-class, all the women in this study were white and in co-habiting heterosexual, cis-gender relationships. In this way, they all met the demographic characteristics of the 'ideal' mum (Arendell 2000; Hays 1996; Miller 2007), which means, as already discussed, they were likely to be more constrained by hegemonic ideologies of motherhood because 'after all, isn't this how women like them are supposed to be and feel?' (Miller 2007:341).

2.2.3 Insider or outsider?

Much has been written about the roles that we assume as ethnographers in relation to our research participants, especially whether we are considered to be insiders or outsiders of the communities we are studying. For example, Jones (2012:54) argued that her own identification as a lesbian helped her to be accepted by the lesbian walking group she was studying. Macleod's (1996:115) ethnography sought to understand the aspirations of a group of teenage boys living the projects. Although his involvement with a local youth group gave him some level of acceptance by the boys, he was still considered an outsider. His university

education and his lower-middle-class status meant it was harder for him to gain acceptance from the boys. During her study of three working-class communities in Belfast, Milroy (1987:44) managed to achieve 'a status which was neither that of insider, nor that of outsider but something of both' by using a 'friend-of-a-friend' recruitment technique, whereby those already involved in the study would introduce her to new potential participants.

On paper, I was fairly similar to the women in my participant sample: I am a white, university educated, heterosexual, middle-class, cis-woman in my early thirties. Crucially, however, I am not a mother. I felt that my status as a non-mother was beneficial to the research process in two ways. First, I often reminded the women that I was not a mother and therefore they were always the experts in my opinion. Affording participants 'expert' status is a useful ethnographic technique as it helps to ensure that participants do not leave aspects of their experience undiscussed, due to the assumption that the researcher will already know about them (Leech 2002: 665-666). Second, given the surveillance women often feel in relation to motherhood, I argue that my non-mother status meant that it was less likely that the women were concerned I would be judging their parenting decisions in relation to my personal experience of motherhood. However, in order to gain a level of legitimacy, I discussed my previous role as a children's library assistant, during which time I had regularly worked with babies and mothers. Furthermore, I openly discussed my desire to have children in the future. In this sense, I presented myself as a non-mother who had a long-standing interest in the topic and who had hands on experience of working with mothers and babies. I feel this presentation of self was crucial in allowing the women to feel that I had a genuine interest in their experience.

2.2.4 Ethnographic Interviews

The data presented throughout this thesis is taken from the ethnographic interviews I conducted with the participants. In total I conducted 30 interviews with a mean duration of 63.8 minutes. Table 2 outlines the interview schedule for all participants.

Table 2. Interview timetable

Participant	1 st Interview (no. weeks pregnant)	2 nd Interview (no. weeks since birth)	3 rd Interview (no. weeks since birth)	4 th Interview (no. of weeks since birth)	5 th Interview (no. of weeks since birth)
Charlotte	33	1.5	8	12	20
Helen	37	3	9	18	24
Jackie	32	3	9	24	28
Jane	39	2.7	10	16	22
Sylvie	33	1.1	6	16	24
Zoe	34	2.1	9	18	22

After taking advice from scholars in the Faculty of Medicine and Health, I decided that interviews should begin in the third trimester of pregnancy, because by this point the pregnancy is well established and women are in the final stages of preparing for motherhood. Furthermore, during their exploration of women's experiences of motherhood, Thompson et al (2011) found that towards the end of the third trimester, women were typically slowing down and therefore had more time to be interviewed about their experience of pregnancy and their feelings and expectations regarding impending motherhood. Originally, the aim had been to interview women on a monthly basis until their babies were between four and five months old. However, as Table 2 indicates, the practicality of scheduling interview times which were convenient for women made this aim impossible to meet. It was important to interview women until their babies were approximately four months old because previous research has indicated that at four months women are becoming more secure in their role as a mother (although this feeling of security fluctuates after this point) (Mercer 2004:227). Synthesising the results from a number of studies on maternal role attainment, Mercer (2004:227) states that 'self-reported maternal behaviours, feelings of attachment for the baby, and observed maternal competence' peaked at four months post-birth. I wanted the interview process to end on a positive note for the women and it was, therefore, important to allow enough time for them to feel more secure in their roles as mothers.

For the convenience of the participants, the majority of interviews were conducted in the women's homes; though on three occasions I interviewed women in local cafes. All interviews were recorded using my mobile phone, which has a voice recorder function. The aim of using my phone to record interviews, rather than a Dictaphone or microphone, was to

try to minimise the extent of the observer's paradox. The presence of a mobile phone during interviews was considerably less intrusive than if I had been using a traditional recording device. I always asked participants before I started recording and made clear when recording had ended, therefore recording was never covert. Using the phone also allowed me to be flexible when interviewing, I could, for example, easily follow women with the phone in my hand if they were walking about in an attempt to soothe the baby, or if we needed to go upstairs to change the baby.

I did not take field notes during ethnographic interviews as I felt this may be unnerving for participants. Furthermore, taking notes may have hindered me from connecting with the participants during our conversations and they may have felt I was slightly detached from what they were saying. Once I had left the field, I wrote up field notes for each interview, usually in a notebook on the bus home. In line with Lareau's (1996:218) guidance for best practice in relation to field notes, I typed up my notes and stored them electronically within 24 hours of leaving the field. The purpose of quickly writing up field notes is to overcome the problems associated with field notes and long-term memory recall. Agar (1980:113) states that relying on memory is problematic because remembering is a selective process, which can produce results that move our attention 'away from the details of an event and towards the more general stereotypical conceptualisation of that event'. Within the field notes I recorded how I felt the interview had gone and anything about the interview which I felt to be particularly significant. I also recorded relevant contextual information such as what the women were doing with their child whilst we were talking.

All interviews were semi-structured with open questions. This style allowed me to guide the topics of conversation, whilst allowing space for women to discuss the aspects of motherhood which were important to them and which I may have not considered. I ended each interview by asking women if there was anything else they would like to discuss, which allowed them a further opportunity to contribute their own opinions.

There were a number of questions which I asked women in every interview, such as 'how do you feel about your body?' and in each post-natal interview I asked women to describe a typical day for themselves and their babies. The latter question is what Spradley (1979:87) classifies as a 'grand tour question' which encourages informants to 'generalize, talk about a pattern of events'. Leech (2002:667) states that a problem with this type of question is that participants may focus on 'interesting events...or on what they think *should* happen day to day' (original emphasis). However, the longitudinal research design helped to overcome both of these problems in two ways. First, by conducting multiple interviews I got a better sense of what was actually 'typical' for each participant. Second, the longitudinal element of the study

meant it was less likely the women were telling me what they thought I wanted to hear. Charlotte explicitly commented on this element of the research design during our fourth interview: 'I think if I, if this was just a one off, at this stage I'd construct it for you to hear what I wanted you to hear, but because we've met each other a few times I can't do that'.

I had set questions to ask in each interview but did not stick to these rigidly. The questions were primarily used as prompts to encourage the women to discuss their experience of motherhood. If they raised a point I felt was of particular relevance to the research, I would ask further questions in order to encourage more talk on this topic. Although I was initially nervous when interviewing women, I quickly began to look forward to each encounter. All of the women were welcoming, engaging, thoughtful and highly entertaining; in each interview there was a lot of laughter.

2.2.5 Ethnographic observations

Along with interviewing the women, I also conducted a number of ethnographic observations either in the women's homes or in public spaces such as local parent and baby groups. The ethnographic observations proved more challenging than the interview process and in total I conducted 10 observations. The observations I conducted in the women's homes were relatively straightforward and I simply 'hung out' for a morning or afternoon and observed the women's daily routines. For example, Charlotte carried out a number of housework tasks whilst holding her daughter and spent time encouraging her to interact with toys and praising such interactions. Sylvie and I took her daughter on a hike in the local countryside which was something she regularly did. Jackie and I had lunch together, whilst encouraging her son to attempt to feed himself as she started the process of baby-led weaning. It is important to recognise that I did not simply 'observe' during these meetings, I often tried to be helpful, sometimes feeding babies or simply entertaining them whilst the women attended to some other household task or used the bathroom. I felt the least I could offer the women in return for their participation in the study was to try and be useful in some small way.

I also attended a number of playgroups with the mothers, such as 'baby sensory' classes with Helen and Jane, and a 'sing and sign' class with Jackie. These observations allowed me to watch how the women interacted with other mothers and I gained a wider sense of what their experience of motherhood looked like. I conducted fewer of these types of observations than I had originally planned because they sometimes aroused suspicion with health visitors and baby group leaders. I completely understood the wariness exhibited by

some of the staff I interacted with, as their primary concern was obviously to ensure that my presence did not have a negative effect on the women in their classes. Fortunately, the participant observations I did conduct yielded rich data which allowed me to better situate the women's talk about motherhood in relation to their everyday experiences.

2.2.6 Ethical considerations

This project was reviewed and received ethical approval from the Arts and PVAC Faculty Research Committee at the University of Leeds. In order to protect participant anonymity, all names in this thesis are pseudonyms and any identifying locations/characteristics have been removed. Participation in the study was entirely voluntary and participants were reminded of their right to withdraw from the study at any point and that they could request for the data already collected to be destroyed. Prior to the start of the study all participants were issued with a participant information sheet (appendix 1) and I outlined the aims of the study in person, which allowed them the opportunity to ask questions. Informed written consent was gained from all participants. Consent was treated as an ongoing process and I frequently checked that participants were happy to continue with the research. In general, all the women were enthusiastic about the project and seemed genuinely curious about my findings.

One participant did withdraw from the study and therefore her data is not presented in this thesis. I conducted two interviews with the participant, one before and after the birth of her child. It was usually difficult to get in touch with her and unlike the other women she did not proactively contact me when her child was born to arrange an interview. I contacted her a couple of weeks after her due date to ask how things were going, however we only arranged to do an interview six weeks after the birth of her child. I contacted her on two further occasions in an attempt to arrange our third interview, but she did not respond. Other academics who have conducted longitudinal research projects advised that the general rule is to assume that a participant who does not respond to two requests to meet up no longer wishes to be part of a study. I therefore emailed her thanking her for her participation and said she could contact me if she wanted to continue. After a couple of weeks she replied to this email saying that she had returned to work earlier than planned and was therefore very busy but that she could potentially do a phone interview. I decided to see if she got in touch to arrange an interview time, as I felt this would signal that she truly wanted to continue with the study, but she never did. I did not want to press her to arrange an interview as I felt she may simply agree out of politeness or a feeling of obligation. Ultimately, I got the sense that she no longer wished to be part of the study and therefore did not contact her again. Although I had

conflicting feelings about this decision, I felt it was for the best. While she did not formally withdraw from the study, I took her lack of contact as a signal of her withdrawal and therefore her data is not included in this thesis.

I did not want the women to feel that being part of this study was an added pressure in their lives and therefore did not feel it appropriate to 'chase-up' participants. I was conscious of the fact that new motherhood is an emotional, overwhelming and exhausting experience and therefore I continually looked for signs that the participants were content in their involvement with the study. The six women whose data is included in this thesis were regularly in contact to arrange interviews and sometimes shared pictures of their babies with me or emailed me in relation to things they had mentioned during our meetings. For example, Charlotte once emailed the name of a lipstick colour she felt would suit me as we had been talking about make-up prior to the beginning of an interview. I felt that this type of relatively frequent contact, not always initiated by me, suggested that they were truly happy to be taking part in the research. I always confirmed that the women were happy for me to use the data I had recorded and this was predominantly the case. One woman requested that I did not transcribe a small section of one of our interviews and I complied with this request.

Along with the practical ethical issues such as gaining informed consent from research participants, previous ethnographic research (such as Agar 1980; Skeggs 1997; Jones 2012) has highlighted the need for researchers to remain reflexive throughout the fieldwork process in order to produce ethical research. Rampton et al (2015:16) state that an important component of ethnographic research is considering how our own subjectivities as researchers affect the research process. For example, in her ethnographic study of child rearing practices in America, Lareau (2011:353) noted that the discipline practices that the research assistants in her study had experienced in their childhood homes affected what each research assistant recorded as noteworthy during observations. The subjective nature of the observations we make and the data we choose to collect means that it is important to recognise the partialness of all ethnographic research (Agar 1980:41). Who I am as a researcher affected not only the data that I collected, but also the questions that I considered worth asking (Skeggs 1997:28). In order to be as reflexive as possible throughout the research process, I used field notes to record not only observations from the field but also my own personal feelings. By continually reflecting on my own practice in this way, I was able to better recognise how my actions affected the research process and the social and cultural 'baggage' I brought to each interaction.

Taking a sociocultural approach to the relationship between language and identity means recognising that the research interview is 'a social and perhaps even politicized

interaction that itself merits close analytic attention' (Bucholtz and Hall 2008:422). A central tenet of sociocultural linguistics is that meaning is co-constructed in interaction. This means that it is vital that researchers include their own language in the analysis of interactions. Furthermore, Jones (2012:61) argues that the analysis of our own linguistic practice is crucial in maintaining a level of reflexivity about our role as a researcher. For both these reasons, I include my own language in the analysis of interactions.

2.2.7 Being researched

When conducting research, it is important to remember that our participants are not 'merely research instruments' (Oakley 1979:310). One of the ways I attempted to overcome this problem was by encouraging the women to reflect on the process of being researched. At the end of our final interview, I asked each participant how they felt about being part of the study. The responses to this question were overwhelmingly positive, with women reporting that they felt they had benefited in a number of different ways from taking part in the project.

For the majority of women, the key benefit of participation was that it allowed them time to reflect on the transition to motherhood. For example, Helen told me:

It's made me think about things. I think I remember one time you'd asked me a question, I said I wondered if you were going to ask that and so...it's made me think. Like when there's been certain scenarios and you're like ah I must remember about that because I think it will be quite interesting to talk about, and I've really enjoyed because it's been, made me, I don't know- I just- it's also given me a- a like a monthly focus.

Similarly, Jackie told me that 'it had been really nice to have some time to reflect' and Zoe commented that: 'when you reflect on it from being pregnant, to like just having given birth, to baby being nearly six months old is like, a lot's changed...so it's nice to kind of take stock'. These responses indicate that participation in this study allowed the women space to digest the significant changes that were occurring in their lives. Charlotte commented: 'I'm talking...in a very open way because you're not part of my social circle, you're not part of whatever, so I am just being very open. So is it in a way a therapeutic thing for me?'

Along with having a potentially therapeutic benefit for her, Charlotte reported that being part of this research had encouraged her to continue documenting her experience of motherhood, which was something she found both valuable and enjoyable:

I think it's persuaded me doing this, I bought this...a line a day five-year diary thing. It's called like mum's diary or something naff but, and then so it'll have like August the

twenty-eighth and just five things. And doing it for her, I only started it like in February, and I think this has made me think about something about. Cos those- that time when I was talking to you about when I was in that little space or whatever, like I could never relive that with her again but something of it's been captured which to me just feels amazing. And I think that influenced me, because I'm not I'm not a diary typey person, has influenced me to do it and now I absolutely love doing it.

For Jane, being part of the research facilitated useful discussions between herself and her partner:

I think it's been quite good. Like erm and there's been a couple of times when you've come, then I'll say oh Kate's been today and we were discussing about...so and so and I said oh do you remember when, or I said I used to do this didn't I, and he might say, oh I never realised you did...I think there were one time when I'd said like I think it were about body image, I said oh I feel like my body looks more like this and he's like, oh I didn't notice that. Whereas probably I wouldn't have said anything cos I wouldn't- might not have realised myself before. So it's been useful I think for, for me cos it's made me think about things but I think also, then cos I can say to Jonathan did you know that?

Sylvie told me that she had enjoyed being part of the research process because it made her feel 'useful':

I think it's a really good exchange actually cos...I've felt like I was useful also...and that's important because you're useful for you baby, but you're not that useful otherwise. So you feel like every- everything you do, are people like no no no don't do it have some rest. Yeah I want some rest, but I want some rest at night in my bed now. I just need to feel useful and so being also useful for someone, for something important like your PhD, and being part of that is quite err rewarding at some points. So I feel it's really, yeah a good exchange.

Sylvie positively evaluates the research process twice as a 'good exchange'. The word 'exchange' is key. As researchers, it is important to consider how we can 'give back' to our participants. 'Giving back' is by its very definition 'reciprocal' as it 'connotes having already received something from the person one is giving to' (Gupta and Kelly 2014:2). The women's reflections on their experience of being part of the research indicates that they each felt that they had benefited in different ways from the process. In this sense, the very act of allowing women space to discuss their experience of motherhood was mutually beneficial. It allowed me to collect data to complete this thesis and it allowed them time to

reflect, to feel useful, to document their experience and to have interesting conversations with their partners.

A number of the participants also told me that they would like to receive the transcripts of our conversations. I have already returned Charlotte's transcripts to her as she contacted me saying that she was pregnant again and felt it would be useful to look back on our conversations in order to prepare for the new baby. She described the transcripts as a 'gift'. In this sense, I was able to give Charlotte something useful which allowed her to feel better prepared for her second birth. By returning the completed transcripts to the participants who requested them, I am able to give the women a record of their transition to motherhood.

2.3 Organising the dataset

Having outlined the ethnographic methodology used to construct the dataset, I now move on to a discussion about the steps taken in order to organise, interrogate and analyse my data.

2.3.1 Extensive listening

In order to begin organising my data, I relied on the process of extensive listening. Rampton (2006:32) states that 'extensive listening can itself be regarded as a process of "mediated", repeated and repeatable ethnographic observation, and it is fertile activity for the emergence of the "contrastive insights" that Hymes (1996:5) identifies as the starting point for ethnography'. "Contrastive insights" involve the apprehension of a disparity between the claims that prevailing discourses make about social life, and what you can see, hear and experience in social life as it actually seems to happen' (Rampton 2006:32). In this sense, extensive listening allows ethnographers to gain an initial understanding of the aspects of their data which may be worthy of further analysis. By immersing myself in the data through the process of extensive listening, I was able to identify contrastive insights that occurred between hegemonic discourses of motherhood and how the women talked about their experiences of motherhood. For example, although breastfeeding is routinely presented as a 'natural' process (Oakley 1979:166; Brookes et al 2016:350), the women in this study typically represented breastfeeding as a difficult skill which had to be learnt through expert tuition. Similarly, although the majority of the women in this study planned for a birth which was as 'natural' as possible, all the women received at least some form of medical intervention during birth. Hegemonic discourses which position 'natural' births as

the ideal were, therefore, incongruent with the women's lived reality. These 'contrastive insights' alerted me to some of the key issues within the dataset which were worthy of further analysis.

2.3.2 Sensitising concepts

In order to guide the process of extensive listening, I used a 'sensitising concept', which are the starting point of much ethnographic analysis (Rampton et al 2015:16). The term 'sensitising concept' is attributed to Blumer (1954:7), who argues that whilst definitive concepts 'provide prescriptions of what to see', sensitising concepts 'suggests directions along which to look'. Sensitising concepts 'have no bench-marks which allow a clean-cut identification of a specific instance and of its content. Instead they rest on a general sense of what is relevant' (Blumer 1954:7). The sensitising concept I used in order to organise and focus the process of repeated listening was Hall's (1997b:45-46) six-point framework for the analysis of discourse.

Given that one of the chief aims of this thesis is to understand how hegemonic discourses affect the way women can construct their own mother identity positions, it was important to identify elements of hegemonic (and counter-hegemonic) discourse within the dataset. Hall (1997a:6) states that discourses structure the way we are able to speak about topics such as motherhood. Importantly, he notes that 'discourse never consists of one statement, one text, one action or one source'; instead 'the same discourse will appear across a range of texts, and as forms of conduct, at a number of different institutional sites within society' (Hall 1997b:44). In order to identify talk which contained elements of hegemonic (and counter-hegemonic) discourse within the dataset, I looked for talk which met one of the six criteria set out in Hall's (1997b) framework for the analysis of discourse, as outlined below:

- 1.) *Statements about subjects such as motherhood*, 'which give us a certain kind of knowledge about these things' (Hall 1997b:45). There were many examples of this type of talk throughout the dataset. For example, during a discussion about what she missed about her pre-baby life, Jane told me that that since becoming a father, her partner had continued regularly going to the gym as he did before having a child, whilst she remained looking after their daughter. She concluded, 'I think it changes a woman's life more than it does a man's'. During a similar discussion, Helen told me that her partner was trying to encourage her to leave the baby so that they could go out for an anniversary meal together, something which she did not want to do. In order to explain this difference in opinion, she told me: 'I think

it's different for the dads because although...their life has definitely changed, it hasn't...their life hasn't changed in quite as drastic a way as the mums'. Both Helen and Jane generalise their personal experiences by presenting there as being a fundamental difference in the way that women and men experience the transition to parenthood. They both highlight the fact that whilst their partners are happy to leave their babies, they do not necessarily wish to do so. What, then, does this tell us about motherhood? It suggests that a contemporary 'norm' of motherhood is that women are primary caregivers and due to this 'norm', women's lives are more changed by the arrival of a child than men's lives are. By identifying talk which contained explicit statements about motherhood, I was able to identify hegemonic discourse, such as 'mother as primary caregiver' and 'mothers as child-centric', within the dataset.

2.) *Rules which prescribe certain ways of talking about topics such as motherhood.*

Hall (1997b:45) contends that such rules 'govern what is 'sayable' or 'thinkable' about subjects such as motherhood. One of the primary ways such 'rules' manifest in the women's talk were through statements about 'what everyone says' about motherhood. For example, during our first interview, Zoe told me: 'everyone says it's tiring, but everyone says it's worth it'. This comment implies that although women can complain about the tiring aspect of motherhood, it is important to emphasise the fact that it is 'worth it'. The 'rule' of mitigating complaints about motherhood with the assertion that it is 'worth it' appeared in other women's talk. For example, Jackie told me that 'I'm not going to pretend there aren't a few things' of her pre-baby life that she missed. However, she quickly mitigated the force of this complaint with the phrase 'but it's absolutely worth it'. What, then, does this tell us about what is 'thinkable' or 'sayable' about motherhood? It suggests that although women are able to articulate complaints about motherhood, they must be mitigated by emphasising how worthwhile motherhood is.

3.) *Subjects who in some way personify the discourse.* Throughout the dataset, I found references to real or imagined subjects who in some way personified discourses about motherhood. For example, during a discussion about motherhood and social class Helen told me:

It's a bit of a kind of an aspirational thing to be...the yummy mummy. If you are that together that you fit back in your skinny jeans, you have the Bugaboo pram, you go for incredibly long walks, and you have lovely

lattes, and you go to every single mummy and toddler group that there is, where your child can sign-language by three weeks old erm, that's the sort of like aspirational middle class yummy mummy.

This description of the 'yummy mummy' social type implies that mothers should aspire to quickly lose their 'baby weight', exercise, have expensive prams, and that they should engage in intensive parenting in order to aid their child's development. We can see that this aspirational social type personifies many elements of intensive motherhood ideology, as outlined by Hays (1996).

- 4.) *How this knowledge about a topic acquires authority.* Hall (1997b:45) directs us to examine how knowledge about a topic becomes to be understood as 'embodying the "truth" about it'. In the dataset, women often appealed to parenting books or advice from the NHS in order to authorise their experience or practices, which suggests that knowledge about motherhood acquires authority through such sources. For example, during a discussion about how much weight she had gained during pregnancy, Zoe said: 'I've been hungrier all the way through. I have like eaten more. People say, well people, but the books say that...cos you've got more oestrogen going on you lay down fat easier'. Here Zoe justifies her weight gain during pregnancy by appealing to scientific knowledge she has gained from 'books' about pregnancy. It is significant that she self-corrects from 'people say' to 'books say', because it indicates that pregnancy 'books' are a more authoritative source of knowledge than other people's experience. That being said, the other source of knowledge and authority that the women in this study invoked was that of their female friends and family members. For example, during a discussion about post-birth weight-loss Charlotte recounted her sister's assertion about the relationship between weight-loss and breastfeeding: 'it was my sister, thank goodness, who said to me...if you keep breastfeeding after six months, she's like weight will fall off you, but up until then she's like, only if...you're like pairing it with like a decent amount of exercise'. Talk such as Zoe and Charlotte's helped me to identify how discourses of motherhood acquire authority.
- 5.) *The practices within institutions for dealing with the subject.* Hall (1997b:46) suggests that the conduct of institutions related to particular subjects is 'regulated and organised according to' hegemonic discourse. Therefore, I examined women's talk about their experiences of dealing with institutions

related to motherhood, such as the NHS and the NCT. For example, during her birth narrative Charlotte reported how clinical staff repeatedly ignored her requests for information: 'so I'm lying there paralysed. No one is telling me anything, like nothing, and I was just like...what's happening what's happening, what's happening'. Comments such as this indicate that when it comes to birth, babies' needs are sometimes prioritised at the expense of mothers' needs.

- 6.) *Acknowledgement that a different discourse...will arise at a later historical moment.* Here Hall (1997b:46) suggests that we should look for an awareness of the fact that new discursive formations will arise, which will reconceptualise what we understand motherhood to be. Within my data, women typically commented that their current understanding of motherhood differed from their parents, which indicates an awareness of the fact that discourses of motherhood exhibit historical variability. For example, when discussing what made a 'good' mother, Jackie told me: 'I think, you know, parents in the late seventies, early eighties, it was a bit more authoritarian. And, you know, I got smacked, so I'm quite anti-smacking'. By identifying such talk, I was able to understand how conceptions of 'socially acceptable' motherhood have changed over time.

Using Hall's (1997b) framework allowed me to identify the data which was key to understanding how hegemonic discourses affect women's enactment of their own mother identity positions. Ethnographic insights also suggested 'directions along which to look' (Blumer 1954:7). The prolonged engagement I had with participants heightened my awareness to the topics, and particular conversations, which appeared to be significant in the women's enactment of their mother identity positions. For example, although I only had one formal question about infant feeding decisions, I noted that this topic repeatedly occurred during post-natal interviews. Furthermore, the degree of emotion this subject often invoked in participants suggested it was about more than the 'best' way to feed a child, instead it appeared fundamental to women's understanding of themselves as mothers. Drawing upon Hall's framework together with ethnographic insight, I was able to make sense of the data relevant to hegemonic (and counter hegemonic) discourses and women's enactment of their mother identity positions, which was worthy of further analysis.

2.3.3 Frequency analysis

In order to interrogate the understandings generated through the use of sensitising concepts, I employed a word frequency analysis. The aim of this analysis was to identify the key topics within the dataset which were related to hegemonic discourses of motherhood. Baker (2010:123) asserts that we can ‘uncover evidence of discourses’ by examining frequencies and collocations of words within a particular dataset. It is important to recognise that ‘linguistic features are not discourses in themselves; they are merely suggestions of discourse, or their ‘traces’ (Talbot 1998)’ (Baker 2010:123). This means that it is important not only to consider the frequency with which words occur, but to examine them within their original interactional context. Given that hegemonic discourses structure the ways women are able to talk about motherhood, it is reasonable to suppose that certain words would be frequently found in such talk.

The frequency searches I conducted were informed by the insights generated through the initial analysis of the dataset, which was guided by a sensitising concept and ethnographic insight. For example, I noted that ‘birth’ appeared to be an important and sometimes emotive topic of conversation for women, especially within the pre-natal and initial post-natal interviews. Using Hall’s (1997b) framework allowed me to see that much talk about birth was structured by hegemonic discourse, particularly the discourse of ‘natural birth’. Furthermore, I observed that none of the women’s births had gone as planned and that there appeared to be a disjuncture between hegemonic representations and the lived reality of birth. On the basis of these insights, I conducted a frequency analysis of the term ‘birth’, the results of which are displayed in table 3.

Table 3. Frequency analysis: ‘birth’

Participant	1st Interview	2nd Interview	3rd Interview	4th Interview	5th Interview	Total
Charlotte	6	8	1	0	3	18
Helen	6	1	0	0	0	7
Jackie	22	9	0	0	0	31
Jane	6	2	0	1	0	9
Sylvie	1	7	0	4	7	19
Zoe	7	2	0	0	3	12
Total	48	29	1	5	13	96

Table 3 shows that talk about birth was most frequent in the pre- and first post-natal interview, which is to be expected given that I asked women explicit questions about birth during these interviews. Although this initial frequency analysis highlighted multiple extracts in which women talked about birth, which suggested that birth was an important topic of conversation, it was clear to me that it had not captured all of the women's talk about this subject. For example, I understood a conversation that Sylvie and I had about birth to be ethnographically significant, as she discussed how women she had seen giving birth in low-resource settings in Africa had inspired her to take a 'natural' approach to birth. However, this conversation was not recovered from the initial frequency analysis. Therefore, it was important to refine the frequency analysis process by using ethnographic insights and by identifying other words which frequently occurred during discussions about birth. On the basis of these insights, I conducted further searches using the following terms: 'labour', 'natural', 'intervention', 'epidural', and 'forceps'. Using these search terms in combination, I collated a total of 73 extracts (17, 759 words) which contained talk focused on women's negotiation of hegemonic discourse associated with birth. In order to ensure that the extracts included in the 'birth' data sub-set were directly relevant to the aims of this thesis, talk which did not meet at least one of the six criteria outlined in Hall's (1997b) framework for the analysis of discourse was excluded.

This process of frequency analysis was repeated with two further terms, 'breastfeeding' and 'parent'. The aim of these two frequency analyses was to gather talk on infant feeding decisions and parenting styles, which appeared to be important topics for the display and negotiation of women's mother identity positions during my initial analysis of the data. Furthermore, by using Hall's (1997b) framework I was able to see that talk about both of these topics was governed by hegemonic discourses of motherhood. As was the case with the 'birth' frequency analysis, I refined the analysis by using additional search terms which regularly occurred in talk about each topic such as 'formula', 'feeding', 'style' and 'baby-led'. The frequency analysis results for 'breastfeeding' and 'parent' are displayed in the tables below.

Table 4. Frequency analysis: 'breastfeeding'

Participant	1st Interview	2nd Interview	3rd Interview	4th Interview	5th Interview	Total
Charlotte	1	3	5	1	0	10
Helen	0	2	13	4	8	27
Jackie	0	9	24	4	6	43

Jane	0	11	4	2	1	18
Sylvie	4	8	7	4	10	33
Zoe	5	3	0	0	3	11
Total	10	36	53	15	28	142

Table 5. Frequency analysis: 'parent'

Participant	1st Interview	2nd Interview	3rd Interview	4th Interview	5th Interview	Total
Charlotte	4	6	5	13	11	39
Helen	1	1	2	10	0	14
Jackie	15	0	4	2	0	21
Jane	1	1	0	1	0	3
Sylvie	1	1	1	9	5	17
Zoe	1	1	1	0	1	4
Total	23	10	13	35	17	98

Table 4 shows that talk about breastfeeding primarily occurred in the first two interviews after birth. In the first post-natal interview I explicitly asked women about their infant feeding decisions; however, this was not a topic I explicitly asked about in the second post-natal interview, which is where the majority of this talk occurred. This indicates that infant feeding decisions were an important topic of talk for the women in this study. I collated a total of 104 extracts (19, 330 words) which contained talk about infant feeding decisions. Table 5 shows that talk about parenting styles primarily occurred in the initial pre-natal interview and in the third interview after birth. In both these interviews I explicitly asked questions about parenting styles and what women felt it meant to be a 'good' mother. In total I collated 78 extracts (20, 716 words) which contained talk focused on parenting styles.

Using frequency analysis, I was able to construct three data sub-sets which contained talk directly related to three key topics of conversation for the women in this study: 'birth', 'breastfeeding' and 'parenting styles'. Due to the initial use of Hall's (1997b) framework as a sensitising concept, all this talk contained elements of hegemonic (and counter-hegemonic) discourses of motherhood. In order to understand how women negotiated their own mother identity positions in relation to these hegemonic discourses, I took a discourse analytic approach to the analysis of the three data sub-sets.

2.4 Discourse Analysis

For those studying language, gender and sexuality, discourse analysis has become ‘the central approach of the field’ (Bucholtz 2003:43). This point is mirrored by Cameron (1998:947) who argues that within the humanities, the postmodern turn in feminist scholarship has led to an overwhelming reliance on discourse analysis as a means of examining the relationship between language, gender and sexuality. Typically, scholars in the field understand discourse to mean ‘contextually specific ways of using language’ (Bucholtz 2003:45). Attention is not necessarily paid to specific ‘sounds, words, or decontextualized sentences’ (Cameron 1998:947), rather analysis focuses on ‘extended samples of language in use’ (Cameron 1998:947). *Discourse* is used to refer to both written texts (e.g. Sunderland 2000, 2006; Brookes et al 2016) and to spoken language (e.g. Cameron 2001). Discourse analysis can, therefore, ‘in principle...deal with socially situated language-use in any channel or medium’ (Cameron 2001:7).

At this point it is important to make clear that this definition of the term *discourse* differs from that which was given in Section 1.2.3. Up until this point in the thesis, *discourse* has been used in what is typically referred to as the Foucauldian sense, whereby discourses are understood as structures of thought ‘which determine what can and must be said from a certain position in social life’ (Eagleton 2007:195). This understanding of discourse has also been of interest to language, gender and sexuality scholars. For example, Coates (1997) examined the different types of discourses women draw on when talking in all female friendship groups, concluding that ‘different discourses give us access to different femininities’. Similarly, Jones (2019:87) demonstrates that two transgender vloggers rely on ‘discourses of binary gender and normative heterosexuality’ in order to constitute their own transgender subjectivities. Importantly, both understandings of *discourse* are relevant to the aims of this thesis, which is an examination of how hegemonic discourses of motherhood (structures of thought) affect the linguistic enactment of a mother identity position (language use in context). Bucholtz (2003:45) argues that such analyses, which consider both types of discourse, have the potential to ‘increase the relevance of linguistic discourse analysis for the study of gender in other disciplines’. For the remainder of this section, however, I will be using *discourse* to refer to language use in context.

Discourse analysis within the field of language, gender and sexuality is not a unified or singular approach (Cameron 1998:964; Cameron 2001:7; Bucholtz 2003:45; Litosseliti 2006:54). However, what such analyses do typically share is an understanding of the social world as being ‘produced and reproduced in great part through discourse’ (Bucholtz 2003:45)

and, therefore, ‘the method that emerges from this theoretical stance is one of close analysis of discursive detail in relation to its context’ (Bucholtz 2003:45). By taking this discourse analytic approach, identities related to gender and sexuality can be seen as ‘discursive accomplishments’ (Litosseliti 2006:61) rather than the pre-existing source of linguistic and other social practices (e.g. Cameron 1997; Bucholtz 1999a; Capps 1999; Jones 2012).

Like ethnography, discourse analysis can be considered a ‘bottom-up’ approach which forces us to ‘look locally’ (Eckert and McConnell-Ginet 1992) in order to provide an account of the relationship between language, gender and other types of social identities. Taking a discourse analytic approach to the analysis of ethnographic material, allows us to ‘relate...the understanding that an ethnographer had *at that moment*...to broader structures and the wider ethnographic context’ (Jones 2012:62). For example, Jones (2016) uses an ethnographically informed discourse analysis to examine how speakers from a predominantly white LGBT youth group, in a working-class town in Northern England, work to discursively construct a group identity based on their shared ‘nonheteronormative status’ and, by consistently taking stances which serve to *other* South Asian people. Significantly, Jones (2016:129) argues that this type of identity work was ‘specific to this particular group; their intersecting social identities, residence in this particular town, and cultural experiences [that] led to their stance-taking against the Asian out-group’. Ethnographically informed discourse analysis is, therefore, crucial in allowing us to consider how identities relate both to the specific interactional context and to the broader workings of culture and society, which is a primary aim of sociocultural linguistics (Bucholtz and Hall 2005:586).

Given that discourse analysis in language, gender and sexuality research can take multiple forms, I now outline the specific discourse analytic approach I took to the analysis of my data.

2.4.1 Stance analysis

Fundamental to my understanding of the relationship between language and identity is the concept of stance-taking. I have argued that the styles associated with specific individuals or social types are the result of repeatedly taken stances (Johnstone 2009; Kiesling 2009). Therefore, in order to examine how the women in this study enacted their mother identity positions, all extracts in the birth, breastfeeding and parenting data sub-sets were subject to a stance analysis. This process involved carefully analysing each extract in order to identify and code the stances that women took in relation to the

hegemonic (and counter-hegemonic) discourses of motherhood which had been illuminated through the use of Halls' (1997b) framework.

Conducting a stance analysis revealed the stances women repeatedly took in relation to hegemonic discourses of motherhood. In relation to birth, for example, the majority of the women in this study repeatedly took stances which highlighted their desire for an intervention free birth. For example, in the prenatal interview, during a discussion about birth plans, Jackie told me: 'ideally...as little intervention as possible really'. Stances such as this were coded as 'disalignment with medical intervention', which is in keeping with the discourse of 'natural birth'. With respect to infant-feeding decisions, the majority of women typically took stances which highlighted their commitment to breastfeeding. For example, during a discussion about the difficulties of breastfeeding, Jackie told me: 'I'm going to keep persevering though, I want to, if I can, avoid formula'. This stance was coded as 'commitment to breastfeeding/disalignment with formula-feeding'. Both these stances are in keeping with the hegemonic discourse of 'breast is best'. When it came to talk about parenting, the women repeatedly took stances which highlighted the fact that they were child-centric. For example, during a discussion about her baby's routine Jane told me: 'she sort of sets her own routine, so she normally has a nap every day at a similar time and feeds at a similar time, but that's because that's what she sort of instigates'. Stances such as this were coded as 'commitment to baby-led approach', which is in line with the hegemonic discourse of 'child-centric' motherhood.

Subjecting the data to stance analysis allowed me to clearly identify the stances women repeatedly took in the negotiation and display of their emerging mother identity positions. Importantly, it also allowed me to identify anomalies within the dataset. For example, although the majority of women took stances which allowed them to align with the ideal of 'natural' birth, Charlotte regularly took stances of negative evaluation towards this approach. Given, this anomaly, it was important to examine the implications that Charlotte's disalignment with the hegemonic ideal of 'natural' birth had on her enactment of a 'socially acceptable' mother identity position. Furthermore, stance analysis also allowed me to uncover some of the conflicts and tensions inherent in hegemonic discourses of motherhood. For example, although women took stances which highlighted the fact that their parenting was 'instinctive', they also took stances which indexed the fact that their parenting was 'expert-led'. Given these anomalies and tensions, it was important to return to the data to examine the women's linguistic practice more closely.

2.4.2 Interactional analysis

Given that a central tenet of sociocultural linguistics is that meaning is co-constructed in interaction, research interviews should be 'treated as richly contextualised linguistic data' (Bucholtz and Hall 2008:416). This means that it was necessary to examine the stances women took within their original interactional context, as it is through intersubjective social action that social identities emerge (Bucholtz and Hall 2005). On this basis, I returned to the data in order to identify key extracts which exemplified the stance-taking strategies speakers used in the enactment of their mother identity positions, which were then subject to detailed interactional analysis. As discussed in Section 1.6, interactional sociolinguistics is form of discourse analysis traditionally associated with Gumperz (1982), which understands all levels of language to be of potential significance in relation to a speaker's display and negotiation of their identity positions (Jones 2012:16). Therefore, rather than focusing solely on the content of the women's utterances (as the initial stance analysis did), I also examined the fleeting interactional moves women made in order mark their orientation to both on going talk and other social subjects (whether real or imagined), thereby constituting their unique mother identity positions.

Each of the following three analysis chapters focuses on the detailed interactional analysis of key extracts which allow me to illuminate the discursive work women undertook in order to manage their transition to motherhood. I reveal the discursive strategies the women in this study use in order find their own 'socially acceptable' mother identity positions in light of hegemonic discourses of motherhood.

2.5 Concluding remarks

Ethnography is a challenging experience and I often felt overwhelmed, either by the sheer amount of rich data I was collecting or by some of the practical and ethical challenges which presented themselves during the course of the research. Ultimately, however, the process was exceptionally rewarding, and it was privilege to witness each woman's transition to motherhood. Furthermore, it allowed me to combine detailed interactional analysis with the ethnographic insights I had gained through prolonged engagement with each participant. In doing so, I am able to provide an account of how the women in this study negotiated their emerging mother identity positions over and against hegemonic discourses of motherhood.

3 'Natural' Birth

3.1 Introduction

How and where women give birth is subject to both professional and public debate, much of which is imbued with notions about 'acceptable' motherhood. On the one hand, the popular media has consistently criticised women who elect to have caesarean births, labelling them 'too posh to push' (Asthana 2005), but on the other hand, women who choose home births are warned that they are putting themselves and their babies at unnecessary risk (Smith 2011). Numerous books, websites and blogs offer women advice on the 'best' way to give birth, promoting approaches such as 'natural birth', 'hypnobirthing', 'gentle birthing', 'positive birthing' and 'active birthing'. Healthcare professionals also frequently debate the optimal way for women to give birth. For example, The World Health Organisation (WHO) recently released a new set of recommendations for intrapartum care, designed to enable women to have a 'positive childbirth experience' (WHO 2018a). They suggest that the routine use of medical interventions in the birthing process could undermine women's 'own capability' to give birth, which could, in turn, contribute to negative birth experiences (WHO 2018a:1). Given the contested status of what makes a 'good' birth experience, I examine how the women in this study talk about their expectations of, plans for, and experience of, birth, and the implications that this has for their mother identity positions.

Birth was an important topic of discussion for the women in this study, especially in the interviews immediately before and after the event. Furthermore, applying Hall's (1997b) framework for the analysis of discourse to the dataset revealed that much talk about birth contained hegemonic (and counter hegemonic) discourse, particularly the discourse of 'natural birth'. However, the women's expectations and experiences of birth differed significantly. When I asked Charlotte how she felt about the prospect of giving birth, she responded: 'birth expectations, I think it will be hideous'. On the other hand, Jackie said: 'I'm really excited about labour, sounds really odd but I just feel like you don't do it very many times in your life. What an extraordinary thing to go through'. When I asked Zoe how her birth had gone, she replied: 'it went well like the actual giving birth bit was like awesome, although I probably wouldn't have described it that way at, at the moment'. In contrast, Jackie stated: 'I don't want to be like it was horrific, it wasn't horrific, it was just the hardest thing I've ever done by a country mile'. Despite these differences, stance analysis revealed that the majority of the women in this study typically took stances which allowed them to index an alignment with the ideals of

‘natural’ birth. However, what counted as ‘natural’ or as an ‘intervention’ was different for each woman. In this chapter, I examine key extracts from the dataset to illustrate the linguistic techniques women used to discursively position their birth expectations and experiences in light of the ideal of ‘natural’ birth.

I begin by outlining the sociocultural context of birth to demonstrate that ‘natural’ birth is typically positioned as the ideal birth experience. I then provide details about the types of birth each woman in this study had and situate their experiences in relation to UK wide trends. The rest of the chapter is dedicated to the analysis of key extracts which exemplify the different discursive strategies the women used to position themselves, and their birth expectations and experiences in relation to the hegemonic ideal of a ‘natural’ birth.

3.2 Sociocultural context of birth

Within industrialised countries, childbirth is typically framed in relation to what Cosslett (1994:77) classifies as ‘two dominant “official” stories...: the medicalised account and the natural account’. The medical account is underpinned by the understanding that “‘normal’ childbirth requires medical control in order to guarantee safety through monitoring which will enable intervention at the earliest sign of pathology, since risk prediction and selection is not really possible’ (Teijlingen 2005:3). In contrast, the ‘natural’ approach to childbirth is based on the understanding that:

“normal” childbirth is “natural” childbirth, i.e. that the overwhelming majority of pregnant women have a normal and safe childbirth with little or no medical intervention, and that those women who are not expected to have a “normal” childbirth can be predicted and selected out.

(Teijlingen 2005:3)

These two approaches to birth are typically positioned as being either ‘mutually exclusive’ or ‘as opposites which must be somehow united’ (Cosslett 1994:47). Oakley (1979:20) states that although forceps were first introduced during the seventeenth century, ‘in Britain, childbirth first came under medical management when six lying-in clinics were created in London from 1739 to 1765’. The dominance of the medical approach to birth grew considerably during the twentieth century. In 1927 only 15% of mothers in Britain gave birth in hospital, but this increased to 96% by 1974 (Oakley 1979:20). Wolf (2001:13) argues that, despite evidence to the contrary, ‘women are told that hospital is the safest place to give birth and that the way in which hospitals deliver their babies is the safest way’. The dominance of the medical approach

to birth is evident from the fact that within the UK in 2017 only 2.1% of women had a homebirth (Office of National Statistics 2019).

Since the 1970s, the 'natural' approach to childbirth has been closely associated with the second wave feminist movement, which sought to reclaim women's bodies from what it perceived to be the over-medicalization and masculinization of childbirth (Moscucci 2003:172). For advocates of this approach, 'natural birth is said to be empowering to women, for, through it they experience a sense of control and accomplishment that positively informs their sense of self not only as women and mothers, but as persons' (Macdonald 2006:236). Within the UK, 'natural' birth is also associated with the National Childbirth Trust (NCT) (Kitzinger 2005:47), which was established in the 1950s in order to introduce birth education to a wider audience (Kitzinger 2005:46).

There is no single definition of 'natural' birth. The NCT (no date a) offers the following characterisation of a 'straightforward' or 'natural' birth:

A straightforward birth means giving birth vaginally, without any procedures or interventions. Some people call it a natural birth. Interventions are carried out in a hospital by a doctor and include: induction of labour, epidural or spinal anaesthetic, use of forceps or ventouse, episiotomy, caesarean section.

When Macdonald (2006:241) asked midwives and midwifery users in Canada to define what counted as a 'natural' birth she elicited a variety of responses, such as: 'it means drug free'; 'it means no interventions'; 'it means non-medicalised, the opposite of a hospital birth'. Oakley (1979:20) states that 'one of the meanings of "natural childbirth" is a birth without major intervention. This means that 'birth induced with a syntocin drip or a prostaglandin tablet is not natural: neither is a forceps delivery'. She understands the key principle of the natural childbirth movement to be that 'women should not have analgesic or anaesthetic drugs when they have babies' (Oakley 1979:20). In combination, these definitions suggest that 'natural' birth is birth via vaginal delivery that does not involve major medical interventions, such as induction or forceps, or pain-relief, such as anaesthesia.

Despite the apparent hegemony of the medical approach to birth, in recent years, there has been growing support for a more 'natural' approach to childbirth from the medical establishment itself. For example, The World Health Organisation's (2018a) most recent recommendations for intrapartum care state that:

Healthcare professionals should support pregnant women with *spontaneous* labour onset to experience labour and childbirth according to each individual woman's *natural* reproductive process *without interventions* to shorten the duration of labour, provided

the condition of the mother and baby is reassuring, there is progressive cervical dilatation, and the expected duration of labour is within the recommended limits.

(WHO 2018a:39, my emphasis)

Similarly, within the UK, the most recent guidelines regarding intrapartum care from the National Institute for Health Care and Excellence (NICE) reflect the growing trend towards a less medicalised approach to birth. For example, it is recommended that first-time mothers should be encouraged to give birth in a midwife-led birthing unit because they are 'less likely to have interventions (such as a ventouse or forceps birth, caesarean section and episiotomy) compared with planning birth in an obstetric unit' (NICE 2014a:3). NICE (2014b:28) states that women should be given 'the opportunity to labour in water for pain relief'. Furthermore, although medical clinicians are advised to ensure that opioids are available for pain-relief, they are directed to inform women that:

these will provide *limited* pain-relief during labour and may have *significant side effects for both her* (drowsiness, nausea and vomiting) *and her baby* (short-term respiratory depression and drowsiness which may last several days).

(NICE 2017b, my emphasis)

Clinicians are also encouraged to inform women that the use of opioids such as pethidine or diamorphine during labour may interfere with breastfeeding (NICE 2017b). Inherent in these guidelines is the implication that a 'natural' approach to birth is preferable to medicalised approaches. Medicalised approaches are positioned as producing unwanted side effects for both women and their babies and any potential benefits of such approaches are minimised. Frost et al (2006:303) argue that the (feminist) 'natural' birth movement, the increasing encouragement of a more 'natural' birth in medical contexts, and negative representations of women who choose elective C-sections in the media work in combination to 'critique interventionist birth and set up natural birth as desirable'.

Scholars working across the social sciences have demonstrated the desirability of 'natural' birth through the qualitative analysis of women's talk about birth expectations and experiences (Frost et al 2006; Macdonald 2006; Malacrida and Boulton 2014). Malacrida and Boulton (2014) conducted narrative interviews with 22 recent mothers (whose children were aged three and under) to explore women's birth expectations, plans, and birth outcomes. They found that 18 out of the 22 women interviewed 'described expectations firmly centred in the discourse of "natural" birth as ideal' (Malacrida and Boulton 2014:49). During her ethnographic study of midwives and midwifery users in Canada, Macdonald (2006) found that the desirability of 'natural' birth meant that women associated interventionist birth with failure. During an antenatal class, one expectant mother stated that she would feel "ashamed" ...if she ended up giving birth in a hospital, and especially, if she ended up with a C-

section' (Macdonald 2006:243). Another woman in the study 'was apologetic that she had "cried for an epidural" during labour' (Macdonald 2006:243). Frost et al (2006) analysed the accounts of women who had experienced interventionist birth (characterised as the use of forceps/ventouse/caesarean) in order to investigate how women negotiated their experiences in light of the 'natural' birth ideal. In keeping with Macdonald (2006), they found that for some women, the experience of operative delivery led to feelings of 'guilt or sadness' (Frost et al 2006:308). However, other women challenged the dichotomy between 'medical' and 'natural' births by incorporating certain interventions (such as pain-relief) into their understanding of, and plan for, a 'natural' birth (Frost et al 2006:311). Frost et al (2006:311) argue that this renegotiation of 'natural' birth demonstrates women's recognition that the reality of birth may differ from the 'natural' birth ideal, whilst simultaneously reproducing the desirability of 'natural' birth.

The fact that women report feelings of failure if they do not achieve a 'natural' birth is one of the primary criticisms of the 'natural' birth movement. In her memoir and critique of the contemporary childbirth and pregnancy 'business', Wolf (2001:158) argues that:

One of the unintended consequences of the natural childbirth movement is that it can lead women to feel like failures when they cannot manage birth so effortlessly, and it can also leave them underprepared when faced with the real, drawn-out, painful battle that childbirth can be.

This consequence is unsurprising when one considers the history of the 'natural' childbirth movement. Oakley (1979:22) states that none of the original prescriptions for 'natural' childbirth 'placed women as people at the centre of their own experience of childbirth'. Whilst Cosslett (1994:9) argues that 'the discourse of natural childbirth...has an anti-feminist, traditionalist legacy that is hard to shake off'. The original figurehead of the 'natural' childbirth movement is commonly acknowledged to be Grantly Dick-Read (Rich 1977; Oakley 1979; Wolf 2001; Moscucci 2003), who asserts that motherhood is a woman's biological 'desire' and her 'ordained accomplishment' (2013:7). Dick-Read's book *Childbirth without fear*, originally published in 1942, claims that pain in childbirth is the result of women's muscles tensing up in fear and, therefore, 'by removing fear, tension is reduced and pain is minimised' (Dick-Read 2013:39). To remove the fear and therefore pain of childbirth, women are instructed to adopt specific positions and participate in breathing exercises. Moscucci (2003:171) argues that informed by his religious beliefs, Dick-Read 'sought to appeal to the middle classes' sense of social responsibility and persuade them to have more children. Women should drop their claims to emancipation and return to their "natural" role as child rearers and homemakers'. By removing fear from the childbirth process, Dick-Read aimed to encourage the 'correct' (i.e. middle-class) women to have larger families (Moscucci 2003:170). Furthermore, his assertion

that women should avoid pain medication during childbirth stemmed from his belief that women need to be fully conscious during birth, because the “spirit of motherhood” remains dormant unless it is awakened by the first cry of the baby’ (Moscucci 2003:170). Therefore, far from being feminist, the origins of the ‘natural’ childbirth movement are founded on the principles of biological essentialism and religious belief, which understand motherhood as women’s biological and spiritual destiny. In this sense, it is understandable that, as Wolf (2001) has suggested, women many feel a sense of failure if they are unable to give birth ‘naturally’, as the ‘natural birth’ discourse positions them as inherently capable of doing so.

Within the UK, the natural childbirth movement is most closely associated with the NCT. Established in 1956 by Prunella Briance and originally known as The Natural Childbirth Trust, the NCT was founded on the principles of Dick-Read’s writings and aimed to challenge the over-medicalisation of birth (NCT no date b). Moscucci (2003:170) states that the NCT also initially campaigned to ‘associate natural childbirth with such values as religious morality, improving the race, reinforcing family life, and re-establishing the Empire’. In line with these aspirations, one of the key rhetorical figures used by the ‘natural’ childbirth movement has been the ‘primitive woman’ (Cosslett 1994:9). ‘Natural’ childbirth advocates such as Dick-Read have relied on the notion of ‘the “primitive woman”...often identified as “African”, [who] goes into the bushes on her own, gives birth painlessly and without any fuss’ (Cosslett 1994:9). This rhetorical figure is used as evidence of that fact that women are naturally designed to give birth and that the medicalisation of birth is largely unnecessary. However, as Wolf (2001:159) argues, ‘the “purebirth” advocates scarcely address the fact that when women did give birth at home, without drugs or intervention, and before antisepsis...bad things happened on a regular basis’. The WHO (2018b) states that ‘everyday 830 women die from preventable causes related to pregnancy and childbirth’ and that 99% of these deaths occur in ‘developing countries’ in ‘low resource settings’. Therefore, as Cosslett (1994:10) argues, the figure of the primitive woman ‘is a cultural construct, incorporating the ideals of a particular society, and, paradoxically, her instinctive wisdom has to be learnt from books by “civilised” women’. The figure of the ‘primitive woman’ is also linked to a further critique of the ‘natural’ childbirth movement, which is that it positions women as ‘simple, instinctive, closer to nature’ (Lupton 2003:16, cited in Frost et al 2003:303). Similarly, Darra (2009:301) argues that, ‘the ideal of an “unchanging female essence” associated with natural childbirth, which is supposed to be accessible to women in the modern era, is clearly a problem’.

Although the second-wave feminist movement of the 1970s aimed to empower women through the promotion of ‘natural’ birth and help them reclaim their bodies from over-medicalisation (Rich 1977:173), the biological essentialism inherent in the natural birth

discourse is now understood as problematic, given that postmodern feminism has sought to deconstruct gender (e.g. Butler 2006). Contemporary feminists have argued that “the natural” is as much a cultural category as “the medical” (Oakely 2005: 264, cited in Frost et al 2006: 303), the only difference being that, when it comes to childbirth, ‘the natural’ is currently valorised by middle-class Western society (Rich 1977:174, Cave 1978). Within the UK, the NCT’s association with the middle-class is primarily due to the fact users pay for antenatal classes. In my study, Charlotte, Jackie, Helen and Sylvie all paid to attend NCT classes prior to the birth of their children, with three out of the four self-identifying as middle-class. In areas outside London, NCT classes typically cost between £11.50 and £15.60 an hour (NCT no date c); with courses running for up to 17.5 hours, NCT courses are not a viable option for parents on lower incomes. The NCT does offer discounted rates for certain groups, such as students under 22 and those receiving Universal Credit (NCT no date d), but unlike the NHS they do not offer free antenatal classes and therefore access to their classes is restricted. In her ethnographic study of parenting styles, Lareau (2011) demonstrates that it is childrearing norms of the middle-class which are legitimised by institutions related to childrearing, meaning that mothers who do not follow these norms are potentially less able to present themselves as ‘socially acceptable’ mothers. I suggest that this insight can be applied to the norms of childbirth. It is the ‘natural’ birth ideal of the middle-classes which is currently valorised by society, and therefore in order to present oneself as a ‘socially acceptable’ mother, women are expected to aspire to the norms set out by ‘natural childbirth’ discourse.

Despite the ideal of ‘natural’ birth, a large proportion of women in the UK do not have a birth free from any kind of medical intervention. The NHS (2017a) states that approximately one in seven women will be given an episiotomy during labour and approximately one in five will be induced (NHS 2017b). NHS maternity statistics for 2016/17 (the years during which the women in this study gave birth) state that 12.7% of women experienced an instrumental delivery, 27.8% of women had a caesarean delivery, and 29.4% of women were induced (NHS 2017c). None of the women in this study experienced an entirely intervention-free birth. Table 6 outlines the interventions each woman received.

Table 6. Intrapartum interventions

Participant	Intrapartum Interventions
Charlotte	Induction, epidural, spinal block, forceps
Jackie	Induction, epidural, forceps, episiotomy
Jane	Induction
Helen	Spinal block, forceps, episiotomy
Sylvie	Induction, epidural, episiotomy

Zoe	Induction
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Thus far I have argued that in contemporary Western society, ‘natural’ childbirth is positioned as the ideal to which women (especially middle-class women) should aspire. Despite this ideal, maternity statistics for the UK, and the experiences of the women in this study, reveal that many women do not meet the ‘natural’ birth ideal. I have suggested that despite its association with second-wave feminism and a desire to reclaim women’s bodies from over-medicalisation, the ‘natural’ childbirth movement originated from a biological essentialist tradition and is therefore problematic. I have shown that previous research has demonstrated that due to the ideal of ‘natural’ childbirth, women often feel they have failed if they have medical interventions during birth (Frost et al 2006; Macdonald 2006). However, some women have renegotiated the meaning of ‘natural’ birth to incorporate certain medical interventions (Frost et al 2006), which allows women to position a range of birthing experiences as ‘natural’. I turn now to a discussion of women’s birth plans and expectations to illuminate how the women in this study discursively positioned themselves in relation to the discourse of ‘natural birth’ and the implications that this had for their identity as mothers.

3.3 The birth plan and ‘natural’ birth ideals

The first interview I conducted with each woman took place when they were approximately eight months pregnant. Out of the 96 tokens of the word ‘birth’ which occurred across the dataset, 48 of these appeared in the prenatal interviews, which indicates that birth was an important topic of talk during this period. In each prenatal interview, I asked women if they had a birth plan, and if so, what it involved. Formally, a birth plan is ‘a detailed document outlining which procedures will be acceptable to the mother throughout labour and what limits the medical team should respect in terms of interventions at various stages in the process’ (Malacrida and Boulton 2014:44). This type of formal birth plan is typically associated with the ‘natural’ birth movement (Malacrida and Boulton 2014). Frost et al (2006:310) argue that it is through the birth plan that ‘natural’ birth ideals are ‘enshrined’. Both the NCT and the NHS encourage the use of birth plans, and all the women who participated in this study had been asked to think about a birth plan either by their midwives or by the leaders of their antenatal classes.

When I asked about birth plans, most women initially stated that they only had a very vague plan. For example, Helen said: ‘so we’ve decided that really our birth plan is not to have a proper plan’, whilst Jackie explained: ‘well I sort of do, I’ve got my friend’s that I’ve stolen...erm so there’s that, we’ve scribbled a few notes that we did for hypnobirthing’. I

suggest that women's initial reluctance to fully outline their birth plan stemmed from their recognition that many birth plans do not come to fruition. Indeed, Jane's midwife told her that she did not need a detailed birth plan because 'you can't plan things anyway'. Despite this initial reluctance, what became clear during the research process was that most of the women in this study were planning for a birth without excessive medical intervention or pain-relief, which is in line with the discourse of 'natural birth'. However, the extent to which women aligned with 'natural birth' discourse varied. In what follows, I provide an analysis of three key extracts which exemplify the different ways women positioned themselves in relation to 'natural' birth and the implications that this had for their identity as mothers.

3.3.1 Planning for a 'natural' birth

The only woman in this study who specifically articulated a desire for a 'natural' birth was Sylvie, who planned to give birth at home with the help of a specialist NHS home-birthing team. Prior to her pregnancy, Sylvie had worked as a nurse for an international humanitarian medical non-governmental organisation (NGO). During this role she witnessed a number of women giving birth in low-resource settings in Africa. In field-notes from our initial meeting, I wrote that this experience had led Sylvie to value a more 'holistic' and less 'medicalised' approach to birth. She told me of her admiration for the women she had seen in Africa and she was especially influenced by their connection to nature. It was in light of this experience that she was planning a homebirth.

During our first interview, Sylvie returned to the topic of how her NGO work with African mothers had influenced her birth plans: 'they taught me a lot like they really, I learnt a lot from the natural way to do it'. However, given her own medical training, it is unsurprising that Sylvie was also keen to acknowledge the potential benefits that medical approaches to birth offer. In our initial meeting, she discussed the dangers faced by women giving birth in low-resource settings and reasoned that her own homebirth would be much safer due to the presence of specially trained midwives. In our first interview she said:

So it's just yeah, going back to this natural thing because it, what can be more natural than giving birth actually? And yeah of course there is good things with the medicine and the medical side because we reduce the infant and baby mortality for sure. But the pregnancy and the delivery, I think the most natural it can be.

Sylvie highlights her belief that birth is fundamentally a 'natural' process, through the rhetorical question: 'what can be more natural than giving birth actually?' She presents the benefits of medical approaches to birth as obvious (signalled by the phrase 'of course') and specifically links them to a decline in infant mortality. However, Sylvie then reiterates her

original position, which is that ‘natural’ birth is the ideal. In doing so, she presents herself as strongly committed to ‘natural’ birth, whilst also knowledgeable about the benefits of medical approaches. As we see in extract 1, in the final part of our discussion about the births she witnessed in Africa, Sylvie works hard to construct herself as a mother committed to the ‘natural’ birth ideal, through a strong alignment with ‘natural’ birth and a strong disalignment with the possibility of a hospital birth.

Extract 1

- 1 S: they they are not used to medicine so [they] have to go through (1.25)
- 2 KM: [no]
- 3 S: er::m (0.61) just wi- in the natural way and
- 4 KM: /yeah so that's (.) the sort of birth that you (.) would like (.) then
- 5 S: yeah (.) <*yeah yeah yeah*>
- 6 I've <laughs> that's why we've been for the home (0.71) delivery
- 7 and we stay erm the home delivery?
- 8 KM: yeah
- 9 S: after if- if we feel anxious at the last moment and we (0.75)
- 10 my partner or- or me
- 11 we need to say to go
- 12 we can go until the last minute (.) but
- 13 KM: /yeah
- 14 S: I don't want it I don't want (0.50) to be (.) in the hospital

In lines 1 and 3, Sylvie discusses the fact that because the women she saw in Africa had limited access to medicine, they had to give birth ‘the natural way’ (line 3). With this statement, Sylvie reproduces the understanding of approaches to birth as either ‘natural’ or ‘medicalised’. I seek to establish whether it is this type of ‘natural’ birth which Sylvie is hoping for (line 4). Although my statement is constructed as a declarative, the multiple pauses throughout introduce hesitancy into my assertion, and therefore, the phrase functions as a question (and it was clearly interpreted as such by Sylvie on line 5). I can only infer that my hesitancy resulted from my understanding of birth decisions as a potentially emotive topic for women. Sylvie had been clear since our first meeting that she desired a ‘natural’ birth and therefore, in reality, there was little risk in my assertion. Sylvie responds with a straight-forward stance of alignment, ‘yeah’, which is bolstered after a brief pause through the quickly

articulated triad, 'yeah yeah yeah' (line 5). In taking this stance, she presents herself as a woman strongly committed to the 'natural' birth ideal.

Although Sylvie initially seems certain in her approach to birth, the laughter, false start and significant pause in line 6 may suggest some awareness that homebirths rarely occur. Significantly at this point she also shifts from first person 'I' to inclusive 'we', thereby including her partner in the decision. While Sylvie valued a more 'natural' approach to birth and pregnancy, she told me in our initial meeting that because her partner was a GP he took a more 'medical' approach. By including her 'medically' minded partner as an equal participant in the decision making process, Sylvie is able to present the birthing decision as shared, and thus the responsibility for achieving a natural birth is not hers alone. Sylvie's use of inclusive *we* continues during lines 9-12, again, allowing her to present her and her partner's feelings as equally valid and important during birth. She makes clear that the decision to go to hospital can be made 'until the last minute' (line 12). Sylvie lived close to the hospital, meaning that transfer to the hospital would be relatively quick. By discussing the possibility of a hospital birth, Sylvie is able to present herself as a responsible woman, who would not place her baby (or herself) at unnecessary risk. Discussing the possibility of a hospital birth could, however, potentially threaten Sylvie's sustained construction of herself as a woman committed to the 'natural' ideal. She counters this potential threat by taking a strong stance of disalignment towards hospital births (line 14). This stance is articulated using the first person *I*, allowing Sylvie to reaffirm *her* desire for a 'natural' homebirth. The phrase 'I don't want it', is said with heavy emphasis, which heightens Sylvie's commitment to the stance. Despite this initially strong stance, there are two pauses in the remainder of the utterance, which introduce some hesitancy, and again, perhaps some doubt as to whether it will be possible to avoid a hospital birth.

3.3.2 A 'pragmatic' approach to birth

Unlike Sylvie, the majority of the women in this study did not explicitly discuss their desire for a 'natural' birth. Instead, they positioned themselves as taking what I characterise as a 'pragmatic' approach to birth. Importantly, this approach was informed (to varying degrees) by the discourse of 'natural birth'. All of the women (apart from Charlotte) highlighted their intention to use birthing techniques and approaches which were in line with 'natural' birth ideals. For example, Zoe, Jackie, Helen and Jane all discussed the possibility of having a water birth. Helen told me that 'we sort of said well if there's a pool I might quite like a water birth, but if there's not it's not the end of the world.' This type of pragmatism was common throughout the women's discussion of birth plans, allowing them to present themselves as

open-minded and practical about birth. This pragmatic approach drew upon the 'natural' birth ideal because most of the women stated their intention to avoid medical interventions where possible. For example, Zoe told me: 'if we can get away without any interventions then awesome'. Pragmatism is, again, inherent in this statement, allowing Zoe to present herself as a woman hoping to meet an ideal of 'natural' birth, but realistic about the fact this may not happen. Helen and Jackie both planned to use hypnobirthing techniques in order to manage the pain associated with childbirth. They both emphasised that this approach was beneficial to their mental health more generally. Helen told me that she initially bought a hypnobirthing CD to help her manage work-related stress and because she found it helpful she bought a course to carry out at home. Jackie hired a private midwife who specialised in hypnobirthing to visit her on multiple occasions prior to birth. She told me that she felt hypnobirthing would help her manage the general anxiety she felt about birth. In this way, hypnobirthing was discussed as a useful life-skill, rather than a technique specifically associated with the 'natural' birth movement. Despite her strong commitment to hypnobirthing, Jackie presented herself as realistic about the extent of its benefits:

We've got the hypnobirthing CD as well, so there's that. But I've started to do some stuff on Spotify just for, because you don't want to be listening to hypnobirthing for, I mean labour could be days potentially <laughs> there's only so much <mimics shouting> {for the love of god woman shut up}.

With statements such as this, the women presented themselves as open to 'natural' birth ideals, but not bound by them, and in this way, they positioned themselves as pragmatic rather than idealistic when it came to birth.

A key strategy the women used for managing the tension between the 'natural' birth ideal and pragmatism was to challenge the idea that birth is *either* 'natural' *or* 'medicalised'. As Sylvie explained when discussing her birth plan, the aim was for birth to be 'the most natural it can be'. Extract 2 demonstrates, in more detail, the interactional work necessary to articulate this position. Here, Helen is talking about pain management in birth. Helen attended an NCT antenatal course prior to the birth of her child and together she and her husband constructed a birth plan. In line with the majority of women in this study, Helen planned to give birth in an obstetrics unit. Despite this, Helen's talk about birth revealed an alignment with the discourse of 'natural birth'. As discussed, she was interested in the possibility of a water birth and planned to use hypnobirthing. She told me that: 'I don't want to be lying down that's the only thing I don't want, cos it doesn't feel like a particularly the most natural way to give birth'. This orientation to 'natural' birth ideals was also present in Helen's talk about pain management during birth. She explained to me that the 'message' from hypnobirthing is that women

should: 'take each pain as a really good thing' because with each 'pain' your baby is closer to being born. As we see in extract two, Helen highlights her desire for a birth which is as 'natural' as possible and positions this as an achievable goal, but by also acknowledging that her birth may not go to plan, she presents herself as pragmatic about the reality of labour.

Extract 2

- 1 H: we talked about like pain medication and stuff as well because I inte::nd to (0.71)
 2 as much as I can
 3 do (.) just gas and air
 4 KM: /yeah
 5 H: and to try and again keep it as natural as I can
 6 my erm (0.71) I don't know a lot of people that have had (.) epidurals or C-sections
 7 <*well I know a few that have had C-sections and stuff*> but erm (1.21)
 8 I- a lot of my friends have just done gas and air

In line 5 Helen directly highlights her desire for a 'natural' birth. Importantly, Helen uses 'natural' as a gradable adjective in this phrase, premodified by the adverb 'as'. In doing so, Helen challenges the dichotomy of birth as either 'medical' or 'natural' and instead positions birth as something which can be more or less natural. This is important given Helen's intention to give birth in an obstetrics unit, which is typically understood to be the location of 'medicalised' births. By introducing 'natural' as a gradable category, Helen opens up the possibility for births in a traditionally 'medical' setting to also be understood as 'natural'. Helen offers no direct explanation as to why she wishes to keep birth 'as natural' as she can; instead, she relies on the assumption that, as a listener, I will understand why it is best to do so. In this way, she invokes a 'presumed system of sociocultural value' (Du Bois 2007:139) within which a 'natural' birth is the best option. The prevalence of this sociocultural value is noted by Conrad (2007:91, cited in Brubaker and Dillaway 2009:34), who argues that in recent times 'the term "natural" is often taken as a proxy for "good"'. Within this statement, Helen simultaneously challenges oppositional understandings of 'natural' versus 'medical' births, whilst also reproducing the desirability of 'natural' birth.

Helen also foregrounds her commitment to a more 'natural' birth by discussing her intention to 'just' use gas and air for pain-relief (lines 1-3). By using the adverb 'just' to premodify 'gas and air', Helen presents this form of pain relief as minimal, and therefore closer to the 'natural' birth ideal. However, this aspect of her birth plan is significantly hedged. The

word 'intend' is articulated with an elongated sound, which signals uncertainty. The word 'intend' itself contributes to the hedging of this statement, as it positions this aspect of Helen's birth plan as aspirational. The phrase 'as much as I can' (line 2), is preceded by a significant pause (line 1), which presents Helen as potentially uncertain about her ability to meet this ideal. The phrase itself contributes to this stance of uncertainty, as the implication is that Helen may use additional pain-relief options if necessary. It also potentially alludes to the fact that Helen is aware that during labour she may have limited control over certain decisions. By stating her intention to 'just' use gas and air, Helen constructs herself as the type of mother who intends to follow 'natural' birth ideals as best she can. However, her significant hedging also positions her as a mother who knows her birth may not go to plan.

Along with highlighting her intention to meet the 'natural' birth ideal of using minimal pain relief, Helen works to discursively position this ideal as a realistic goal by recounting the experiences of other women. In line 6 she says: 'I don't know a lot of people that have had epidurals or C-sections'. By taking this epistemic stance, Helen presents interventionist births as uncommon amongst her social group, thereby presenting the sole use of 'gas and air' and a more 'natural' birth as a real possibility. Significantly, Helen follows up this assertion with a quick aside, during which she admits that in fact she does know 'a few that have had C-sections and stuff' (line 7). The phrase 'and stuff' is an example of what Dines (1980:22) classifies as a 'set-marking tag' which 'cues the listener to interpret the preceding element as an illustrative example of a more general case'. Cheshire (2007) provides a summary of the pragmatic functions of such tags (as identified in previous research) and suggests that beyond their referential function, they are often used to index shared knowledge. Combining both Dines' (1980) and Cheshire's (2007) insights, we can say that by using this tag Helen implies that there are a multitude of interventions women can receive during birth, which may challenge their ability to meet the 'natural' ideal. Furthermore, she positions this statement as common knowledge, something that I, as a listener, will understand and agree with, which suggests interventionist births are more common than she originally implied. Helen's feeling of awkwardness during the articulation of this statement is signalled through a disfluency marker, a significant pause (line 7) and a false start (line 8). This admission is difficult for Helen as it runs counter to her previous statement which positions a more 'natural' birth as a realistic goal. She then returns to the topic of pain-relief and attempts to re-establish the sole use of gas and air as an achievable aim, by stating that 'a lot of my friends have just done gas and air' (line 8). Here Helen reiterates her original position, which is that the sole use of gas and air is the norm which her friends have been able to meet, the implication being that she should be able to meet it too. The awkwardness Helen exhibits in discussing the possibility of an

interventionist birth indicates that the hegemony of 'natural birth' discourse is such that it constrains women's understanding of what counts as a 'good' birth.

3.3.3 Challenging the 'natural' birth ideal

Charlotte was the only woman who entirely resisted the 'natural' birth ideal in her prenatal interview. It is important therefore to investigate the consequences that this has for her identity as a mother, given that I have argued 'natural' birth is the ideal to which women are expected to aspire. Charlotte was the only woman in the study who discussed having overwhelmingly negative birth expectations. She told me that she thought birth would be 'hideous' and that she was preparing for 'the end of the world in terms of pain'. These negative stances towards birth are incompatible with the discourse of 'natural birth', which positions birth as a potentially empowering and positive experience for women (Kitzinger 2005; Macdonald 2006). Given that Charlotte's husband is a surgeon, we might expect her to oppose 'natural' birth on the basis that it is unsafe or inferior to medical approaches. However, this was not the case; instead Charlotte positioned 'natural' birth as an unrealistic ideal. Extract three illuminates the discursive techniques Charlotte used to construct 'natural' birth as an unobtainable goal and therefore her desire for a medical birth as a rational decision. These techniques include explicit negative evaluation of natural birth advocates and stylisation.

Extract three is taken from the discussion Charlotte and I had about her birth plans, during which she said that she thought her husband's 'medical' approach to the world would be beneficial during labour. She told me that he saw the world in a logical way, meaning that there was always an answer to any potential problem. She claimed not to be as 'medically minded' as her husband. However, she felt that her husband's medical approach meant that he would be 'on it' during labour, meaning that he, for example, would ensure that she received the level of pain-relief she required. Charlotte planned to have an epidural during birth, a position which evidently runs counter to the norms of 'natural' childbirth.

Extract 3

- 1 KM: yeah you want to like the [medical] sort of
- 2 C: [yeah] yeah one hundred percent
- 3 KM: none of the err home birthing
- 4 C: no no home birthing no water birthing and simply because

- 5 I've just (.) heard a lot (.) of stories of people who kind of have this lovely idea of what
6 they want
- 7 and then (.) just have hideous experiences of it
- 8 KM: yeah
- 9 C: you know and I just think (0.70)_I listen to people in that group that NCT group (0.71)
10 that when was it we went last Wednesday
11 and I just thought all sounded a bit naïv::e
- 12 KM: yeah
- 13 C: d'ya know a wee bit like
14 <soft middle-class voice> {oh then I'm just going to have a birthing
15 pool and then you know then I'll get out of that and I'll just push a little bit and then}
16 and I just mmm think no
- 17 KM: <laughs>
- 18 C: no I don't think it'll be like that

Prior to the beginning of this extract, Charlotte stated that her husband would direct staff to 'get pain-relief in' during labour, an approach which she wanted. In light of this stance, I attempt to clarify that she wants a 'medical' birth (line 1). Despite her strong alignment with this position (line 2), I then state, 'none of the home birthing' (line 3). My statement is reliant on and reproduces the understanding of approaches to birth as inherently dichotomous: you either desire a 'natural' or a 'medical' birth. Although my assertion could be read as a stance of alignment with Charlotte's position, it also allows me to subtly question her stance. It is noticeable that when, for example, Helen stated that she wanted to keep birth 'as natural' as she could (see Section 3.3.2.), I did not seek to clarify this position by asking, for example, 'so no drugs?' I can only infer that I introduced the topic of homebirth into the conversation either because of my unconscious assumption that 'natural' is best when it comes to birth; or because having already spoken to Sylvie and Zoe who had both discussed their desire for a more 'natural' birth, my expectation was that Charlotte would want a 'natural' birth too. Significantly, Charlotte goes on to offer a justification as to why she does not want to take a 'natural' approach to birth (line 4-7), which suggests that she feels her position requires an explanation. Again, when Helen stated that she wanted to keep birth 'as natural' as she could, she offered no explanation, instead she relied upon the presumed positive sociocultural of 'natural' birth (see Section 3.3.2).

Charlotte justifies her lack of desire for a 'natural' birth by consistently positioning it as an unrealistic ideal. Firstly, she cites the mismatch between 'a lot' of women's expectations and experiences of birth as evidence of that fact that 'natural' births rarely happen (lines 5-7). Charlotte uses the antonyms 'lovely' and 'hideous' to highlight this disjuncture. In contrast to Sylvie and Helen (see Section 3.3.1. and 3.3.2.), Charlotte invokes other women's experiences to position 'hideous' births as the norm, and 'natural' births as an unrealistic ideal. The understanding of birth as an inherently 'bad' experience, is in keeping with Wolf's (2001:122) assertion that many women have 'ordinary bad births'. Charlotte frequently presented herself as sceptical about positive approaches to birth. For example, earlier in the interview whilst discussing her NCT classes she said:

So I've got a class on Wednesday and you like have to talk to someone who's had a positive birth experience and then share it with the group...Well I haven't asked anyone yet, I was going to ask my sister. She'll come up with something, even just make it up you know, just something to share type thing.

By suggesting that her sister will potentially have to 'make up' a positive birth experience, Charlotte positions positive birth experiences as something outside of the realms of normality (or even reality). By consistently taking stances which construct birth as a negative experience, Charlotte distances herself from the positive birth expectations associated with the 'natural' birth movement.

Social identities 'acquire meaning in relation to other available identity positions' (Bucholtz and Hall 2005:598). Therefore, Charlotte's talk about women who did desire a 'natural' birth has important implications for the construction of her own mother identity position. Throughout the research process, Charlotte distanced herself from the women in her NCT class. When I initially asked about how she was finding the classes, she was reluctant to answer. She eventually described the classes as 'quite sort of middle-class', going on to say:

I felt the kind of tone of the room was a little bit like of course you wouldn't want pain medication, of course you'd want a water birth, of course you're going to breastfeed, of course you're going to, not explicitly said and not by the lady leading the group at all... but kind of this like social norm.

She then told me that she purposefully tried to 'break' some of (what she perceived to be) the social norms of the class by, for example, telling the group that she was not planning on a water birth because she wanted an epidural. She said that the majority of the women did not know 'how to take' this stance, which suggests that it ran counter to the 'natural' birth norms of the group.

Charlotte distances herself from the rest of the NCT mothers during extract 3. In line 11 she takes a stance of explicit negative evaluation towards these women (who presumably desire a 'natural' birth), stating that they sound 'a bit naïve'. 'Naïve' is articulated with an elongated sound, which emphasises this negative evaluation. The characterisation of those who desire a 'natural' birth as 'a bit naïve' serves a dual function. It contributes to Charlotte's presentation of 'natural' birth as unrealistic and also positions her own medical approach to birth as rational or realistic, which in turn legitimises her decision.

Charlotte continues her negative portrayal of the NCT women who desire a 'natural' birth through a stylised performance of their talk about birth plans (lines 14 & 15). Stylisation is 'the knowing deployment of culturally familiar styles and identities that are marked as deviating from those predictably associated with the current speaking context' (Coupland 2001b:345). Stylisation is traditionally associated with the work of Bakhtin (c1981:362), who defines it as 'an artistic representation of another's linguistic style'. For Bakhtin (c1981:291-292), in a world of heteroglossia, all languages are 'specific points of view on the world, forms for conceptualizing the world in words, specific world views.' In this sense, different ways of speaking signal different ways of being. The concept of stylisation has been fruitfully applied to the study of sociolinguistics. For example, Coupland (2001b) examined how radio presenters on an English language radio show in Wales used dialect stylisation to create different social personas and stances related to Welshness. And Rampton (2006) analysed the stylised use of Cockney and 'posh' English by students in a British high school. He demonstrated that, for example, students deployed stylised 'posh' English as a form of 'symbolic retaliation' when they objected to elements of their teacher's behaviour.

Rather than simply reporting what the NCT women's birth plans are using her own voice and regional British accent, Charlotte switches to a soft, upper-middle-class voice. The social class of the NCT women was clearly important to Charlotte, as her initial characterisation of the group was based on social class. Although Charlotte's socioeconomic position would typically be defined as middle-class (as discussed in Section 2.2.2), during our discussion about social class, Charlotte emphasised that she had grown up without economic capital and had financially supported herself since her late teens. Because of these early experiences, she was reluctant to label herself as middle-class. I suggest, therefore, that Charlotte's attempt to distance herself from the NCT women is about more than birthing preferences. Instead, it can be suggested that Charlotte is attempting to distance herself from a specifically middle-class version of motherhood, which, due (in part) to the NCT, has come to be associated with 'natural' birth.

During the stylised utterance, Charlotte uses a form of hyperarticulation known as /t/ release. Eckert (2005, 2008) argues that the social meaning of /t/ release is linked to ideas about intelligence, education, prissiness, Britishness and Standard English. Therefore, the use of this variable, contributes to Charlotte's construction of the NCT women as well educated and upper-to-middle class. This stylised utterance allows Charlotte to invoke the highly recognisable 'well educated, middle-class NCT' mother social type (Green et al 1990:126). Green et al (1990) identified this social type as present in both literature and in conversations with midwives and obstetricians. They argue that the stereotypical NCT mother is understood to have been 'hoodwinked by a lot of natural childbirth propaganda and is naïve about the pain and dangers of childbirth' (Green et al 1990:126). Inherent in Charlotte's construction of these women is the suggestion that they are not fully prepared for the realities of birth. For example, Charlotte presents the women as saying: 'I'll just push a little bit' (line 15), with the phrase 'a little bit' minimising what Charlotte clearly understands to be the very real difficulties of labour. Charlotte then takes a direct stance of disalignment towards what she perceives to be the NCT women's understanding of birth by concluding: 'I don't think it'll be like that' (line 18). In this way, she reaffirms her construction of 'natural' birth as an unrealistic ideal, thereby positioning herself as having a more rational approach to birth. Furthermore, this stance allows Charlotte to distance herself from the NCT women and, potentially, a specifically middle-class version of motherhood.

3.4 Negotiating the reality of birth

The second interview I conducted with each woman took place between one and three weeks post-birth, with the majority occurring at just over two weeks (see Table 2). Frequency analysis showed that birth was also an important topic of talk during these interviews, as 29 out of the 96 tokens of the word 'birth' in the dataset occurred during these discussions. I began each of these interviews by asking the women what happened during birth. For some of the women this question elicited a fairly long, largely uninterrupted narrative. Helen and Jackie spoke for approximately 20 minutes on the subject, whilst Charlotte spoke for over 40. For the other women, the birth narrative was shorter: both Sylvie and Zoe spoke for approximately seven minutes and Jane's narrative lasted only 1.5 minutes, but with my prompting she discussed the subject for six minutes in total. The relative brevity of Jane's birth narrative was perhaps down to the fact that she struggled to remember exactly what happened due to the drugs she was given. However, Charlotte had asked her husband to tell her exactly what had happened during birth, in order to complete any gaps in her memory and Helen likewise incorporated her husband's memories into her birth narrative. Jane mentioned that her

partner remembered more of the experience than she did, but she did not elaborate. Instead birth was presented matter-of-factly and simply characterised as 'quite a nice experience'.

Regardless of the women's birth plans or their degree of orientation to 'natural birth' discourse, none of the women in this study had a birth entirely free from medical intervention (see Table 6). In her longitudinal study of women's experiences of the transition to motherhood, Miller (2007:337) argues that birth typically functions as a 'discursive turning point' which forces women to confront and negotiate the gap between hegemonic ideals of motherhood and its reality. This was certainly the case for Charlotte, Helen, Jackie and Sylvie, which may explain why their birth narratives were fairly lengthy. The contrast between women's birth expectations and their experiences was evident in their talk. Sylvie, for example, told me:

We were flexible on all the plans, knowing that all can happen but not, not really prepared to have a labour so long. And I felt a bit lost during the labour. That I didn't know what's happening, but actually nobody knew. So I think I missed this kind of honesty about, well this is a theory, this is how it goes, normally you dilated for like a centimetre an hour, this is a theory but that's not, not what can happen. I think I missed this honesty but maybe I was not ready to hear it either.

Jackie's birth experience caused her to question the hegemony of the 'natural' birth ideal:

There's a lot of this kind of, hypnobirthing talks about being very natural, NCT pushes very natural and that's great erm. But a lot of births are more medicalised and even if they're not, the pain is still there regardless of how you get a baby out, whether you have a tear or you have a cut, whether you, know you. It just is what it is.

Apart from Charlotte, all of the women had displayed, to varying degrees, an orientation to the discourse of 'natural birth'. In this section, I examine how these women negotiated their identities as mothers in light of their actual interventionist birth experiences. I demonstrate that despite the women's births diverging from the 'natural' birth ideal, the women used a number of discursive techniques in order to demonstrate their commitment to 'natural' birth and to position their births as the most 'natural' they could be given their individual circumstances. In Section 3.5, I turn to a discussion of Charlotte's birth narrative, which I consider to be a marked case.

3.4.1 Interventions as necessary

The reality of birth challenged the desire (expressed by most of the women) for an intervention-free, 'natural' birth. One of the primary ways women overcame the disparity between their birth plan and the reality of birth was by positioning the medical interventions they received as necessary and therefore acceptable. In this sense, their presentation of self as women who planned for a more 'natural' birth was not threatened, as the medical intervention was positioned as the only way that birth could proceed. For example, although Sylvie had planned for a 'natural' homebirth, she was eventually admitted to hospital after foetal monitoring revealed a deceleration in her baby's heart rate:

So the Saturday we stay all day long we were there. They finally say that we need to, we need to push a bit, we need to induce and do something because she was getting really tired too. Finally she said you need to go to the delivery suite so we will break erm the water for you.

Here Sylvie presents the decision to intervene by artificially breaking her waters as a necessary one, given that her baby was understood to be 'really tired'. Throughout her birth narrative, she reiterated that she had not wanted a hospital birth; her baby's health, however, made this, and the interventions she received, a necessity.

Like Sylvie, Helen was also a mother who had previously discussed her desire for a more 'natural' birth. In reality, her birth involved multiple medical interventions (see Table 6) and eventually her son was delivered using forceps. Extract four is taken from Helen's birth narrative, at the point where a surgeon has informed her that she will have to have either a forceps or C-section delivery because her baby is in the wrong position for an unassisted vaginal delivery. At the time of interviewing, I was struck by the fact that Helen presented herself as wholeheartedly welcoming this decision, given her previously strong alignment with 'natural' birth ideals. However, analysis of the extract reveals that Helen welcomed the intervention because it signalled that the delay in her son's birth was not a failure on her part. In Extract four, Helen presents herself as a mother who had done the best she could during labour but was unable to achieve the 'natural' birth ideal due to circumstances beyond her control.

Extract 4

- 1 H: cos they then have to outline all of the problems that could happen
- 2 KM: /yeah

- 3 H: and erm (0.63) the
- 4 H: so they <husband and mother> both kind of got really <gasps> scared and worried
- 5 and for me I actually at that point went <emphatic relieved voice> {oh thank god}
- 6 KM: /yeah
- 7 H: because (.) I'd been pushing so ha::rd
- 8 KM: /mmm
- 9 <3.7 seconds deleted –interruption from family members>
- 10 H: I'd been pushing so hard and of course everyone had been going
- 11 < mimics shouting voice> push Helen really hard [really] hard p-
- 12 KM: [as if]
- 13 H: and then it-
- 14 <increased pitch> {nothing was happening so I thought maybe I was doing it wrong}
- 15 and then
- 16 KM: I always think that like how will you know because you've never <@done it before@>
- 17 H: well they tell you how to do it
- 18 you basically have to push like you're pushing out a really big poo is [what] they say
- 19 KM: [nice] OK
- 20 H: and then erm (.) <@so I was doing that@> but of course then I was like
- 21 I was so tired I thought <worried increased pitch> {maybe I'm just not giving it
- 22 everything and I}
- 23 but I was I had every <@ounce@> of energy I had
- 24 KM: /yea::h.
- 25 H: and then when they sort of said it's well the baby's problem <whispers> {I went}
- 26 ahhhh <emphatic relieved voice> it's not my fault it's not my fault
- 27 it's so- <mock accusatory voice> {it's his fault} <laughs>

In line 5, Helen recounts the relief she felt at being informed that she required a medical intervention. Importantly, she then works hard to justify this feeling. I suggest that this is because the ideal of 'natural birth' typically presents medical intervention as something one should not desire. Therefore, if Helen were to simply articulate relief without justifying why she felt it, she would risk presenting herself as a mother who favoured medicalised approaches to birth. Helen begins her justification by situating her relief as occurring at a specific moment in time, signalled through the phrase 'at that point' (line 5). The implication of this phrase is

that she did not desire medical intervention from the outset, but only at this specific moment which occurred after she had been contracting for over 25 hours and had been pushing without success for 1.5 hours.

The second technique Helen uses to justify her relief is consistently reporting that she worked hard throughout labour. The phrase 'I'd been pushing so hard' is repeated twice (lines 7 & 10). In the first instance, the articulation of 'hard' is elongated, which emphasises this characterisation of self. She then goes on to report that during labour she was using 'every ounce of energy' (line 23) that she had, thereby presenting herself as a mother fully committed to the hard work of labour. 'Every' is said with heavy emphasis, which heightens this construction. Helen, therefore, makes clear that her relief is not because she wishes to avoid the hard work of labour. In this way, she distances herself from the stereotype of women who are 'too posh to push', a phrase that implies that women take interventions as the 'easy' way out during labour.

The final technique Helen uses to justify her relief is by voicing herself as concerned that her lack of progress during labour was a result of her own failing. Initially she questions whether she was 'doing it wrong' (line 14). I empathise with this position by questioning how you are possibly able to know you are doing it 'right', if you have never done it before (line 16). This question allows Helen to confirm that she was using the pushing technique explained to her by hospital staff (lines 17, 19 & 20). In doing so, she constructs herself as a mother who is 'expert-led', which is a norm of contemporary motherhood (Hays 1996). She then voices herself as concerned that, because of extreme tiredness, she was not working as hard as she should (line 21). However, this concern is swiftly countered (line 23) by a report of how hard she was working, despite her tiredness.

Once she has outlined these concerns, she concludes by positioning the relief she felt as a direct response to the experts' assessment that 'it's well, the baby's problem' (line 25). This position is emphasised through a highly exaggerated repetition of the phrase 'it's not my fault' in a relieved voice (line 26). 'Not my fault' is articulated with heavy emphasis in both instances, which allows Helen to present the intervention she has been offered as necessary and therefore out of her control. Furthermore, by recounting the expert's assessment of the situation, Helen dismisses her previous concerns that the lack of progress was due to her own failings. By offering a mock serious accusation, which positions her son as the culprit of her 'failed' attempt to give birth without assistance (line 27), Helen reiterates the fact that the required intervention is not her 'fault'. It is important to note that this accusation is followed by laughter, through which Helen distances herself from any potential negative characterisation of her son, which is line with the norms of 'socially acceptable' motherhood.

The fact Helen was so concerned to establish the fact that her lack of progress was not her 'fault' indicates an underling belief that, as a woman, she should have been able to give birth without medical assistance, which is the overwhelming message of 'natural birth' discourse. I suggest that Helen's repeated attempts to establish herself as having worked hard (and 'correctly') during labour demonstrate her desire to present herself as a 'good' mother who was strongly committed to giving birth 'naturally' and who accepted medical intervention only at the point when it was physically necessary.

3.4.2 Whose decision was the intervention?

The discourse of 'natural' birth positions births free from intervention as the gold standard to which women should aspire. From this perspective, asking for an intervention could be viewed as a violation of the norms of 'acceptable' motherhood. Typically, the women in this study presented clinicians as the decision-makers when it came to medical intervention. Sylvie, for example, told me that: 'the doctor arrived and say that we will need to maybe, if it's not progressing like by the pushing, they will need to use a forceps or the ventouse'. Similarly, Helen said that after conducting an examination, a surgeon told her: 'you're gonna have to, we're going to have to either do a forceps or a C-section to get him out'. Despite calls for a more women-centric approach to birth, which places women at the centre of decision-making, Crossley (2007) argues that in reality, during births in an obstetrics unit, women have very little choice in what happens to them. This is because 'the obstetrician has more power than the woman because s/he has more knowledge' (Crossley 2007:559) which makes it difficult, if not impossible, for women to challenge the obstetrician's decision as the stakes in birth are so high. The practice of reporting interventions as a clinician's decision could, therefore, simply reflect the women's lack of control during the intrapartum period. However, as we see in extract five, which is taken from Jackie's birth narrative, it may also be a useful rhetorical strategy for women to present clinicians as the decision-makers, because if women have not explicitly requested an intervention, they can still align with the ideal of 'natural' birth.

Like the rest of the women in this study, Jackie positioned the decision to have an intervention as her clinician's. However, her account differs in two significant ways from the other women's. Firstly, she suggests that there was an element of negotiation between herself and her obstetrician and secondly, she implies that the intervention she did receive was not necessary on the basis of her unborn baby's health. It is, therefore, important to investigate the implications that these positionings had for her identity as a mother, as they could potentially jeopardise the enactment of a 'socially acceptable' mother identity position.

In her pre-birth interview, Jackie stated that she hoped to avoid medical interventions where possible and intended to use hypnobirthing techniques to retain some sense of control during labour. However, during labour Jackie elected to have a forceps delivery. Extract five shows how Jackie is able to present her decision as rational and therefore acceptable by establishing herself and her obstetrician as having a good rapport; positioning the obstetrician as interested in 'natural' birth techniques; and presenting the intervention as the doctor's suggestion. The extract begins at the point where Jackie has been in labour for over 40 hours and had been pushing unsuccessfully for two.

Extract 5

- 1 J: and after two hours (.) he was (.) he was still fine and he was much lower
 2 but he still [wasn't (.)] wasn't there (0.62)
- 3 KM: [mmm]
- 4 J: and erm (0.57) the doctor was a lady that I was
 5 obstetrician was a lady that I'd met on an antenatal visit previously?
 6 [and had] quite a long chat with
- 7 KM: [oh right OK]
- 8 J: we'd got on really well actually so
- 9 KM: /yeah
- 10 J: and she'd remembered me which was funny because I'd
 11 in fact I'd sent her my hypnobirthing (.) erm gu- guide thing she was interested in it
 12 so (.) was really nice and we'd been chatting a lot and
 13 so I felt like I had enough rapport with her
 14 that she said after two hours she said what do you want to do and (0.51)
 15 I just looked at her face and said well (0.58)
 16 it- I- it looks to me like what you're saying is let's just think about another intervention
 17 she said well personally (.) that's what I'd recommend at this [point] you know
- 18 KM: [yeah]
- 19 J: he's he's (0.71) it's just (.) very tiring and (.) you know he's not here yet
 20 and erm (.) so we went with forceps

Jackie spends a significant portion of this extract establishing the fact that she and her obstetrician had a good relationship. She takes two stances of explicit positive evaluation

towards this relationship. First, she states that they got on 'really well' when they first met during Jackie's antenatal visit to the hospital (line 8). She then positively evaluates the relationship as 'really nice' (line 12). By highlighting the fact that they spoke at length during this antenatal visit (line 6, & 12), Jackie implies that they have a good level of communication. Jackie's decision to report the obstetrician's interest in her hypnobirthing guide (line 11) is significant because it portrays the obstetrician as interested in a holistic approach to birthing, and thus implies that she would not consider medical intervention unless it was absolutely necessary. Moreover, by stating that the obstetrician requested information from her, Jackie positions her own knowledge as of interest to a member of clinical staff. In this way, she challenges the assumption that obstetricians hold all the knowledge (and therefore power) and instead presents their relationship as relatively equal.

Only after Jackie has established the nature of her relationship with the obstetrician does she report the intervention, which begins with the obstetrician asking: 'what do you want to do' (line 14). This question places Jackie at the centre of the decision-making process and presents her as having options regarding the possible steps should could take to deliver her son, including further interventions. Jackie has already established that an intervention was not medically required on the basis of her unborn son's health (line 1). This makes the decision to opt for an intervention particularly risky to Jackie's presentation of herself as a 'socially acceptable' mother (i.e. one who is concerned only with her child's needs and not her own). In Jackie's retelling of the event, she avoids taking ownership for this decision by stating that she could tell from the obstetrician's face that she was suggesting an intervention (lines 15-16). This is an interesting observation, given that she had only met the obstetrician on one previous occasion – the ability to read another's face in such a way is typically only associated with those who have an intimate relationship. However, the statement works, in this context, because Jackie began the narrative by establishing that she had a close relationship with the obstetrician. By recounting the interaction in this way, Jackie is able to attribute the decision to explore further intervention to the obstetrician. The choice of intervention – forceps – is then characterised as a joint decision with the use of inclusive *we* in line 20. In summary, Jackie constructs herself as a mother who made an informed decision to have a forceps delivery on the basis of advice from an expert with whom she had a relatively equal relationship and who also shared her interest in 'natural' birth. Significantly, like the other women in this study, she is careful to present the decision to have an intervention as her obstetrician's. The fact that the women avoided presenting themselves as having requested an intervention suggests that the hegemony of 'natural birth' discourse is such, that it constrains the way women are able to discuss their birth experiences.

3.4.3 Minimising the extent of medical interventions

One of the primary discursive strategies the women used to position their interventionist births as closer to the ideal of 'natural' birth was by minimising the extent of the medical interventions they received. For example, after a 52 hour labour, Jackie's son was eventually delivered using forceps, she told me:

So the forceps went in and I remember that being really fast actually. I remember only pushing twice and then <makes popping noise> and then he was out and straight on to me so, which was extraordinary.

By premodifying 'twice' with the adverb 'only', Jackie constructs the extent of the medical intervention she received as minimal (i.e. it was not a long or difficult forceps delivery). Furthermore, by stating that her son was placed immediately on to her after delivery, Jackie presents herself as having met the ideal of immediate skin-to-skin contact between mother and baby, which is frequently positioned as a part of the 'natural' birth ideal. For example, Philips (2013:68) argues that 'being skin to skin with the mother is the new born infant's "natural habitat" — the one place where all his needs are met.' By minimising the extent of the medical intervention she received and reporting that she was able to have immediate contact with her baby, Jackie positions her birth experience as closer to the ideal of 'natural' birth.

Sylvie used a similar technique when discussing the interventions she received during birth. After a long labour, doctors told her that she required an assisted delivery. Discussing the final moments of birth, Sylvie said: 'finally we pushed, we pushed hard eh and managed to have just the episiotomy and no no ventouse nothing'. Here Sylvie constructs the medical intervention she received as minimal by citing the types of assisted delivery methods she ultimately avoided. The word 'just' to premodify 'episiotomy' is particularly interesting in Sylvie's account of her birth. The NHS (2017a) explains that an episiotomy is 'a cut in the area between the vagina and the anus' which is designed to 'allow the baby to come through more easily'. The routine use of episiotomies has long been subject to critique as an over-medicalisation of birth (e.g. Wolf 2001; Kitzinger 2005). Wolf (2001:145) states that women are told that if they do not have an episiotomy 'they can tear badly enough to need repair'. However, she argues that this threat masks that fact that a tear 'generally takes place in the superficial tissue and is usually easily repaired, whereas an episiotomy is deep-tissue surgery that weakens the entire perineum' (Wolf 2001:145). Kitzinger (2005:5), a prominent 'natural' birth advocate, goes a step further and refers to episiotomies as 'ceremonial mutilation'.

Sylvie's use of 'just' to premodify 'episiotomy' could be read as an attempt to minimise the severity of this intervention. However, given the routine use of episiotomies, the use of 'just' as a pre-modifier may simply reflect Sylvie's understanding of this intervention as relatively minimal.

Like both Jackie and Sylvie, Helen also attempted to minimise the extent of the medical intervention she received. Extract six is taken from Helen's birth narrative at the point where she has been taken through to the theatre for an assisted delivery.

Extract 6

- 1 H: I had the spinal block and went numb (.) got taken through to the theatre
 2 and I think in the two hours that we'd had to wait
 3 since (.) the surgeon had done his internal examination
 4 he had actually moved a little bit?
 5 KM: /yeah
 6 H: erm because it was only one pull (.) and he was out
 7 KM: with forceps
 8 H: with forceps [so] he had some right nasty [bruises on the side of his head] but
 9 KM: [yeah] [yea::h aww little thing]
 10 H: erm but they cleared up really quickly cos they weren't having to do too much sort of
 11 KM: /yeah
 12 H: pushing and pulling with him

In line 6 Helen states that with 'only one pull' her baby was 'out'. The use of the adverb 'only' and the numeral 'one' to modify 'pull' allows Helen to position the intervention she received during birth as limited, which in turn situates her birth as closer to the 'natural' ideal. I suggest that by attributing the limited use of intervention to her son having turned during the period between the surgeon's examination and her actual delivery (lines 2-4), Helen attempts to reposition her body (and her baby) as doing birth 'right', which challenges the surgeon's previous assertion that her son was in the 'wrong' position (see Section 3.4.1). If, as 'natural birth' discourse states, women are biologically designed to give birth, the suggestion your baby is facing the wrong way could threaten women's understanding of themselves as 'good' mothers who can give birth 'naturally'. Therefore, by challenging the surgeon's assessment of her baby as being in the wrong position, Helen presents herself as being closer to achieving the 'natural' ideal.

Helen omits the word 'forceps' from this portion of her birth narrative and simply refers to there being 'one pull' (line 6) prior to her son being born. I seek to clarify what she means by this (line 7) and Helen confirms (line 8) that forceps were used during her delivery. It could be reasoned that Helen omitted the word 'forceps' because she felt it was implied by the word 'pull'. On the other hand, the omission of the medical term 'forceps' could also be read as a further attempt by Helen to minimise the intervention she received during birth, by refraining from the use of 'medical' vocabulary in this part of her birth narrative.

Helen negatively evaluates the effects that forceps had on her son, which is in line with norms of 'good' motherhood (i.e. no mother would wish their child to come to any kind of harm) (line 8). However, she swiftly minimises this negative aspect of birth, stating that her son's bruises healed 'really quickly' (line 10). The use of the intensifier 'really' in this phrase presents the injuries her son sustained due to the use of forceps as negligible and therefore easily overcome. By citing the surgeon's limited need to do 'too much...pushing and pulling' (lines 10 & 12) as the reason her son suffered insignificant bruising, Helen again presents the interventions she received during birth as limited. By continually minimising the extent of the medical interventions she received, Helen attempts to present her interventionist birth as closer to the ideal of 'natural' childbirth.

3.4.4 Pain-relief and implications for self-characterisation

Pain and pain-relief were frequent topics of conversation during both the pre- and post-birth interviews. The discourse of 'natural birth' positions birth without the use of 'excessive' pain-relief as the ideal to which women should aspire (Oakley 1979) and this was one of the core principles of Dick-Read's (2013) work. Recent guidelines from NICE (2017b) also support this position, by directing clinicians to encourage women to utilise pain-relief options typically associated with 'natural' births (such as water birth) and to make explicit the risks pain-relief options such as opioids carry for both mothers and their babies. In combination, these discourses position birth without (or with limited) pain-relief as the optimal delivery method. My data indicates that if women can meet this ideal, they may feel a sense of pride in doing so. On the other hand, this positioning means that there is a potential for women to feel a sense of failure or shame if they articulate a desire for pain-relief during birth, as was the case for a number of the women in Macdonald's (2006) study.

The only woman in this study who gave birth without pain-relief was Zoe. This was not, however, because Zoe desired a 'natural' birth, but the result of the hospital she gave birth in running above capacity, meaning she was unable to access pain-relief. The rest of the women

used various levels of pain-relief during labour. Charlotte, for example, had an epidural, which had always been her intention. In our pre-birth interview, Jane took a pragmatic approach to birth, telling me that although she was considering a water birth, she was open to the possibility of having an epidural or opioids for pain-relief. In our second interview she said that after being induced and eventually taken down to the delivery room:

I literally remember going in and after about half an hour feeling a proper contraction rather than a weak one and err then I had gas and air and diamorphine, and then after about half an hour, that were kind of like it.

Here Jane discusses the pain-relief she received matter-of-factly, without any hedging or justification. Therefore, for Jane, there appeared to be no failure or shame associated with receiving pain-relief. Although she identified as 'middle-class', Jane's lifestyle and careful attitude towards money indicated that she was the most working-class woman in this study. It could therefore be suggested that the lack of shame she felt in receiving pain-relief was down to the fact that she was less bound by the predominantly middle-class ideal of 'natural' birth. It is, therefore, necessary, to examine how the women who desired a more 'natural' birth spoke about receiving pain-relief during birth and the implications that this had for their identity as mothers.

In her pre-birth interview, Jackie stated that she intended to use hypnobirthing and movement during labour to manage pain, which are techniques associated with the 'natural' birth movement. She specifically wanted to avoid drugs and epidurals because she felt these would lead to a loss of control and anxiety. In Extract seven, Jackie positions her limited use of pain-relief during labour as a source of pride. The extract begins after Jackie has been discussing a breathing exercise she used for five hours during labour to try and control the pain of contractions.

Extract 7

- 1 J: it was (0.82) it was unbelievably <@painful@> an::d (0.79) frustrating at the same time
 2 so then we tried some gas and air
 3 and that just sent me loopy I r- I [was so] dizzy I felt confused I didn't like it
 4 KM: [mmm]
 5 J: to the point where the midwife said we'll just take that out of the room
 6 we won't touch that again
 7 so then I didn't really have any pain relief
 8 I hadn't had any pain relief

- 9 KM: [yeah]
 10 J: [other] than some paracetamol (.) so (0.54)
 11 I feel really proud that I got to seven centimetres <@without any pain relief@>

Jackie begins by establishing the extreme pain she was in in (line 1). The significant pause prior to her assertion that her contractions were 'unbelievably painful' functions to emphasise this negative evaluation of the situation. In addition, 'unbelievably' is said with heavy emphasis which heightens this assessment. 'Painful' is articulated with a laughing quality, which serves to present the situation as bordering on absurd or unbelievable. Jackie presents the extreme pain she was in as the reason she then tried to use gas and air as pain-relief (line 2). The fact Jackie works hard to construct herself as suffering extreme pain to justify her use of gas and air indicates her orientation to 'natural' birth ideals. However, Jackie's use of gas and air is minimal due to the fact it made her feel 'dizzy' and 'confused' (line 3), which resulted in the midwife removing it from the room (line 6).

Jackie then highlights the fact that because she did not like gas and air she 'didn't really have any pain relief' (line 7). She reaffirms and thereby emphasises this position in line 8, before acknowledging in line 10 that she had had 'some paracetamol'. Paracetamol is not classified as 'real' pain-relief in this situation due to the fact it is something people take without prescription on a day to day basis. Given the extreme pain Jackie has already described, paracetamol is presented as a minimal form of relief. In line 11 Jackie's asserts: 'I feel proud that I got to seven centimetres without any pain relief'. The pride Jackie feels in having had limited pain-relief during birth depends on the assumption that birth without pain-relief is the 'correct' or 'best' way to give birth and therefore this statement reproduces the desirability of 'natural' birth. Furthermore, by having already established the extreme pain she was in, Jackie presents the absence of pain-relief as a legitimate source of pride. 'Seven centimetres' refers to the degree of cervical dilation Jackie achieved without pain-relief. At ten centimetres of dilation women begin the final stage of pushing labour. Therefore, by stating that she got to seven centimetres without pain-relief Jackie presents herself as having undergone the majority of labour without pain-relief, thereby positioning herself as having a birth which is close to the 'natural' ideal. Jackie does display a degree of hesitancy or embarrassment in offering up this positive characterisation of self, signalled through the two pauses in line 10 and a laughing quality at the end of line 11.

Jackie went on to request an epidural to manage the pain of labour, which she carefully justified on the basis of the 'agony' she was in and the fact that she was 'knackered' due to

being in labour for two days. However, Jackie did not recount feelings of failure in requesting an epidural, telling me:

The team were brilliant, really relaxed and within fifteen minutes of the epidural going in I just felt calm again. It was wonderful and I could like, one of the midwives really liked my hypnobirthing CD so I like downloaded an MP3 of it and emailed it to her. Like I was that able to do stuff again I was completely fine.

The fact Jackie did not view her epidural as failure is perhaps due to the fact that although her birth plan was informed by 'natural' birth ideals, ultimately she was pragmatic about birth. In our pre-birth interview she explained:

Hypnobirthing is all about planning for the best birth on the day...If I have a C-section then this is you know, then that's a C-section, but here's, here's some of the options around C-sections. If I, you know, if it doesn't go the way I hope, well then here's ways to still use hypnobirthing techniques. So it's all that, that kind of stuff which is really good because erm it may not go to plan. What you don't want to do is end up that completely throwing you really.

Despite this pragmatic approach to birth, Jackie's articulation of pride in having 'achieved' a portion of her labour without pain-relief, indicates the pervasiveness of 'natural birth' discourse. Without this discourse, a labour with limited pain-relief would not necessarily be a source of pride, and therefore Jackie's positive self-evaluation is predicated on the ideals of 'natural' birth.

Jackie's talk demonstrates that the ideals of 'natural' birth mean that women are able to articulate pride in their ability to forgo pain-relief during labour. Conversely, failure to meet this ideal led to Helen negatively evaluating herself. Like Jackie, Helen wished to avoid excessive pain-relief during labour and in her pre-natal interview she explicitly discussed her desire to solely use gas and air (see Section 3.3.2). At one point during her labour she did request an epidural, which she did not go on to have. However, the request alone led to Helen negatively characterising herself, demonstrating the durability of the 'natural' birth ideal. In Extract eight we see how Helen reconciles her request for an epidural with the presentation of herself as a mother who adheres to 'natural' birth ideals.

Extract 8

- 1 H: I'd said all along I really didn't want to have (.) an epidural
- 2 I wanted to try and do it naturally I said an epidural is only if like
- 3 there was a real (.) good reason

- 4 KM: /yeah
- 5 H: <*two o'clock in the morning I had a bit of a wobble*>
- 6 and <@ and I was going@>
- 7 <exhausted hysterical voice> {I need an epidural I want <@it
- 8 I can't stand this I want the epidural@>}
- 9 and (.) erm (.) and the midwife had stepped out of the room at that point
- 10 and erm (.) and my mum was going I I- don't really think you do Helen
- 11 and and Rob was going <calm voice> {Helen you'd said all along you didn't want that}
- 12 <@and apparently I turned round@> <*don't remember this*>
- 13 turned round to him and just went
- 14 <stroppy raised voice> {oh am I not allowed to change my mind then
- 15 oh cos you're not the one going through all this <@ are you@>} <laughs>
- 16 <@and Rob went@>
- 17 no <@sweetheart that's not what I mean@>
- 18 but I'm just reminding you you'd said all along
- 19 and then he'd said look I'll tell you what why don't you give it an hour? (0.86)
- 20 and then we'll come back to it and have a look
- 21 so then the midwife came and so we asked sort of what the side effects were
- 22 [and] even she was sort of saying look
- 23 KM: [yeah]
- 24 H: but you're doing really well with just gas and [air]
- 25 KM: [yeah]
- 26 H: and the and so she said look I think you should do what Rob says
- 27 wait an hour and see (0.64)
- 28 I'd forgotten about [it] in an hours' time
- 29 KM: [yeah]
- 30 H: so I think I just had like a (.) <raises voice> argghhhhhhhh

Helen begins this short narrative by establishing herself as mother who intended to give birth 'naturally', which in this instance means, without an epidural (lines 1-3). It is only with this presentation of self foregrounded that she discusses her request for an epidural. The request is initially introduced as Helen having 'a bit of a wobble' (line 5). This colloquial phrase

implies that Helen was momentarily unsure about her commitment to having the most 'natural' birth possible. In this way, Helen avoids presenting herself as a woman who was seriously considering an epidural. She reaffirms this position at the end of the narrative, by reporting that she had quickly forgotten about her request (line 28) and concluding that her request was, therefore, an 'argghhhhhhhh' moment (line 30). By consistently characterising her epidural request in this way, Helen positions it as a momentary irrational choice based on exhaustion and frustration, rather than her lack of commitment to 'natural' birth ideals.

Helen also delegitimises her request for an epidural by consistently presenting herself as acting irrationally during this time. In order to do so, she contrasts the voices of herself and her husband. Helen mimics her demand for an epidural using an exaggerated and slightly hysterical tone (line 7 & 8). The repetition of the phrase 'I want' in conjunction with the phrase 'I need', heightens Helen's presentation of self as a woman who is desperate and out of control. Similarly, she voices herself as stropy when mimicking how she responded to her husband's reminder of her original birth plan (lines 14 & 15). Helen heightens the presentation of herself as irrational by consistently voicing her husband as speaking calmly and kindly (line 11 & 17). In addition to this, she voices him as using the term 'sweetheart' during this part of the exchange (line 17), which intensifies the contrast between his kind demeanour and her own 'stropy' demeanour. Even though Helen claims not to remember this portion of the exchange (lines 12), her exaggerated performance clearly dramatizes her request for an epidural as unreasonable. Throughout this reported exchange Helen laughs, which could be an attempt to highlight the ridiculousness of the situation, but may also signal that she feels slightly embarrassed about how she behaved, which indicates the hegemony of the 'natural' birth ideal.

Helen bolsters the presentation of her husband as the 'rational' one during this exchange by reporting that the midwife agreed with his plan (line 26). In this way, she positions her request as out of sync with the advice of the 'rational' people around her, one of whom was an expert. By recounting the midwife's positive evaluation of her progress using 'just gas and air' (line 24), Helen is able to highlight the fact she was labouring with limited pain relief (as signalled by the adverb 'just'), as per her original birth plan, which allows her to present her birth as closer to the 'natural' ideal. In summary, by foregrounding her desire for a natural birth and characterising herself as irrational and hysterical for requesting an epidural, Helen presents herself as a woman who was in fact committed to the 'natural' birth ideal. The fact that Helen chose to negatively portray herself for requesting an epidural demonstrates that the discourse of 'natural birth' constrains women's understanding of themselves as 'socially acceptable' mothers. The request alone was enough to provoke negative self-

evaluation from Helen, which indicates that the discourse of 'natural birth' can potentially be damaging to women.

3.5 Charlotte's birth narrative

In the pre-birth interviews, Charlotte was the only woman who challenged the 'natural' birth ideal (see Section 3.3.3). She presented 'natural' birth as an unrealistic goal and discussed her intention to take a 'medical' approach to birth. When I met Charlotte, 11 days after the birth of her daughter and asked how birth had gone, she responded: 'not that great'. She then embarked on a largely uninterrupted 40-minute narrative, through which her anger and frustration at the way she had been treated during birth was made explicit. Ultimately, she concluded:

Our experience of [the hospital] has been awful. Apart from the fact that they kept her alive, they got her out you know...and they've got obviously medical skills. I don't have any, I don't know enough about medical stuff anyway, but all that fine. But in terms of their understanding of the psychology of parenting, and bonding, and attachment is appalling, like absolutely appalling...Like their ability to respond to the mum in terms of what she needs when she's giving birth or when you're actually vocalising it as clearly as you can and they don't respond...I can't imagine being able to survive that with a different personality type.

Despite her desire for a 'medical' approach to birth, Charlotte was angry that during labour and after birth she and her daughter received medical interventions which she considered to be unnecessary. Furthermore, she felt that she was denied adequate knowledge about what was happening to both her body and her baby during, and immediately after, labour. This treatment ran counter to Charlotte's belief about the relationship between clinical staff and women during labour. In our first interview she told me:

I think a lot of people get, oh professionals know everything and I just think they don't <laughs>. So I think you do have a say, and you do have a voice, and you do have rights and all that sort of stuff.

Here Charlotte suggests that during labour, women have a right to decision making regarding medical interventions. Kitzinger (2005:64) cites this type of control as 'vital in empowering' women during birth. This position is supported by the work of Green and Baston (2003) who found that when women felt they had an element of control over what staff did to them during labour, they were generally more satisfied with their birth experience.

I now turn to an analysis of an extract from Charlotte's birth narrative, which demonstrates that in order to critique the treatment she received during (and in the immediate aftermath of) labour, Charlotte uses the discourse of 'natural birth'. Initially, I viewed this as a dramatic change of stance for Charlotte because of her previous negative evaluation of 'natural' birth advocates. However, given that birth is typically framed in relation to either the 'natural account' or the 'medical account' (Cosslett 1994:77), it stands to reason that if Charlotte felt the 'medical' approach did not adequately meet her needs, then 'natural birth' discourse is the primary resource she has to directly challenge her treatment. Indeed, one of the core aims of the 'natural' birth movement has always been to challenge the 'medical' account of birth.

3.5.1 Opposing clinical staff and their decisions

In keeping with the majority of the women in this study (see Section 3.4.2), Charlotte presented clinicians as the decision-makers when it came to the medical interventions she received during birth. Unlike the other women, who were generally accepting of the advice of medical staff, Charlotte presented herself as strongly opposed to their decisions. Given that a contemporary norm of motherhood is to be 'expert-led' (Hays 1996), it is important to understand how Charlotte constructed her opposition to clinical staff's decisions and the implications this had for her mother identity position. Charlotte's account of birth is also a marked case, because unlike the rest of the women in this study (see Section 3.4.1), she contested the necessity of the medical interventions she received. In order to do so she drew on the discourse of 'natural' birth. This position was made clear towards the end of the narrative, when she told me that her daughter may have been delivered using a C-section had she not consistently challenged doctor's requests to intervene: 'if she had been and she needed it that would have been fine. But you want to know that she needs it, not that you've just medically intervened, when really, let nature take its course'. With this statement, Charlotte positions medical interventions as acceptable if necessary, but that the ideal is to 'let nature take its course'. Given that the rest of the women in this study worked hard to present the interventions they received as necessary and therefore acceptable, it is important to investigate how Charlotte negotiated a 'socially acceptable' mother identity position in light of receiving, what she considered to be, unnecessary interventions.

Throughout Charlotte's narrative she consistently questioned the necessity of medical staff routinely entering the room to monitor her baby's heart rate, as she felt their presence was disrupting the concentration she required during labour. Extract nine begins at the point where Charlotte has been pushing for approximately two hours. During this time, she had

requested that everyone leave the room (including her husband) as she felt that with the assistance of just her midwife she would be able to give birth. In order to oppose clinical staff's decisions and the necessity of the interventions she received, Charlotte uses the following discursive techniques: dismissing clinical staff's concerns; appealing to her own knowledge of the situation; negatively evaluating the practice of clinical staff; and recounting her midwife's assessment of the situation.

Extract 9

- 1 C: the midwife was then like Charlotte <*they have to come in they have to come in
2 because they need to check her heart rate whatever duh duh duh*>
3 I said will you please just get them to leave
4 I'll just two- two more sets of pushes I know I can get her out
5 so she got them out
6 did another set and she said right Charlotte that was even better next one's it
7 and I was like I know it is (.) they all come in (0.85)
8 right we're going to assisted delivery (1.24)
9 I cou- I know I could've got her out (1.72)
- 10 KM: awww [how frus-]
- 11 C: [all I wanted] was one more push
- 12 KM: /and that midwife knew as well
- 13 C: /yeah (0.76)
- 14 so they came in and her heart rate was high but I could've got her out
- 15 KM: [but you would've got]
- 16 C: [that is] so in the zone I knew I could've got her out and it was- I just-
17 they ooh
18 so disempowering
19 < 1 minute 47 seconds edited out for brevity>
- 20 C: so then went through the theatre an::d (0.58) erm
21 at that point I was like right that's fine
22 the midwife said Charlotte she's going to come out first go
23 cos she's basically out (0.65)
24 so don't worry
25 it's not gonna go through to section she's first-

- 26 assisted delivery forceps she's coming out (0.56)
 27 which I just thought well then why won't you let me push her out
 28 I've told you [I can] push her out
 29 KM: [I know]
 30 C: one more go and I would've go- I know I would've got her out

Charlotte presents the clinicians' presence in the room as unnecessary by dismissing their concerns regarding her baby's health. She recounts the midwife attempting to justify their presence by stating that: 'they need to check her heart rate whatever duh duh duh' (line 2). The term 'whatever' is often used to take a dismissive stance and can be roughly translated as meaning 'I don't care'. This dismissive stance is emphasised through the phrase 'duh duh duh', which positions Charlotte as so unconcerned by the clinicians' motives that she does not care to recall them. Furthermore, this section of the narrative (lines 1 & 2) is articulated quickly in comparison to surrounding talk, which allows Charlotte to present the clinician's concerns, as largely unimportant, which in turn situates their interference as unnecessary.

Given the 'expert-led' norm of contemporary motherhood, Charlotte's dismissal of the clinician's concerns could potentially threaten the enactment of a 'responsible', and therefore, 'socially acceptable' mother identity position. In order to overcome this potential threat, Charlotte justifies her dismissal of the clinician's concerns by consistently taking epistemic stances which present her as certain in the knowledge that she is able to deliver her daughter without assistance (lines 4, 7, 9, 14, 16, 28 & 30). Throughout the extract, Charlotte repeats the phrase (with slight differences in variation due to tense) 'I know I could've got her out' (line 4, 9, 16 & 30). This epistemic stance serves a dual function. It allows Charlotte to position the interventions she received as unnecessary and presents her as having an intuitive knowledge regarding her ability to give birth. This presentation of self is bolstered by her assertion that she only requires 'two more sets of pushes' in order to deliver her baby (line 4). By specifying the exact number of pushes required, Charlotte presents herself as having a clear understanding of the situation she is in. An important component of 'natural birth' discourse is the idea that women have an instinctive understanding of their body during pregnancy and labour and that, where possible, this instinct should be followed. Therefore, by appealing to her own knowledge of the situation in order to dismiss the clinical staff's actions, Charlotte is drawing on the discourse of 'natural birth'. Later in the discussion, this stance was made even more explicit, with Charlotte challenging the asymmetries in the relationship between women's instincts and medical knowledge:

I just feel like they think your instincts are off. That your instincts are no match for their medical expertise and I totally get their medical expertise needs to come in. But I think it has to be some sort balance, but they don't want to listen to you.

A second technique Charlotte uses to justify her dismissal of clinical staff's concerns is to incorporate her midwife's evaluation of the situation into her narrative. This first occurs in line 6, when Charlotte recounts that after a further round of pushing her midwife states: 'next one's it'. It is significant that her response to this evaluation of the situation is an epistemic stance of certainty: 'I know it is' (line 7). Here Charlotte positions her own knowledge of the situation as in alignment with the midwife's expert assessment. In doing so, Charlotte presents herself as a woman who has a clear grasp of the position she is in, which counters any possible understanding of her as a woman who is wrong in ignoring the clinician's attempts to intervene. Similarly, Charlotte chooses to report that her midwife told her she would not require a C-section because her daughter was 'basically out' (lines 22-26). This allows her to strongly imply that the interventions she was subject to were unnecessary, and that her belief that she could get her daughter 'out' was in line with an expert assessment of the situation. By including the midwife's evaluations, Charlotte legitimises her own knowledge and is therefore able to justify her dismissal of the clinical staff's actions. Furthermore, she is able to align with the 'expert-led' norm of contemporary motherhood, because she presents her understanding of the situation to be in keeping with the midwife's expert opinion. I also attempt to validate Charlotte's knowledge of the situation by referencing her midwife (line 12) and in doing so I align with Charlotte's understanding of her experience.

After discussing the midwife's assertion that she required minimal intervention (lines 22-26), Charlotte poses the rhetorical question: 'well then why won't you let me push her out?' (line 27). This question is important for several reasons. Firstly, it allows Charlotte to directly challenge the necessity of medical intervention on the basis that her midwife believes she requires minimal intervention. Secondly, by posing this question Charlotte presents herself as a woman who opposes unnecessary medical intervention, which is in keeping with the ideals of 'natural' birth. Finally, the question 'why won't you let me?' constructs Charlotte as having been denied the opportunity to deliver without medical assistance, rather than as someone who has tried to deliver 'naturally' and failed. In this way, Charlotte attempts to present herself as a mother who is capable of giving birth without assistance, which is in keeping with the norms of 'natural birth' discourse.

Three significant pauses occur in quick succession (line 7, 8, 9) at the point in the extract where Charlotte is recounting the clinical staff's announcement that: 'right we're going through to assisted delivery' (line 8). These pauses serve to mark Charlotte's frustration at the

decision and allow Charlotte to present herself as at a loss regarding the clinical staff's actions. Importantly, the decision to medically intervene is presented as an assertion rather than an interrogative (line 8). Rather than accepting the intervention as Helen (Section 3.4.1) and Jackie (see Section 3.4.2) did, Charlotte challenges the decision by taking an epistemic stance of certainty regarding her ability to give birth without assistance (line 9). It is significant that Charlotte begins to say, 'I could', but then reformulates to 'I know I could'. In doing so, Charlotte again appeals to her own knowledge in an attempt to challenge the medical intervention she was about to receive, thereby drawing on the discourse of 'natural birth'.

It is noteworthy that, unlike the other women in this study, Charlotte takes a direct stance of negative evaluation towards the practice of clinical staff, by reporting that being taken into theatre was: 'so disempowering' (line 18). The adverb 'so' is articulated with heavy emphasis, which heightens Charlotte's commitment to this stance. It is clear that Charlotte's feeling of disempowerment is the result of her knowledge of the situation being ignored (in favour of the experts' knowledge), and her having been left out of the decision-making process regarding medical interventions. In their qualitative analysis of women's talk about birth expectations and experiences, Cook and Loomis (2012:165) demonstrate that if women feel they have an element of control over the decision-making around changes to their birth plan, they typically positively evaluate their birth experience; for example some women described the process as 'empowering'. However, denial of choice led to women evaluating their birth experience more negatively (Cook and Loomis 2012:166). Charlotte's stance of negative evaluation is, therefore, entirely in keeping with Cook and Loomis' (2012) findings.

It is important to note that Charlotte's assertion that she is 'fine' about going through to theatre (line 21) should not be read as her accepting the necessity of the interventions she was about to receive. Rather, this statement simply indicates her acceptance of the fact she was being taken to theatre, a situation which she chooses to present as being beyond her control. This became clearer later in the discussion when Charlotte recounted how she reacted to the theatre transfer:

So then that's just it, off. You're wheeled through. So I just shut. A lot of the time I just shut my eyes like when they were. I don't know who gave me the epidural. I don't know half the people who were in the room and at one point they're giving you the epidural, you're meant to like read this thing and I just wouldn't read it. I was like I would just not...but I thought these will be my memories and I don't want them to be my memories.

By presenting herself as uncooperative during this transfer, Charlotte is able to highlight her strong feelings of frustration at being denied the opportunity to deliver 'naturally'. Furthermore, her assertion that she does not want the medical procedures to be her 'memories' indicates that they were distressing for her.

Had Charlotte not critiqued 'natural' birth advocates in her pre-birth interview, it could have been argued that the discursive strategies Charlotte uses during this extract allow her to construct herself as a woman strongly committed to the 'natural' birth ideal. This was, however, not the case. Instead we can say that 'natural birth' discourse is the primary recourse through which Charlotte opposes clinical staff. The fact that Charlotte's requests and knowledge were largely ignored during birth illustrates the fact that although there are multiple discourses women can draw on in relation to birth, the material effects produced by these discourses are constrained by existing hierarchies. We can see that although 'natural' birth discourse generally holds a hegemonic position in society, within the hospital setting, the medical account of birth holds a hegemonic position, meaning Charlotte's appeal to 'natural' birth was ultimately ignored. This indicates that 'natural birth' discourse is potentially damaging to women because within a clinical setting this ideal often holds little weight. Indeed, Charlotte's negative evaluation of her treatment as 'disempowering' demonstrates that the disjuncture between her expectations and the reality of birth had a negative impact on her understanding of her birth experience. Significantly, by appealing to 'natural birth' discourse in order to challenge the treatment she received during birth, Charlotte reproduces the 'natural' birth ideal.

3.6 Concluding remarks

In this chapter I have demonstrated that talk about birth expectations, plans, and experiences had important implications for the enactment of the women's mother identity positions. The women in this study typically aligned with the discourse of 'natural birth', which meant a birth free from excessive medical intervention or pain-relief. This presentation of self is in line with the norms of contemporary middle-class motherhood, which positions 'natural' birth as the gold standard to which women should aspire (Rich 1977; Frost et al 2006; Macdonald 2006). Significantly, through an interactional analysis of women's talk I have shown that even though the majority of women who participated in this study oriented to 'natural birth' discourse, what counted as 'natural' was negotiated on an individual basis. For example, Sylvie's version of a 'natural' birth meant a homebirth without medical interventions; for Helen a more 'natural' birth meant birth in an obstetrics unit with limited pain-relief. This furthers

our understanding of how 'natural birth' discourse is negotiated, contested and reproduced at the level of the individual subject.

I have argued that the expectation that women should avoid excessive medical intervention and pain-relief during labour is no longer solely associated with feminism and the 'natural' birth movement. This expectation now forms part of official medical discourse regarding intrapartum care (NICE 2017; WHO 2018), which heightens the hegemony of the 'natural' ideal. Despite this, all the women in this study received some form of medical intervention during birth, whether they accepted the necessity of such interventions or not. The disjuncture between the hegemonic ideal of 'natural' birth and the lived reality of birth means that birth often acts as a 'discursive turning point' (Miller 2007:337) during the transition to motherhood, which forces women to reconcile the difference between ideals and realities. This was certainly the case for Jackie, Helen, Sylvie and Charlotte. For example, Sylvie was forced to negotiate her desire for a 'natural' homebirth, with the reality of an interventionist birth in an obstetrics unit. This experience led Sylvie to question whether she had been truly prepared for the reality of labour. Charlotte's birth experience was perhaps the most transformative as it ultimately led to her rejecting the 'medical' approach she had initially favoured: 'that's probably the biggest impact for me. I can't bear for anything medical <laughs> I really can't.'

Although research in the social sciences has demonstrated the pervasiveness of 'natural birth' discourse in women's understandings of birth (e.g. Frost et al 2006; Macdonald 2006; Malacrida and Boulton 2014), my interactional analysis revealed the significant discursive work that the women in this study undertook in order to negotiate the disjuncture between the ideals and lived reality of birth. Women worked hard to minimise the extent of the medical interventions they received; positioned interventions as clinical staff's decisions; and presented interventions as necessary and therefore acceptable. Discussions around pain-relief were also significant, the fact that women articulated pride in being able to avoid pain-relief and negatively characterised themselves if they could not meet this ideal, suggests that 'natural birth' discourse places added pressures on women during labour. If we celebrate women's ability to give birth without pain-relief, we reproduce the notion that this is something 'good' mothers do. This can lead to women feeling like failures if they cannot meet such ideals.

My analysis of the women's talk about birth revealed that there was very little resistance to the 'natural' birth ideal, which suggest that it is hard to enact a 'socially acceptable' mother identity position without aligning oneself to the ideals of 'natural' birth. Even the women who took a 'pragmatic' approach to birth displayed an orientation to 'natural' birth ideals. In this sense, it can be suggested that 'natural birth' discourse restricts women's understandings of

what counts as a 'good' birth and the manner in which they can present their birth experiences. Even Charlotte, who initially negatively evaluated 'natural' birth advocates, utilised the discourse of 'natural birth' in her critique of the way she was treated during labour, thereby reproducing the hegemony of the 'natural' birth ideal. The fact Charlotte was forced to draw on this discourse in order to critique the medical treatment she received, demonstrates that the dichotomous understanding of approaches to birth restricts the ways in which women can talk about the topic. Furthermore, it illustrates that as speakers we cannot step outside of ideology. Charlotte's birth narrative demonstrated that although 'natural' birth may hold a hegemonic position in society, the material effects it can produce are constrained by the pre-existing hierarchy between clinical staff's knowledge and women's knowledge of their own bodies. 'Natural birth' discourse is potentially damaging to women, therefore, because women may often find that in the context of the hospital, their 'instincts' are not treated as valid.

It is now clear that for the majority of the women in this study, a 'good' birth was one which was as close to the 'natural' ideal as possible. The hegemony of the 'natural' ideal did not, however, end at birth. I now turn to a discussion of infant feeding decisions, which demonstrates that once again, for the women in this study, 'natural' was typically considered to be 'best'.

4 Breast is best

4.1 Introduction

Since the 1970s breastfeeding has been positioned as the optimal way to feed a child (Knaak 2005:198; Lee 2008). Schmied and Lupton (2001:234) observe that ‘the majority of writings about breastfeeding, whether lay or academic, are profoundly in favour of the practice’. One of the women in this study, Zoe, neatly summarises the status of infant feeding decisions in the UK, through reference to a discourse which is commonly referred to as ‘breast is best’:

I think they’ve spent so long telling people that breast is best and all this kind of stuff, that actually, I feel like women who like say can’t or don’t want to, their voices are only just being kind of introduced back into the mix.

With this statement, Zoe suggests that the hegemony of ‘breast is best’ discourse has excluded the voices of women who formula feed their children.

UNICEF (c2019a) state that ‘breastfeeding is a highly emotive subject in the UK because so many families have not breastfed, or have experienced the trauma of trying very hard to breastfeed and not succeeding’. The emotive nature of infant feeding decisions is evident from recent media coverage on the topic. In April 2019, the president of the NCT, Seána Talbot, resigned due, in part, to the organisation ‘shying away from publicly supporting breastfeeding’ (Ferguson 2019). Freeman (2019) reported that this decision ‘sparked a slew of commentary about the “war” between breast- and bottle feeding parents, a framing that is unhelpful and untrue’. It is within this emotive, and at times hostile, environment that women must decide how to feed their children. The degree of emotion related to this choice indicates that it is about more than the ‘best’ way to feed a baby. Indeed, breastfeeding is routinely positioned as a constitutive element of ‘good’ motherhood, and women who decide to formula feed risk being considered ‘poor’ mothers (Murphy 1999, Valenti 2012). Given the emotive status of infant feeding decisions, I examine how the women in this study talk about the subject and the implications that this has for their emerging identities as mothers.

All the women in this study breastfed for at least some portion of the research process. Word frequency analysis revealed that ‘breastfeeding’ was a frequent topic of conversation (occurring 142 times across dataset), especially in the first and second interviews

after birth (see Table 4). Furthermore, the application of Hall's (1997b) framework highlighted the fact that much of the women's talk about breastfeeding contained elements of hegemonic (and counter hegemonic) discourse. Importantly, the women's experience of and degree of commitment to the practice differed. For example, Sylvie initially characterised breastfeeding as 'just brilliant, it's really wonderful'; but for other women, the experience was less positive. 11 days after the birth of her daughter, Charlotte described breastfeeding as 'horrific'. The status of formula-feeding also differed. Jackie told me that she knew she would feel like she had 'failed' if she gave her son formula. On the other hand, in the first post-birth interview, Zoe said: 'if we need to give her a formula...to settle her and get her to sleep for longer, then I think she'll be absolutely fine with that'. Regardless of these differences, analysis of talk about infant feeding decisions indicated that the women in this study typically understood breastfeeding to be the 'best' way to feed their babies.

I begin by outlining the sociocultural context of infant feeding decisions in the UK, to demonstrate that breastfeeding is overwhelmingly positioned as the optimal way to feed an infant. I then provide details about the infant feeding practices of the women in this study and situate them in relation to UK wide trends. The remainder of the chapter is dedicated to the analysis of key extracts which exemplify the different discursive strategies the women use in order to position themselves and their feeding decisions in relation to the prevailing ideal of 'breast is best'.

4.2 Sociocultural context of infant feeding decisions

Murphy (1999:187) states that, within the UK, 'the mantra "breast is best" dominates the context in which women decide how to feed their babies and, in turn, how they display and defend such decisions'. Breastfeeding is understood to be a global public health issue. In 2012, The World Health Organisation set six global nutrition targets for 2025, the fifth target being: 'increase the rate of exclusive breastfeeding in the first 6 months up to at least 50%' (WHO/UNICEF 2014:1). The rationale behind this target is that:

Exclusive breastfeeding is a cornerstone of child survival and child health because it provides essential, irreplaceable nutrition for a child's growth and development. It serves as a child's first immunization – providing protection from respiratory infections, diarrhoeal disease, and other potentially life-threatening ailments. Exclusive breastfeeding also has a protective effect against obesity and certain non-communicable diseases later in life.

(WHO/UNICEF 2014:1)

Within the UK, the Department of Health recommends ‘exclusive breastfeeding for the first six months’ of a child’s life (Public Health England 2016) on the basis of the unique health benefits it confers. The purported benefits of breastfeeding for infant health (and to some extent maternal health) are well documented (see León-Cava et al 2002 for a summary). Guidelines issued by the National Institute for Health Care and Excellence illustrate some of the steps taken to ensure the promotion of breastfeeding over formula-feeding within the UK. Maternity care providers are expected to implement a ‘structured programme that encourages breastfeeding’ (NICE 2006:20). It is recommended that within 24 hours of birth women should ‘be given information on the benefits of breastfeeding’ (NICE 2006:21) and that ‘advertisement for formula should not be distributed’ (NICE 2006:20).

Despite the hegemony of the ‘breast is best’ discourse, there have been suggestions recently that the health benefits of breastfeeding have been overstated (e.g. Blum 1993; Hediger et al 2001; Knaak 2005; Knaak 2006; Wolf 2011; Colen and Ramey 2014). This is not to ignore the fact that, ‘artificial feeding is without question a life or death issue in under-developed nations’ (Blum 1993:298), where clean water and adequate sanitation is unavailable. However, in her analysis of the status of breastfeeding in contemporary America, Wolf (2011) argues that much research into the health benefits of breastfeeding is methodologically flawed:

Infant feeding research often acknowledges but never eliminates the possibility that breastfeeding is an indicator, a sign of parents’ general commitment to well-being that in itself has little impact. No compelling evidence establishes how breastfeeding reduces the risk of diabetes, obesity, or respiratory disease, and equally plausible theories for these risks could be cited that have nothing to do with breastfeeding.

(Wolf 2011:141-142)

In addition to this, Blum (1993:299) states that, ‘any infant health benefits which breastfeeding may confer are not distributed evenly in American society- class and race are major determinants of which babies receive any biological advantage’.

If the health benefits of breastfeeding have been overstated, it is essential to consider why it continues to be so strongly promoted. Brookes et al (2016:342) suggest that ‘contemporary attitudes and the medical practices promoting the superiority of breastfeeding are closely aligned to deeply ingrained societal beliefs about what it means to be a successful mother’. Valenti (2012:41) argues that ‘the social message is clear: if breastfeeding is what “compassionate,” “good” mothers do, then women who don’t breastfeed are bad.’ Breastfeeding is not only promoted on the basis of its purported health benefits, it is also

constructed as having unique emotional benefits. For example, the NHS website states that breastfeeding ‘can build a strong emotional bond between you and your baby’ (NHS 2017d). Wall (2001:594) suggests that the promotion of breastfeeding as having emotional and bonding benefits has contributed to the understanding of breastfeeding as essential to ‘recent cultural standards of “exclusive mothering”’.

As will be discussed more thoroughly in Chapter 5, Hays (1996:46) argues that contemporary understandings of ‘acceptable’ motherhood are mediated through an ideology of ‘intensive mothering’, which constructs ‘good’ motherhood to be (amongst other things) child-centric and ‘expert-guided’. The child-centric norm of contemporary motherhood means that, ‘the possible benefits of bottle feeding, since these are deemed to accrue mostly to the mother, are largely not mentioned or are clearly relegated to second place’ during debates about infant feeding (Lee 2008:470). This is clear from Knaak’s (2005) historical content analysis of selected editions of Dr Spock’s influential childcare manuals. In the first edition of the manual (published in 1946), there is a section titled ‘*Are there disadvantages to breast-feeding*’, under which mothers are informed that some women prefer bottle feeding ‘because they always know how much milk their baby is getting, and because they are not as “tied down”’ (Knaak 2005:204-205). Importantly both these benefits relate solely to mothers and are therefore not in keeping with contemporary standards of child-centric motherhood. By the 1990s (the time in which intensive mothering ideology was becoming normative (Wall 2010)), there are no sections which construct formula-feeding as a comparable alternative to breastfeeding. By the 1998 edition, there is ‘a new sentence directing mothers to consider bottle-feeding only as a last resort’ (Knaak 2005:205). Knaak (2005:205) argues that this shift in the status of formula-feeding is particularly noteworthy because during this same time period ‘the health outcomes of babies fed by bottle versus by breast have actually become increasingly negligible.’ The discursive status of formula-feeding, therefore, bears little relation to the scientific evidence related to the outcomes of infant feeding decisions. This historical analysis supports the assertion that infant feeding debates are about more than nutrition and health; they are instead about notions of ‘acceptable’ motherhood.

Along with being child-centric, the cultural norm of intensive motherhood understands ‘the “good/responsible mother” as the mother who is alert to manifold risks posed to her child(ren) by contemporary society, and considers it her job to manage these risks through reference to expert opinion’ (Lee 2008:469). Given the widely reported health and emotional benefits of breastfeeding, and its promotion by the state and medical institutions, breastfeeding is positioned not only as the ‘best’, but the most ‘responsible’ way to feed a child. In their multimodal analysis of two contemporary infant feeding pamphlets (produced by

Public Health England and endorsed by UNICEF) Brookes et al (2016:350) found that breastfeeding is encouraged by 'inducing fear of doing other'. One leaflet contains a bullet point list of the potential 'risks' of formula-feeding. Brookes et al (2016:350) state that this list 'construes formula milk as a high-risk and less healthy alternative to breastfeeding' which implies that 'to feed one's baby formula milk instead of breast milk is to be an irresponsible parent'. Similarly, Murphy (1999:187) argues that the elevated status of breastfeeding means that, 'by deciding to formula feed, [a] woman exposes herself to the charge that she is a "poor mother" who places her own needs, preferences or convenience above her baby's welfare'. The decision not to breastfeed, then, runs counter to the 'expert-led' norm of contemporary motherhood. It is, however, important to recognise that despite the purported health benefits of breastfeeding 'the guilt and anxiety caused by being perceived to be less than a total mother can itself have far-reaching consequences on the health and well-being of mother and new born infant' (Brookes et al 2016:342). However, these potential health risks are rarely a factor in 'breast is best' discourse.

Along with being a norm of intensive motherhood and being widely promoted by experts in the medical and scientific communities, breastfeeding is also afforded superior status to formula-feeding due to the fact it is considered to be 'natural'. As discussed in Chapter 3, 'natural' birth is positioned as the ideal to which one should aspire and breastfeeding can be considered part of this ideal. Oakley (1979:166) states that 'like natural childbirth, natural infant feeding has become fashionable in a society that is technological "by nature"'. It is important to note that the valorisation of the 'natural' in relation to infant feeding is historically variable. For example, In America, up until approximately the 1930s, breastfeeding was common (Blum 1993:296); however, after this point there was a 'lack of faith in the efficacy of breastfeeding', which formula manufacturers went on to exploit (Wolf 2006:407). The popularity of formula-feeding in the 1940s and 1950s was, in part, down to a sense that it was more 'scientific' and 'modern' (Knaak 2005:199). By the 1970s, the popularity of breastfeeding began to steadily increase, peaking in the 1980s, as the second wave feminist- and 'natural' birth movements attempted to challenge the over-medicalisation of pregnancy, birth and motherhood (Blum 1993: 297; Knaak 2005:199).

Brookes et al (2016:350) found that in the contemporary *Off to the Best Start* infant feeding pamphlet, breastfeeding and breast milk is situated in 'a natural, organic discourse'. In addition, 'there is constant emphasis on the naturalness, and seeming effortlessness of breastfeeding' (Brookes et al 2016:358). This presentation of breastfeeding can be considered inherently problematic for the same reasons that 'natural birth' discourse is inherently problematic. It positions women as 'simple, instinctive, closer to nature' (Lupton 2003:160, cited in Frost et al 2006:303) and, 'the message that all women can breastfeed implies that any

woman who cannot or does not is shameful, an incomplete woman' (Taylor and Wallace 2012:85).

Although the 'natural' birth movement has come under feminist critique (see Section 3.2), there has been a reluctance to examine breastfeeding advocacy in the same way. Taylor and Wallace (2012:77) argue:

Though most feminists and breastfeeding advocates would agree in their condemnation of the shame that is often associated with public breastfeeding, their positions often tend to be less commensurate on the issue of the guilt many mothers say they experience when they feed their infants formula.

Schmied and Lupton (2001: 235) state that where feminist debate has occurred about breastfeeding, 'writers have mainly articulated the possibility for breastfeeding to be seen as an expression of women's power'. This stance reproduces the understanding of 'breast is best', rather than critically examining why it has obtained this status. Furthermore, it implies that formula-feeding is a choice with little scope for female empowerment. This is despite the fact that formula-feeding allows women greater freedom to participate in non-maternal activities during the early stages of motherhood, as the responsibility for infant feeding can be shared. In this sense, the decision to formula feed places less restrictions on women's lives and, therefore, it could also be seen as an empowered choice.

Given that one of the founding principles of feminism is to ensure that women are free to make their own choices in relation to their bodies, the current status of infant feeding decisions is troublesome. In combination, the medical and scientific promotion of breastmilk; its incorporation in to the norm of intensive motherhood; and its valorisation as part of the 'natural' birth movement mean that in reality there is little 'choice' when it comes to infant feeding decisions. Indeed, Knaak (2005:211) states that 'choice in infant feeding has become constrained discursively to the point where it has become more a directive than choice'.

Qualitative analysis of women's talk about infant-feeding decisions, conducted in the field of sociology, illustrates some of the effects that this relative lack of choice has on women's understandings of themselves as mothers. Murphy's (1999) longitudinal interview study of 36 women's infant feeding decisions, examined how women spoke about their choices in order to present themselves as 'good' mothers, partners and women. She found that women who intended to formula feed their children typically offered a series of justifications to legitimate their decision. For example, in order to challenge the expert opinion that 'breast is best', 'the mothers used technical language of "nutrients" and "vitamins" in discussing the relative merits of breast and formula milk. In doing so, they narrowed the distance between themselves and the "experts"' (Murphy 1999: 197). They also 'stressed the

advantages of formula-feeding in increasing paternal involvement' (Murphy 1999:198). Importantly, Murphy (1999:199) noted that formula-feeding was rarely justified in relation to women's 'own needs and preferences', which is in line with the child-centric norm of 'good' motherhood. The decision to breastfeed required little justification for the women in the study, 'their responses were matter of fact displays of the health benefits of breastfeeding' (Murphy 1999:200). Although the decision to breastfeed did not threaten the women's construction of themselves as 'good' mothers, 'the decision to breastfeed raised questions about the impact on the baby's father' (Murphy 1999:201). The women discussed how they would ensure paternal involvement, but 'there was no suggestion that partners could or should take responsibility for establishing their own relationship with the baby' (Murphy 1999:202). Murphy's (1999) study shows that because breastfeeding is positioned as the 'optimal' way to feed a child, the decision to breastfeed requires little justification, the decision to bottle feed, however, requires a significant amount of discursive work.

Schmied and Lupton's (2001) study on first-time mothers' experiences of breastfeeding revealed that prior to birth, all 25 women interviewed were highly committed to breastfeeding, describing it as 'natural' and 'best for their baby's health', stances which are in line with 'breast is best' discourse. Many of the women were 'prepared to "persevere" with breastfeeding to achieve their identity as a breastfeeding mother' (Schmied and Lupton 2001:238). However, the reality of breastfeeding differed from some of the women's expectations. Although for some breastfeeding was 'pleasurable and intimate', for others it was 'difficult, unpleasant and disruptive' (Schmied and Lupton 2001: 239). For women who experienced a negative reaction to breastfeeding, there were feelings of 'failure and a loss of control for not conforming to the ideal of the contented and fulfilled mother suckling her baby' (Schmied and Lupton 2001:246).

Lee and Furedi (2005) used qualitative and quantitative methods to investigate how women experience formula-feeding within the context of 'breast is best' discourse. They found that 32% of the women interviewed expressed feelings of 'guilt' about introducing formula whilst 76% reported that they were 'pleased to have a solution that made things easier' (Lee and Furedi 2005:25). Importantly, the women who expressed extreme guilt about formula-feeding were mothers who 'had planned to breastfeed their babies, and assumed they would succeed in doing so' (Lee and Furedi 2005:26). Other women who formula fed 'established a posture of defiance' voiced through the discourse of 'mother knows best' (Lee and Furedi 2005:4).

Qualitative analysis of women's talk about infant feeding decisions illustrates that although many women are strongly committed to breastfeeding prior to the birth of their

child, the reality of breastfeeding may mean that they decide to formula feed (either exclusively or in combination with breastfeeding). Despite the hegemony of 'breast is best' discourse, the UK has some of the 'lowest breastfeeding rates in the world' (UNICEF c2019a). Results from the latest Infant Feeding Survey show that in 2010: 81% of mothers initiated breastfeeding; by 6 weeks 55% were still breastfeeding and by 6 months 34% were still breastfeeding (NHS 2012). Rates of exclusive breastfeeding were lower: 69% of mothers were exclusively breastfeeding at birth, this fell to 46% a week from birth and 6 months from birth only 1% of mothers were exclusively breastfeeding (NHS 2012). Table 7 outlines the infant feeding practices of the women in this study.

Table 7. Infant feeding decisions

Participant	Infant feeding decision
Charlotte	Exclusively breastfed for 6 months
Helen	Exclusively breastfed for 6 months
Jackie	Exclusively breastfed for 6 months
Jane	Combination fed from birth
Sylvie	Exclusively breastfed for approximately 5 months, then formula fed
Zoe	Exclusively breastfed for approximately 4.5 months, then combination fed

The breastfeeding rates of the women in this study are high in comparison to the generally low breastfeeding rates recorded in the Infant Feeding Survey (NHS 2012). However, all the women in this study were in sociodemographic groups most likely to breastfeed. Results from the Infant Feeding Survey show that higher rates of breastfeeding generally occurred in women who were aged over 30, lived in the 'least deprived areas', worked in 'managerial and professional occupations' and who 'left education aged over 18' (NHS 2012). As previously discussed, the majority of the women in this study self-identified as middle-class (see Section 2.2.2). In Western societies, women with a higher socioeconomic status are more likely to breastfeed (McCarter-Spaulding 2008; Skafida 2009). Blum (1993:300) states that 'for middle-class women, breastfeeding already may be high on the list of cultural prescriptions for the "good enough" mother'. Kitzinger also (2005:30) notes that there is a stereotypical association between breastfeeding and middle-class mothers. As will be discussed more thoroughly in Chapter 5, Lareau (2011) demonstrates that it is the childrearing practices of the middle-class which are legitimised by institutions related to childrearing, meaning that mothers who do not follow these norms are less able to present themselves as 'good' mothers. On the basis of this finding, we can say that, as was the case with 'natural' birth, it is the 'breast is best' ideal of the middle-classes which is currently valorised by society, and therefore, in order to present oneself as a 'good' mother, women are expected to breastfeed.

To summarise thus far: I have demonstrated that in the UK breastfeeding is positioned as the optimal way to feed a child. I have argued that breastfeeding is widely considered to be a marker of 'good' (middle-class) motherhood and has been incorporated into the intensive motherhood norm. Breastfeeding is promoted by the medical and scientific community and by 'natural' birth advocates. I have suggested that whilst there has been much feminist critique of the 'natural' birth movement, less attention has been paid to some of the problematic elements of the 'breast is best' discourse. Qualitative analysis of women's talk about infant feeding decisions reveals that, unlike the decision to breastfeed, the decision to formula feed typically entails a series of justifications (Murphy 1999). Such sociological analyses of women's experience of breastfeeding reveal that the lived reality of breastfeeding typically differs from women's expectations. Many women report feelings of guilt and failure if they are unable to exclusively breastfeed (Schmied and Lupton 2001; Lee and Furedi 2005). I now turn to a discussion of women's infant feeding intentions and examine how they discursively position themselves in relation to the 'breast is best' ideal.

4.3 Infant feeding intentions

Word frequency analysis showed that in the pre-birth interviews 'breastfeeding' was not a significant topic of conversation; the word appeared only 10 times (out of the total 142 occurrences across the dataset) (see Table 4). I can only reason that the relative lack of talk about this topic was primarily down to the fact I did not always ask women how they intended to feed their babies. I was acutely aware of the emotional weight associated with this topic and therefore did not want to jeopardise our burgeoning relationships by asking, what I felt to be, a potentially loaded question. However, because I typically used open interview questions, breastfeeding was discussed by Zoe and Sylvie (and mentioned in passing by Charlotte).

Although Sylvie did not explicitly state that she intended to breastfeed, breastfeeding formed part of a discussion about the 'natural' births she had witnessed in Africa. She told me that, for the women in Africa: 'it [breastfeeding] was just so easy, they just, they taught me a lot like they really, I learnt a lot from the natural way to do it, erm the breastfeeding yeah, amazing'. For Sylvie breastfeeding was part of the 'natural' birth ideal to which she was strongly committed. Charlotte also situated breastfeeding as part of the 'natural' birth ideal, telling me that, among the middle-class women of her NCT group, the social norms were: 'of course you wouldn't want pain medication, of course you'd want a water birth, of course you're going to breastfeed'. As we saw in Section 3.3.3, Charlotte was careful to distance herself from what she perceived to be the middle-class 'natural' birth ideal and therefore I did not ask if she was planning to breastfeed. As the research progressed, however, it became

clear that Charlotte was one of the mothers most committed to breastfeeding. Indeed, during our final interview she jokingly reported that she had googled whether she could continue exclusively breastfeeding for a year because 'I just love it'. In later interviews, some of the women discussed having intended to breastfeed. For example, in the first interview after birth Jackie and I were discussing her experience of breastfeeding. I asked her if she had always planned to breastfeed, to which she replied: 'definitely'.

Zoe was the only woman in this study who specifically articulated her intention to breastfeed during our pre-natal interview. As we see in extract 10, although Zoe discusses two opposing discourses in relation to infant feeding decisions, she is ultimately reliant on an alignment with the hegemonic discourse of 'breast is best' in order to enact a 'socially acceptable' mother identity position. This illustrates the constraining effect that 'breast is best' discourse has on women's ability to present themselves as 'good' mothers.

Extract 10

- 1 Z: the plan is breast- breastfeeding erm if (.) you know (0.66)
 2 if- if (.) possible
- 3 KM: is that what's pushed on you by- do you feel like that's the main thing that you're told
 4 to do like by
- 5 Z: /yeah
- 6 KM: midwives [yeah] and yeah it's very much the yeah (XX)
- 7 Z: [definitely] without a doubt
- 8 although I think I see an increase in erm (1.14) rhetoric err or- or discourse should I say
 9 aro- err around (0.81) erm awareness that's not something every woman can do
 10 [and wants to do]
- 11 KM: [of cour- yeah exactly it's] so
- 12 Z: and that's OK too like I think
- 13 KM: /yeah
- 14 Z: they've spent so long telling people like you know
 15 breast is best and all this kind of [stuff] that actually
- 16 KM: [yeah]
- 17 Z: I feel like (0.50) women who like I said c- can't or don't want to?
 18 their voices are (0.60) are only just being kind of
 19 introduced back into the mix to sort of [say well actually]
- 20 KM: [into the good mums club <@like@>]

- 21 Z: yeah yeah basically [to say] and that's fine and
 22 KM: [yeah]
 23 Z: you know your baby can- can be absolutely fine
 24 and and please don't judge us for not being able [to or not wanting to] do that which is
 25 cool
 26 KM: [yeah of course]
 27 Z: errr but yeah I would (.) I would (.) even just purely from a (0.84) erm (0.51)
 28 like a m- a med- you know a medical
 29 KM: /yeah
 30 Z: and child development point of view (.)
 31 and a <@cost point of view and a convenience [point of view@>
 32 KM: [convenience is massive]
 33 Z: I then yeah would be trying to do that

In line with the norms of 'good' motherhood, Zoe consistently takes stances which present her as committed to breastfeeding (lines 1, 27 & 33). Breastfeeding is positioned as an aspiration, through the phrases 'the plan is breastfeeding' (line 1) and 'yeah I would be trying to do that' (line 33). The words 'plan' and 'trying' both imply that breastfeeding is something that Zoe hopes to do, rather than being something she definitely will do. By highlighting her intention to breastfeeding, Zoe is able to indicate that she is a 'good' mother who wishes to do the 'best' for her child. This presentation of self is bolstered by Zoe displaying her knowledge of the benefits of breastfeeding (lines 27-31). As the women in Murphy's (1999) study did, Zoe cites the 'medical' benefits of breastfeeding as the primary factor motivating her decision (line 28). She prefaces her assertion about these benefits with the pragmatic marker 'you know' (line 28), which implies that as a listener I will know and agree with what she is about say (Erman 2001:1340). In this way, she presents the medical benefits offered by breastfeeding as common knowledge.

The second benefit she cites in relation to breastfeeding is 'child development' (line 30), which implies that breastfeeding has a positive effect on child brain development. Wall (2010:253) argues that recent developments in intensive mothering ideology have 'emphasised the importance of intensive parenting in order to optimize child brain development'. A number of studies have purported to have found correlations between breastfeeding and increased cognition (e.g. Isaacs et al 2010; Deoni et al 2013). However, some scholars have warned against such findings, arguing that there are many confounding

variables which could explain these results, such as parental and environmental factors (Rey 2003). By citing child development as a benefit of breastfeeding, Zoe presents herself as mother who, in line with the norms of intensive motherhood, intends to do the 'best' for her child in order to maximise their cognitive potential. It is significant that it is only after she has cited the benefits that breastfeeding offers her child, does Zoe then discuss the benefits breastfeeding offers her (line 31). Significantly, these benefits (financial and convenience) are articulated with a laughing quality. In this way, the significance of these benefits is minimised. By minimising the importance of the potential benefits breastfeeding offers her, Zoe adheres to the child-centric norms of 'good' motherhood. However, by recounting the benefits that breastfeeding offers both her and her child, Zoe reproduces the desirability of breastfeeding and, therefore, the discourse of 'breast is best'.

Although Zoe repeatedly takes stances which present her as committed to breastfeeding, she also highlights the fact that she may not be able to breastfeed. Doubt in her ability to breastfeed is introduced in lines 1 and 2, when Zoe states that the plan is breastfeeding 'erm if (.) you know (0.66) if- possible'. The disfluency marker, pauses and false starts present in this utterance indicate that the possibility of not being able to breastfeed is an uncomfortable one for Zoe, which highlights the constraining effect that 'breast is best' discourse has on women's understanding of themselves as 'good' mothers. Sensing Zoe's discomfort, I ask whether breastfeeding is presented as the ideal to which one should aspire (lines 3, 4, & 6). Note that I reformulate my question (line 3) in an attempt to make it less emotive; I self-correct from 'pushed on you' to 'the main thing you're told to do'. Zoe strongly aligns with this statement (lines 5 & 7), which highlights the hegemonic position currently afforded to 'breast is best' discourse.

Significantly, Zoe attempts to critique the hegemony of 'breast is best' discourse by discussing her awareness of an opposing 'discourse' (line 8), which highlights the fact that breastfeeding is 'not something every woman can do and wants to do' (lines 9 & 10). By placing heavy emphasis on 'can' and 'not', Zoe challenges the commonly held assumption that breastfeeding is a 'natural' activity available to all women. Although Zoe does not name this discourse, it is commonly referred to as 'fed is best' (e.g. FIBFc2016). Importantly, Zoe suggests that this oppositional discourse attempts to validate women who cannot- or choose not to breastfeed, with the phrase 'and that's OK too' (line 12). Zoe further critiques the dominance of 'breast is best' discourse by suggesting that it has erased the voices of non-breastfeeding mothers (lines 17, 18, 19, 21, 23 & 24).

Despite Zoe's critique of 'breast is best' discourse, it is interesting to note that the positive evaluations afforded to formula-feeding are consistently hedged or muted. Formula-

feeding is positively evaluated as 'OK' (line 12) and 'fine' (line 21). Furthermore, the modal 'can' in the phrase 'your baby can- can be absolutely fine' (line 23), denotes possibility rather than certainty, which reproduces the commonly held belief that there is an element of risk associated with formula-feeding (Lee 2008). These hedged and muted positive evaluations of formula demonstrate the constraining effect that 'breast is best' discourse has on women's ability to present themselves as 'good' mothers. If 'good' mothers breastfeed, Zoe's critique of 'breast is best' discourse could potentially threaten her 'socially acceptable' mother identity position. By providing only muted positive evaluations of formula-feeding Zoe minimises her alignment with this oppositional discourse.

Zoe positively evaluates the oppositional discourse as 'cool' (line 25) for allowing women the opportunity to say 'and please don't judge us for not being able to or not wanting to' (line 24). In doing so, she presents herself as a woman who does not judge other women's choices in relation to infant feeding decisions. It is, however, significant that after positively evaluating this oppositional discourse for attempting to validate the position of formula-feeding mothers, that Zoe then reiterates her intention to breastfeed (lines 27-33). This illustrates the fact that although alternate discourses exist around infant feeding decisions, they are not afforded equal status. We can, therefore, see that although Zoe is aware of two discourses in relation to infant feeding, in order to present herself as a 'socially acceptable' mother, she ultimately aligns with the hegemonic discourse of 'breast is best'.

It is notable that within this extract Zoe displays her awareness of two opposing discourses in relation to infant feeding decisions. Although she positively evaluates 'fed is best' discourse for attempting to valorise the voices of formula-feeding mothers, she is reliant on 'breast is best' discourse in order to enact a 'good' motherhood identity position. Furthermore, I argue that the discomfort she displays when discussing the possibility of not being able to breastfeed indicates that the ability to breastfeed is fundamental to her understanding of 'good' motherhood. We can therefore see that although discourses of motherhood present women with choices in relation to infant-feeding decisions, these choices are constrained by the hierarchical organisation of such discourses.

4.4 Negotiating the reality of breastfeeding

Word frequency analysis demonstrated that breastfeeding was an important topic of talk during the first and second interviews after birth. Out of the total 142 tokens of the word 'breastfeeding' which occurred in the dataset, 36 occurred in the first interviews after birth and 53 appeared in the second interviews after birth. In the first post-natal interview I asked

women how they had chosen to feed their babies and how the feeding process was going. Discussions about feeding in later interviews were typically elicited when I asked women to recount an average day for themselves and their babies. All the women in this study, apart from Jane, initiated exclusive breastfeeding at birth (see Table 7). In this section, I examine how women talk about their experience of breastfeeding and the implications this has for their identities as mothers.

4.4.1 Breastfeeding difficulties

It became clear that for the majority of the women in this study, breastfeeding was more difficult than they had expected. I was surprised at the stress and pain the women discussed in relation to breastfeeding, which indicates that I too was taken in by dominant representations which construct breastfeeding as a relatively simple process. In the first post-birth interview, I asked Charlotte whether she was enjoying breastfeeding. She replied: 'horrendously painful....horrific'. Zoe told me: 'she's fed really well it's just erm, it is a bit relentless'. Jackie was strongly committed to breastfeeding, but described it as 'definitely hard'. Even Sylvie, who initially characterised breastfeeding as 'just amazing', also acknowledged that it was 'a bit sore'. In the first interview after birth, breastfeeding appeared 17 times in negative contexts, and 23 times in positive contexts. This negative evaluation related primarily to the pain associated with breastfeeding and the difficulty the women experienced in trying to feed their children. Positive evaluations were more varied. Jackie and Sylvie both positively evaluated breastfeeding as convenient. Jackie also described the ability for her body to produce food for her child as 'awesome'. Sylvie positively evaluated breastfeeding as a 'privilege' and described it as 'really wonderful'. Helen's positive evaluations centred on the benefits that breastfeeding offered her son, she stated that breastfeeding provided 'more than milk' and instead offered comfort and bonding.

Given that breastfeeding is routinely presented as 'natural' and therefore 'effortless' (Brookes et al 2016), it is important to examine how women articulate complaints about the difficulties of breastfeeding, without jeopardising their emerging mother identities. Like the majority of the women in this study, Helen initially struggled to breastfeed her son. However, her negative experience of breastfeeding appeared to be the most extreme and therefore her talk is an important point of inquiry. Extract 11 is taken from the first interview I conducted with Helen after the birth of her son. During the interview Helen cried whilst recounting how difficult the weeks since her son's birth had been and how fantastic her own mum had been in supporting her during this time. The following extract begins at the point where Helen has reported that the three weeks since her son's birth have been the hardest of her life. With this

established, she moves on to the subject of breastfeeding. In the extract, we see Helen attempting to maintain a positive presentation of self by (i) hedging negative evaluations of breastfeeding; (ii) negatively evaluating her pre-baby self for being naïve about the realities of breastfeeding; and (iii) negating some of the responsibility for the breastfeeding difficulties she is experiencing.

Extract 11

- 1 H: erm (1.80)
 2 because I've chosen to breastfeed i- that's been quite (.) tough::
 3 I think I nai- I naively thought like
 4 <sing song voice> {it's a natural thi::ng
 5 I'll be able to do it
 6 he'll know instinctively what to do
 7 I'll know instinctively what to do}
 8 and when he's screaming at two in the morning
 9 you do not instinctively know what to do
 10 <@ erm @>
 11 KM: no

Helen is initially hesitant to cite breastfeeding as a practice which has contributed to her difficult experience of motherhood. This hesitancy is signalled through a disfluency marker (line 1), a significant pause (line 1), a false start (line 2), a brief pause (line 2) and an elongated articulation of 'tough' (line 2). I suggest that this hesitancy stems from the fact that Helen's experience runs counter to dominant representations of breastfeeding, which show it to be an enjoyable and fulfilling experience (Schmied and Lupton 2001; Brookes et al 2016). By reporting that breastfeeding has contributed to the difficulties of early motherhood, Helen potentially risks presenting herself as a mother who is in some way 'failing' or 'struggling'. In order to minimise this potential threat, Helen hedges her negative evaluation of breastfeeding by modifying 'tough' with the adverb 'quite'. Later in the interview, Helen went on to recount the extreme tiredness, pain and stress that breastfeeding had caused her. In our final interview, when reflecting on her experience of breastfeeding she recounted that in the early days: 'I was sore and everything, I had cracks and all sorts it was horrible'. I therefore suggest that by characterising breastfeeding as 'quite tough', Helen is attempting to minimise the extent of the difficulties she is currently facing.

It is notable that Helen reports that she has 'chosen' to breastfeed (line 2), as it suggests that she has made a conscious decision to do so, rather than breastfeeding as the default option. Murphy (1999:188) argues that 'the moral mother is not simply one who follows the rules. Rather she is one who follows the rules knowingly' (emphasis in original). Furthermore, by articulating her statement using perfect aspect (*I have chosen*) Helen presents the decision as one which is complete and therefore non-negotiable. This is important given that she is currently discussing the difficulties she is facing, as it allows her to indicate that she is fully committed to breastfeeding.

As opposed to negatively evaluating herself for struggling to breastfeed, Helen negatively evaluates herself for presuming that she would automatically/easily be able to breastfeed (lines 3-7). She negatively evaluates herself as 'naïve' (line 3) for believing that because breastfeeding is 'natural' (line 4) she and her son would be instinctively 'able to do it' (lines 6-7). This negative evaluation is reinforced through the use of 'vari-directional voicing' (Bakhtin 1984). Levon (2012:196) states that 'vari-directional voicing is a form of distancing by comparison'. This concept has been productively applied to the study of sociolinguistics. For example, Levon (2012:2017) shows how a group of gay men in Israel use a slang variety associated with an effeminate gay man social type, called *oxtšit*, in order to construct and to 'portray their own normatively gendered selves'. Levon (2012) argues that the use of *oxtšit* can be considered vari-directional because the men are not aligning with the effeminate social type indexed through the use of this language. Helen does not simply report her prior conceptions about breastfeeding using her 'normal' voice; instead she uses an exaggerated sing-song tone. This moment of vari-directional voicing serves a dual function. It allows Helen to mock her 'naïve' pre-baby self, thereby presenting herself as having been thoroughly unprepared for the difficult reality of breastfeeding. It also potentially enables Helen to imply that hegemonic representations of breastfeeding which construct it as 'natural' and 'effortless' are incongruent with the lived reality of breastfeeding.

Helen negates some of the responsibility for having breastfeeding difficulties by implying that her son is struggling with breastfeeding too (line 6). The joint nature of the struggle to feed was something Helen commented on later in the discussion, telling me: 'that was mine and Joshua's relationship for the first week; just struggling to feed, feeding, pooing, struggling to feed, feeding pooing <laughs>...but we've got it sorted a little bit more now haven't we'. Here Helen speaks directly to her son and, through the use of inclusive 'we', positively evaluates their shared progress in relation to breastfeeding. By constructing the 'struggle' to feed as a joint one, Helen is able to imply that the difficulties she faced whilst attempting to

breastfeed were not solely down to her. In this way, she is able to construct herself as a mother trying to breastfeed despite the fact she *and* her son are having difficulty doing so.

In line 9, Helen directly challenges the notion that as a mother she 'instinctively' knows what to do with her baby. This could be read as a moment of resistance, whereby Helen challenges the assumption that women have maternal instinct. However, by reporting that this lack of instinct occurred during a relatively extreme situation (her son screaming at 2am) (line 8), Helen implies that she is not always without mother instinct. By switching to indefinite *you* during this statement, Helen generalises her experience, inferring that all women feel this way. In doing so, she is able to present her experience as ordinary and not one which indicates that she is a 'bad' mother. It is clear that Helen feels slightly awkward in admitting that she sometimes lacks instinct, as in line 10 there is a disfluency marker articulated with a laughing quality. Mother instinct was important to Helen. Towards the end of our discussion, I asked whether she felt like a mother yet and she replied: 'I feel like a mum now. Instinct, there's a couple of instinct stuff that kind of kicks in now, which I think is kind of vital'. Given that Helen felt that 'instinct' was 'vital' in feeling like a mother, it makes sense that she would feel uncomfortable in admitting that in certain circumstances she lacks instinct. This statement makes clear that in line 9 Helen is not challenging the notion that women possess mother instinct (as she later goes on to reproduce this understanding), instead she is reporting a momentary lapse of instinct brought about by an extreme situation.

4.4.2 Learning to breastfeed

Sylvie, Helen, Jackie, Charlotte and Jane all discussed accessing breastfeeding support services during the first few months of motherhood. The women visited local breastfeeding support groups run by midwives or health visitors, had breastfeeding 'experts' visit them in their homes, or accessed both forms of support. It is important to note that within the UK, breastfeeding support services are no longer universally available since the responsibility for increasing breastfeeding rates fell to local authorities in 2015 (UNICEF c2019b). Since 2014, 44% of local authorities in England have received cuts to breastfeeding support services, meaning that in some authorities entire breastfeeding support services have been closed (Better Breastfeeding 2018). Where support services are available, they are not universally used. Hoddinott et al (2009) found that women who access breastfeeding support services in the UK are, like the women in this study, typically older mothers with higher incomes, who have left education after the age of 18.

Given that dominant representations of breastfeeding construe it to be 'effortless' and 'natural' (Brookes et al 2016), seeking support for breastfeeding could potentially threaten women's construction of themselves as 'socially acceptable' mothers. However, Brookes et al (2016:358) also found that within contemporary infant feeding pamphlets:

The campaign spells out, in persistent and arresting detail, the precise ways in which breastfeeding should be undertaken, and assumes that mothers are ignorant of how to breastfeed, and hence need to be instructed in and convinced of the so-called 'natural' ways of infant nutrition and motherhood.

Similarly, Andrews and Knaak (2013:89) state that the 'medicalization of infant feeding' has resulted in breastfeeding being treated as a 'natural event' which must 'nevertheless be taught to mothers, through scientifically based, professional intervention'. Given the expert-led norm of intensive motherhood, I suggest that seeking out breastfeeding support from experts can be understood as constitutive of 'responsible' motherhood.

The women in this study typically positioned themselves as accessing breastfeeding support services to deal with a very specific problem. In doing so, they are able to present themselves as women who are generally 'successful' in their ability to breastfeed, but who are responsible and use expert support where necessary. For example, Jackie explained: 'I've got quite a fast milk flow and so, I kind of drown him sometimes, like literally he'll end up with milk all over his face...erm so I went to a breastfeeding café again this morning and I've had the breastfeeding support worker out a few times'. Similarly, Jane explained that she had been to a local breastfeeding group to ask specific questions about her milk quantities: 'I'd either not have enough milk or need more milk, or if I weren't feeding her myself I needed to make sure my milk weren't drying up kind of thing'.

As we see in extract 12, like Jackie and Jane, Charlotte discusses her use of breastfeeding support services in relation to one specific issue. Charlotte exclusively breastfed for six months and described her feeding style as 'responsive'. UNICEF (2016:1) offers the following definition of responsive breastfeeding:

Responsive breastfeeding involves a mother responding to her baby's cues, as well as her own desire to feed her baby. Crucially, feeding responsively recognises that feeds are not just for nutrition, but also for love, comfort and reassurance between baby and mother

Charlotte's birth involved more medical interventions than she desired (see Section 3.5); however she told me of her happiness in being able to initiate breastfeeding as soon as she

held her daughter: 'she started feeding straight away, honestly, and she hasn't really stopped since, which is such a blessing isn't it if you think how she came into the world'.

Extract 12 is taken from the second interview I conducted with Charlotte, which took place 11 days after the birth of her daughter. The extract begins at the point where I have asked Charlotte how she was finding breastfeeding. She told me that although it was 'horrendously painful' the service available to support breastfeeding was 'fab'.

Extract 12

- 1 C: cos one side she feeds better
 2 like it's a better formed <@nipple@> than the other side
 3 KM: [yeah]
 4 [and it] was so painful (0.82)
 5 C: and she just wasn't latching on right
 6 and then (.) she came that morning
 7 I think she rang the doorbell about ten o'clock
 8 could've hugged her (0.61)
 9 I literally I was like you are my Christmas present
 10 cos they just come in
 11 they're really knowledgeable about breastfeeding
 12 they just chat get to know her a little bit
 13 show you different techniques
 14 show you how to hold
 15 KM: [yeah]
 16 C: [sit] with you while you try and do it
 17 like really persist she really was not latching on that one at all:
 18 KM: /yeah
 19 C: she had in the hospital but then she wasn't at home
 20 and just such a brilliant service
 21 [so lovely]
 22 KM: [that's amazing]

Charlotte consistently positions herself as mother who requires breastfeeding support in relation to a specific issue, rather than being someone who is struggling to breastfeed in

general (lines 1, 5, 17). She reports that: ‘one side she feeds better’ (line 1). The use of the comparative ‘better’ allows Charlotte to imply that her child generally feeds well (i.e. on neither side does she feed badly). By citing the formation of one of her nipple as the cause of this discrepancy in her child’s feeding behaviour (line 2), Charlotte is able to present the problem as physiological and therefore largely unavoidable. In doing so, she avoids the assumption that either she or her daughter is at ‘fault’ when it comes to this issue. By recounting that her daughter had previously latched on to her problematic nipple in hospital (line 19), she emphasises the fact that she has been successful in feeding her daughter and is seeking help to address a current problem that she understands to be solvable.

Throughout the extract Charlotte consistently takes stances of positive evaluation towards the breastfeeding support she received (lines 11, 20 & 21), and in doing so, constructs herself as a mother strongly committed to breastfeeding. I suggest, however, that this positive evaluation is about more than Charlotte’s desire to breastfeed. Given that being ‘expert-led’ is a norm of contemporary motherhood, Charlotte’s disalignment with the majority of clinical staff during birth (see Section 3.5.1) could be problematic. By positively evaluating breastfeeding experts, Charlotte is able to establish herself as a mother who will be ‘expert-led’, if the experts are treating her and her daughter in a way she values and respects. Her positive evaluation of the breastfeeding support services in the community, therefore, allow her to further critique the way she was treated by clinical staff in hospital.

Charlotte portrays herself as welcoming of—and relieved to have been offered—breastfeeding support (lines 8 & 9). By reporting that she called the breastfeeding support worker her ‘Christmas present’ (line 9), Charlotte presents herself as a woman who desired nothing more than to have been offered breastfeeding support. This allows her to emphasise that she is both expert-led and committed to breastfeeding. Charlotte takes two further stances of explicit positive evaluation towards the breastfeeding support service, describing it as ‘brilliant’ (line 20) and ‘so lovely’ (line 21). The word ‘lovely’ indicates that Charlotte felt the service she received was more than simply ‘helpful’. Given the emotive connotations of ‘lovely’, I suggest that here Charlotte is alluding to the fact that she felt she and her daughter were treated with care and compassion.

As we saw in Section 3.5, Charlotte felt she was treated badly by clinical staff during birth, with her desires and knowledge ignored. Furthermore, she felt patronised by a clinician who, she voiced as asking her to ‘show me how well you can push’, in a patronising style. Her experience of an interventionist birth led Charlotte to reject medical approaches to childcare and to instead value a holistic approach. Later in the interview she told me:

So the community services I've found really brilliant, lovely practitioners, really responsive, really like encouraging, but in a non-patronising way. Like not in a <patronising voice> {show me how well you can push} but in a just like d'ya know what, she's going really well like look at the colour of her rosy cheeks...so I've found community services wonderful, I really have.

Here Charlotte positively evaluates community services for being non-patronising and responsive. By mimicking the voice of the clinician she disliked in hospital, Charlotte is able to draw a direct comparison between community and clinical staff. By attributing positive value to community practitioners for citing her daughter's rosy cheeks as evidence of her well-being (rather than 'hard' data), Charlotte displays her orientation to a 'holistic' (rather than medical) approach to childcare. This same stance is present in extract 12, when Charlotte states that the breastfeeding support team got to know her daughter (line 12). This comment also functions to highlight the difference between community practitioners and clinical hospital staff. Earlier in the interview, Charlotte told me that in hospital her daughter was 'treated like a little object for them to keep alive', a position she strongly disaligned with. By reporting that the breastfeeding staff got to know her daughter, Charlotte constructs them as interacting with her as an individual, not an object. Furthermore, by stating that the breastfeeding staff chatted to her (line 12), Charlotte contrasts the behaviour of the 'lovely' breastfeeding team, with the behaviour of clinical staff, whom, she felt, were uninterested in her opinions or instincts. By consistently positively evaluating the community practitioners, and covertly (or explicitly) drawing comparisons with clinical hospital staff, Charlotte highlights the fact that she is willing to be 'expert-led' if she respects (and feels respected by) the expert in question.

In summary, by consistently taking stances of positive evaluation towards the breastfeeding support service, Charlotte is able to highlight her commitment to breastfeeding, which is in line with the norms of 'socially acceptable' motherhood. Furthermore, these stances of positive evaluation also allow her to also demonstrate that she is willing to be 'expert-led', thereby meeting a further norm of contemporary 'good' motherhood.

4.4.3 Breastfeeding and selflessness

So far we have seen that presenting oneself as a breastfeeding mother is not reliant on taking stances of positive evaluation towards the practice. On the contrary, breastfeeding is routinely constructed as a difficult and painful process that requires expert support. Despite

these difficulties, the majority of women were determined to ‘persevere’ with the practice. This stance was perhaps illustrated most clearly by Jackie who told me: ‘if I want to keep breastfeeding him I should probably just persevere for a while’. I suggest that constructing oneself as breastfeeding *despite* the difficulties is an important component of ‘socially acceptable’ motherhood. Rich (1977:42) states that ‘institutionalized motherhood demands of women...selflessness rather than self-realization’. Therefore, reporting that one is engaging in the painful and tiring practice of breastfeeding for the good of one’s child is a useful discursive strategy which allows women to demonstrate maternal-selflessness and child-centeredness.

For example, although Jane combination fed from birth, in the first few days she primarily relied on formula milk. When she increased breastfeeding, she found that her daughter slept for shorter periods of time. After realising that this behaviour was common in breastfed babies, Jane reported that she momentarily reconsidered her commitment to breastfeeding: ‘I found that really strange and I thought oh gosh maybe we should just go back to bottle, but no we’ve persevered in the day’. Here Jane presents herself as willing to forgo the benefits that formula-feeding offers (i.e. a child who sleeps for longer periods) in order to breastfeed. The word ‘persevere’ allows her to highlight the fact that this decision has resulted in difficulties. Similarly, during a discussion about the early weeks of motherhood Helen told me: ‘breastfeeding is what’s made it really hard I think. I think if I’d formula fed I don’t think I’d have found it quite as difficult’. With this phrase, Helen constructs herself as a mother who has not taken the ‘easy’ way out in relation to infant feeding decisions.

In extract 13 we see Jackie discussing the fact that she is a mother who is breastfeeding despite the difficulties. In doing so, she is able to construct herself as strongly committed to breastfeeding and as child-centric. Extract 13 is taken from the third interview I conducted with Jackie when her son was just over two months old. The extract is taken from a discussion Jackie and I had about motherhood and social media, which centred heavily on debates about infant feeding decisions.

Extract 13

- 1 J: and also because breastfeeding is the thing I've found the hardest
 2 KM: yeah
 3 J: of all the things to do (0.61)
 4 breastfeeding is the biggest challenge
 5 and I had no idea it was going to be as difficult as <@this@>
 6 KM: no
 7 <five seconds excluded – engaging with baby>

- 8 J: so therefore it
 9 that's where the pressure comes [I think] really is
 10 KM: [yeah]
 11 J: I really want to feed and I know I should feed and (.)
 12 I've read stuff on social media that tells me I'm the devil if I give him formula
 13 and even though I know that's not true (0.71)
 14 part of me thinks I do know how good for him breastfeeding is
 15 so therefore I really must continue and (0.62)
 16 so that's the hardest bit [of it all] I would say definitely
 17 KM: [mmm]
 18 J: and that's why I keep going to breastfeeding groups?
 19 and getting people to help me and (0.67) reading stuff erm
 20 KM: yeah
 21 J: because I wanna do it well for him really (.) so

Jackie's use of the superlatives 'hardest' (line 1) and 'biggest challenge' (line 4) allow her to emphasise the fact that exclusive breastfeeding has been the most difficult aspect of motherhood (line 3). The significant pause in line 3 indicates that Jackie is somewhat hesitant in her, arguably, negative evaluation of breastfeeding. This is understandable given that presenting oneself as struggling to breastfeed could potentially threaten the construction of a breastfeeding mother persona. By pre-modifying 'difficult' with the adverb 'as' (line 5) Jackie indicates that she had an expectation that breastfeeding would be, to a certain extent, difficult, but that this expectation was incongruent with the lived reality of breastfeeding. In this way, she avoids presenting herself as a mother who was entirely naïve about the reality of breastfeeding, which helps her to emphasise how hard the process has been. Note that the laughter at the end of line 5 is Jackie's reaction to her baby pulling an unusual face, rather than an indication of her stance towards the utterance.

Jackie presents herself as a mother who is willing to undergo significant challenges in order to best meet her son's needs. By directly indexing her strong desire to breastfeed (line 11), she highlights her commitment to this practice (despite the difficulties she has just outlined). By listing all the practices she engages with in order to continue breastfeeding, Jackie evidences her commitment (lines 18 & 19). It is notable that Jackie foregrounds her desire to breastfeed 'well' (which is said with heavy emphasis), and justifies this by citing her son's needs as her primary motivation (line 21). This stance indicates that, for Jackie, the ideal of exclusive

breastfeeding is not enough. Rather it is important for her to seek outside support and advice in order to ensure she is meeting her child's needs as best she can.

It is significant that Jackie reports that there is a 'pressure' to breastfeed (line 9). Initially the pressure is positioned as stemming from her own desire (line 11). However, she then situates knowledge about the benefits of breastfeeding as entailing an obligation to do so (lines 14 & 15). This obligation is signalled through the use of the deontic modals 'should' (line 11) and 'must' (line 15). Knaak (2006:413) argues that 'breast is best' discourse, which presents breastfeeding as the responsible choice, acts as a 'discursive pressure' which heightens the 'emotional consequence of not breastfeeding (or of not breastfeeding exclusively for a long enough duration)' (Knaak 2006:413). By discussing her commitment to breastfeeding as stemming from her knowledge of the benefits it holds for her son, Jackie is able to demonstrate her adherence to two norms of intensive motherhood ideology. First, having already highlighted the difficulties that breastfeeding poses, she is able to demonstrate that she does the best for her son, regardless of the potentially negative impacts for her, thereby presenting herself as child-centric. Second, by demonstrating that she knows how beneficial breastfeeding is for her son, she is able to highlight the fact that she is expert-led.

Jackie cites social media posts as another source of external pressure to breastfeed (line 12). I now turn to a discussion of how the women in this study position themselves in relation to the 'extreme' breastfeeding social type Jackie is alluding to.

4.4.4 Distancing from 'extreme' breastfeeding social types

Although the women in this study were typically committed to breastfeeding, they were careful to distance themselves from, what they perceived to be, an 'extreme' pro-breastfeeding social type. For example, Helen discussed a *Facebook* group she had joined, which allowed women to share ideas about breastfeeding friendly outfits. However, there was an off topic discussion group:

On that tends to be (3.8) <exhales> the breastfeeding mums that are warriors and when I say that I mean the ones who are like <shouting RP accent> {don't tell me I can't breastfeed here, don't tell me, my rights are this this and this} and erm as opposed to, I'm just going to sit down and breastfeed my baby. You know it's the ones that are like <mimics shouting> {I'm breastfeeding my baby, here is my bosom}, you know <laughs> those kind of ones and erm I can find sometimes that can be a little toxic.

Helen was strongly committed to breastfeeding; however, with this statement she presents herself as simply getting on with the task, rather than making it a political statement. She

constructs the pro-breastfeeding social type as angry, through consistently voicing them as shouting and describing them as ‘warriors’. In addition to this, by using an RP accent to voice these women, Helen presents them as being middle-to-upper class. It is clear that Helen is slightly hesitant in her negative evaluation of this social type because there is a significant pause at the beginning of the extract, followed by an exhale. Helen’s critique of these women is slightly troublesome for her, as ultimately she is also pro-breastfeeding.

Jane also discussed encountering this ‘extreme’ pro-breastfeeding social type:

I go to breastfeeding group, the mums there are very erm, I don't know the word, like e-eco type warriorish I'd say, so like everything's got to be really natural or erm you know like I, I give her two bottles a day it's like, ooh no we just solely breastfeed.

She concluded that for these women it was: ‘almost like they've read a Bible about, about the best eco-friendly way to raise a child’. As Helen did, Jane refers to the extreme pro-breastfeeding social type as ‘warriors’, which suggests there is a combative element to their stance. However, Jane specifies that these women are ‘eco’ warriors, who demand that everything related to childcare be ‘really natural’. Kitzinger (2005:30) identified this stereotype in mass media representations of breastfeeding, arguing that it is often portrayed as an ‘slightly abnormal activity’ associated with ‘hippies’ and ‘middle-class “Earth mothers”’.

The fact that the women in this study were keen to distance themselves from an ‘extreme’ pro-breastfeeding social type, despite the fact that they were themselves committed to the ‘breast is best’ ideal, highlights a tension women must negotiate in their transition to motherhood: they must be committed to breastfeeding but not ‘too militant’. As we see in extract 14, like Helen and Jane, Jackie was keen to disassociate herself from this ‘extreme’ social type. This disassociation was problematic for Jackie due to the fact that she was strongly committed to breastfeeding (see Section 4.4.3). She requested a lactation consultant visit her in the first few days of motherhood and since then had regularly attended breastfeeding cafes to receive peer and expert support related to breastfeeding. Within the extract we see Jackie attempting to negotiate the conflict between her own pro-breastfeeding mother identity position and her critique of the ‘extreme’ pro-breastfeeding social type.

Extract 14

- 1 J: that would- my experience is erm (0.69) there is definitely quite a stro::ng (1.16) erm
- 2 those people who are pro breastfeeding are (0.55) can be very (1.15) erm
- 3 (XX) what’s the right word (1.40)
- 4 strict I guess really about how they see it and a little bit evangelical

- 5 puritanical maybe is a better word
- 6 KM: yeah
- 7 J: erm (0.60) and can make people feel terrible if you even do anything else
- 8 and it's very hard not to let that sink into your psyche a little bit I think [really]
- 9 KM: [yeah]
- 10 J: so (.) I haven't given him formula because I haven't needed to
- 11 but I know (.)
- 12 whether I like it or not that if I gave him formula that I'd feel a little bit like I'd failed
- 13 (0.50) which is ridiculous?

Jackie's own pro-breastfeeding stance makes her negative evaluation of the 'extreme' pro-breastfeeding social type somewhat problematic. The troublesome nature of this evaluation is clear from the multiple disfluency markers and self-corrections during this portion of talk (lines 1-3). There are four significant pauses as Jackie begins her negative evaluation (lines 1-3), which indicate that Jackie is experiencing a degree of uncertainty. Despite the emphasis placed on the words 'definitely' and 'strong' in line 1, which suggest that she has a fairly concrete opinion on what she is about to say, Jackie does not complete the statement, which signals that this is a difficult topic for her. The use of the determiner 'those' allows Jackie to distance herself from the pro-breastfeeding women she is about to discuss (line 2). It is significant that in line 2, she self-corrects from definite 'are' to a hedged 'can be' (said with emphasis), which functions to weaken her commitment to the negative evaluation she is about to make.

Jackie's desire to find the 'right' word (line 3) to characterise the 'extreme' pro-breastfeeding social type indicates that she is putting a great deal of thought into this part of our discussion. The words 'evangelical' (line 4) and 'puritanical' (line 5) both have religious connotations, which allow Jackie to construct the pro-breastfeeding social type as extreme. Jackie avoids fully committing to these stances of negative evaluation by consistently hedging them (e.g. 'a little bit' 'maybe'), which suggests that such evaluation is difficult for her. This indicates that she is aware that, to some extent, she aligns with this 'extreme' social type and is therefore finding it hard to negatively evaluate them. The use of religious terminology allows Jackie to imply that there is a moral element to the 'extreme' pro-breastfeeding stance. The word 'puritanical' in particular has connotations of 'religious' or 'moral behaviour' (Oxford English Dictionary 2007). The link between breastfeeding and the 'moral' mother was noted by Murphy (1999:201), who argued that for the women in her study 'breastfeeding was treated as not only compatible with, but indeed, indicative of, maternal morality'. Jane also likened the

'extreme' pro-breastfeeding social stance to religion, by suggesting that it was as if the 'eco warriorish' mums in her breastfeeding group had read a 'Bible' about how to raise a child. By using religious terminology to describe the 'extreme' pro-breastfeeding type, women are able to highlight the dogmatic and moral nature of this stance and in doing so, differentiate it from their own 'moderate' pro-breastfeeding stance.

In line 7, it becomes clear why Jackie wishes to distance herself from the 'extreme' pro-breastfeeding social type, as she discusses the potentially negative effect they can have on other women. Jackie's switch from the general term 'people' to indefinite 'you' in line 7 is an interesting one, as it allows her to imply that she personally has been negatively affected by the rhetoric of the 'extreme' pro-breastfeeding social type, who understand breastfeeding as the only way one should feed a baby. Jackie avoids aligning with this stance, but instead chooses to represent it as pervasive, stating that: 'it's very hard not to let that sink into your psyche a little bit' (lines 8). The phrase 'sink into your psyche' suggests that even if you disagree with this stance on a logical level, the 'extreme' pro-breastfeeding stance will affect you on an internal/emotional level, as indexed through the use of the word 'psyche'.

In line with the norms of 'good' motherhood, Jackie makes clear that she has not given her son formula (line 10). 'Haven't' is articulated with heavy emphasis, which allows her to highlight that her son is still exclusively breastfed (line 10). By reporting that this is because she has not 'needed to', Jackie presents herself as successful in her ability to exclusively breastfeed. Furthermore, it positions formula-feeding as something one does out of necessity, rather than choice, thereby reproducing the understanding of breastfeeding as the optimal way to feed an infant. Importantly, Jackie's assertion also allows her to imply that the reason she has avoided formula is not because of a moral agenda, but rather a lack of necessity. In this way, she distances herself from the 'extreme' pro-breastfeeding social type who object to formula-feeding on a moral level. Jackie then takes an epistemic stance, which presents her as certain in the knowledge that if she did give her son formula she would feel a 'little bit' like she had 'failed' (lines 11 & 12). She positions this feeling as non-negotiable through the phrase, 'whether I like it or not' (line 12). This admission makes clear that, like the extreme pro-breastfeeding social type which she has attempted to distance herself from, she ultimately believes that 'breast is best'. This underlying belief explains why it is difficult for Jackie to negatively evaluate this social type, given that she fundamentally aligns with them on this issue. In line 13, Jackie counters her admission, by negatively evaluating it as 'ridiculous'. In doing so, she attempts to re-position herself as a mother who logically knows that 'fed is best', thereby distancing herself from the extreme pro-breastfeeding social type. What is most

striking about this extract is the struggle that Jackie faces in attempting to enact a 'socially acceptable' mother identity position, which is pro-breastfeeding but not too 'militant'.

4.4.5 Praise for breastfeeding

I have shown that for the majority of women in this study, breastfeeding was understood as the optimal way to feed a child. Given the superior status afforded to breastfeeding, the ability to breastfeed could potentially function as a source of positive self-evaluation for women. This type of positive self-evaluation typically occurred in the later interviews, when women felt they had breastfed for what they (and, crucially, others) perceived to be a significant amount of time. As we have seen, talk about breastfeeding in the initial post-birth interviews, often focused on the pain and difficulties associated with the experience. In the later interviews, women were able to articulate a sense of pride in having continued to breastfeed in spite of these difficulties. Significantly, this positive self-evaluation was typically articulated by recounting the praise they received from others for breastfeeding. For example, in our final interview, Jane told me: 'I know a lot of people have said to me erm, you've done well to keep up breastfeeding for so long'. In her final interview, Zoe was discussing the fact that because her mum experienced health difficulties after she gave birth, 'she wasn't there to like breastfeed me and stuff which I know she would have loved to do'. She continued, telling me of the praise she received from her mum:

So yeah like I say, she's telling us like I'm doing a good job and, and you know, oh you know you're everything that I wanted, what did she say, you're everything that I wanted to be and wasn't when, when I was you know, a new mum. Which was, which was a lovely thing to say.

Having already discussed the fact that her mum wanted to breastfeed but was unable to and then recounting that her mum praised her for being 'everything' she 'wanted to be' as a new mum, we can understand breastfeeding to be part of this ideal. By reporting this praise, Zoe positions herself as a 'good' mum and breastfeeding as an important element of this evaluation.

Ochs (1992:353) states that the act of praising 'recontextualises a past act/activity as an accomplishment', therefore praise has a 'backward performative function' (Ochs 1992:353). Women did not typically report receiving praise for other activities associated with motherhood, such as encouraging babies to sleep in their own beds or nappy changing. If women are consistently praised for breastfeeding, this constructs the continuation of breastfeeding as an ideal that women should aim to meet. I now demonstrate that by

recounting the praise they receive for breastfeeding (whether exclusively or otherwise), the women in this study position breastfeeding as a component of 'good' motherhood, and therefore themselves as 'socially acceptable' mothers.

In extract 15, we see Helen recounting the praise she received from a health visitor called Sue, who ran the local weigh-in clinic which Helen had visited regularly since her son was three weeks old. In the final interview, I asked Helen whether she had enjoyed breastfeeding and extract 15 is taken from part of her response to this question. The extract begins at the point where Helen is recounting a recent interaction she had with Sue.

Extract 15

- 1 H: last month when I went to go get him weighed she said she said err
 2 <increased pitch> {I've just ticked (.) that (.) he's exclusively breastfed o::n the form}
 3 she said <increased pitch> {I never actually asked you Helen
 4 are you exclusively breastfeeding?}
 5 I said <*yeah yeah yeah*>
 6 she said so you're not pu- he's not getting any formula or anything
 7 I said no
 8 she went she went <whisper > {oh I am pleased}
 9 [<@ I said are you @>]
 10 KM: [awww]
 11 H: <@ she went she went@>
 12 oh Helen she said when you arrived in those first three weeks
 13 she said <increased pitch> {did you think} that you'd still be here like}
 14 < to baby> {woops}
 15 doing that (.) at this point and I went no <@not really@>
 16 and she said she said oh I do like a success story <laughs>
 17 KM: <laughs> oh that's what you are
 18 H: /yeah
 19 KM: a success story you two
 20 H: <to baby> {yea::h?}
 21 <to baby> {we're- you're Sue's little success story aren't ya (0.51)}
 22 KM: I think you are not him <laughs > (0.74)
 23 < to baby> {but all the weight you've put on is very impressive mister (0.59) yes}

- 24 H: and erm but yeah so
 25 and because it's not doing him a you know it's it's that-
 26 cos I've got this far I might as well keep going you know

To establish the praise she receives as legitimate, Helen works to imply that exclusive breastfeeding at six months is not the 'norm', meaning that she has done more than most women do (which is true given that only 1% of women breastfeed exclusively for six months (NHS 2012)). To achieve this, Helen represents Sue as uncertain in her assumption that she is still exclusively breastfeeding. This uncertainty is constructed through the use of multiple pauses, the elongated articulation of the word 'on' (line 2), an exaggerated increased pitch and heavy emphasis placed on the word 'are' (line 4). Helen chooses to report that Sue sought further confirmation that her son was exclusively breastfeeding (line 6), which serves to indicate that she is surprised by Helen's response. By representing Sue in this way, Helen presents exclusive breastfeeding at six months as out of the ordinary, which implies that she has achieved something many women do not.

Throughout the extract, Helen is careful to avoid presenting herself as overly proud or as a person who is purposefully eliciting praise. In order to do so, she mimics her response to Sue's questions in a relatively muted fashion (lines 5 & 7), using a 'normal' pitch, which serves as a contrast to the exaggerated performance of Sue. This allows Helen to construct herself as a mother simply getting on with breastfeeding, rather than seeing it as a real achievement. If breastfeeding is understood as a norm of 'good enough' middle-class motherhood (Blum 1993:300), Helen may feel constrained in her ability to accept praise for something she 'should' be doing.

Helen's decision to report that Sue asked whether in the early stages of motherhood she could have imagined exclusively breastfeeding for six months (lines 12, 13 & 15), allows her to highlight the difficulties she initially faced. Sue's question constructs Helen's breastfeeding practice as an achievement *because* of the initial struggles she faced. By mimicking herself as responding to this question with 'no not really', said with a laughing intonation (line 15), Helen emphasises the fact that she has breastfed *despite* the difficulties, which helps position her as a mother who works hard in order to best meet her child's needs. The narrative ends with Helen recounting further praise from Sue: 'oh I do like a success story', which is followed by laughter from Helen (line 16). The fact that this praise is met by laughter from Helen again suggests that she feels a sense of

embarrassment in accepting praise, and also perhaps a sense of embarrassment for recounting the story.

This narrative formed part of Helen's response to my question: 'have you enjoyed breastfeeding now having done it?' But this narrative does not specifically answer my question. Therefore, it is worth considering why Helen recounted it. I suggest that by reporting the praise she received from an expert on her breastfeeding practice, Helen is able to construct herself as not only a mother who has enjoyed breastfeeding, but as a mother who has breastfed 'well', given that she has been praised by someone with authority on the subject. Furthermore, the fact that the women in this study recounted the praise they received from others in relation to breastfeeding could suggest that women's identities as mothers are not solely down to their own positionings. Instead, the women's mother identity positions may also be affected by the evaluations of others.

4.4.6 Negotiating praise

Although in extract 15 Helen recounts receiving praise from Sue, she also utilises what Ochs (1992:354) classifies as a 'unidirectional' praising strategy'. The outcome of which is the removal of Helen as the subject of Sue's positive evaluation. In her cross-cultural comparison of the communicative practices of mainstream American mothers and Western Samoan mothers, Ochs (1992) notes that praising strategies differed and that this contributed to the differing status of women in American and Western Samoan societies. Ochs (1992) found that when mother and child were engaged in a joint activity, Western Samoan mothers would use bidirectional praising strategies, which recontextualised the activity as a joint accomplishment between mother and child. In contrast, middle-class American mothers would typically recontextualise joint activities as solely their child's accomplishment through the use of unidirectional praising strategies, thereby erasing their own participation in the activity. Towards the end of the extract (lines 17-26), there is a moment of interactional difficulty between Helen and I, when I attempt to challenge her use of uni-directional praising.

I respond to Helen's report of Sue's praise with: 'oh that's what you are' (line 17), which Helen aligns with (line 18). I carry on to say: 'a success story you two' (line 19). Here I explicitly position both Helen and her son as the subject of Sue's positive evaluation by using the phrase 'you two'. Helen then begins speaking to her son, responding 'yeah' with a high-rise intonation. Here we see an initial alignment with my assertion, though Helen is now directing her talk towards her son. This is clear from the increased pitch on 'yeah', as increased pitch is a common feature of motherese, or child-directed speech, especially in Western contexts

(Fernald et al 1986). Helen continues talking to her son: 'we're- you're Sue's little success story aren't ya' (line 21). Crucially, at the beginning of this statement Helen uses inclusive 'we're', which presents both herself *and* her son as the subject of Sue's positive evaluation. This is what Ochs' (1992) classifies as bidirectional praising, as the praise includes both Helen and her child. However, Helen then self-corrects, saying instead 'you're', which positions her son as the sole recipient of Sue's positive evaluation. Here, Helen is using the type of unidirectional praise frequently present in the speech of middle-class American mothers (Ochs 1992). By using this unidirectional praising strategy, Helen recontextualises her son as the sole recipient of Sue's praise, thereby erasing herself and disaligning with my assertion that both she and her son are a success story.

My response to this assertion: 'I think you are not him' (line 22), shows that I have noticed the fact that Helen has removed herself as the subject of Sue's praise. Furthermore, I challenge the fact that she has positioned her son as the subject of praise, by asserting that she is the success 'not him'. This repositions the achievement as solely Helen's. I attempt to lessen the force of this challenge by laughing at the end of the statement. Following my laugh, which Helen does not join in with, there is a significant pause. Helen does not react to my statement in any way, nor does she continue with the conversation. Sensing I have overstepped the line, I attempt to repair the conversation by directing my talk towards her son, stating that the amount of weight he has put on is impressive (line 23). Here I try to realign myself with Helen by recognising her son's achievement (i.e. his ability to put on weight). Again, this statement is followed by a significant pause, which I fill by saying 'yeah' at the baby, thereby reinforcing my positive evaluation of his ability to put on weight. Finally, Helen begins to speak, but is clearly unsure how to continue the conversation, as this utterance (line 24) is mainly filler words. Helen returns to the topic of breastfeeding (lines 25 & 26) ultimately concluding that: 'cos I've got this far I might as well keep going you know'. With this response, Helen ignores my assertion that she is a success story and downplays the significance of her 'achievement'.

It is important to consider why this moment of interactional difficulty occurred. First, Helen may have felt uncomfortable in accepting such direct praise. When recounting positive evaluation from Sue, Helen discursively mitigated her degree of commitment to these positive evaluations. I argued that this was an attempt to avoid presenting herself as someone who expected praise for their mothering practice. Second, it could be suggested that because I removed her son as a subject of positive evaluation, I challenged the contemporary norm of motherhood as child-centric (Hayes 1996). Ochs (1992) alludes to this norm, suggesting that middle-class American mothers (unlike their Western Samoan counterparts) use language which indexes a high-degree of accommodation to their children, which is in line with

contemporary Western norms of child-centeredness. It could therefore be suggested that Helen does not respond to my suggestion that she is a success story rather than her son, because it directly challenges the notion that mothers should be child-centric. This suggests that the child-centric norm of contemporary motherhood is damaging to women, as it encourages them to ignore or erase their own successes.

4.5 Negotiating formula-feeding

So far I have examined how the women in this study talked about breastfeeding in order to present themselves as 'socially acceptable' mothers who are expert-led and child-centric. However, only three out of the six women in this study exclusively breastfed for six months (which is the Department of Health's recommendation (Public Health England 2016)). Given that breastfeeding is positioned as the gold standard to which women should aspire, it is important to examine how women reconcile their decision to formula-feed in the context of 'breast is best' discourse. Jane combination fed her daughter from birth and reported that this was the only option available to her: 'I think they only let us home because I said I'd keep her on bottle feeding because she weren't doing well on breastfeeding'. Here, the decision to formula-feed is presented as 'expert-led', which is in line with the norms of 'good' motherhood. I now consider two cases, Zoe and Sylvie, who both initiated exclusive breastfeeding at birth, and who continued to do so for 4.5 and 5 months respectively (see Table 7). Both of these women were initially 'successful' in their breastfeeding practice and therefore it is important to examine how they discussed their decision to introduce formula-feeding, given that this is often understood as a threat to a 'socially acceptable' mother identity position (Murphy 1999, Valenti 2012).

4.5.1 Challenging the hegemony of 'breast is best'

As discussed in Section 4.3, Zoe was the only woman in this study who explicitly outlined her intention to breastfeed. Despite this, she was critical of the dominance of 'breast is best' discourse as she felt it excluded the voices of non-breastfeeding women. Extract 16 is taken from the first interview I conducted with Zoe after the birth of her daughter. Prior to the beginning of the extract Zoe reported that although her daughter would happily take expressed milk from a bottle, expressing was logistically difficult. She then emphasised that her daughter had been feeding 'really well' but that the process was 'relentless'. It was at this point that Zoe introduced the idea of combination feeding, which is where extract 16 begins. I show that Zoe positions the introduction of formula as acceptable by establishing that it holds

no 'risks' for her daughter; that it will not prevent breastfeeding; and by constructing 'breast is best' as an unrealistic ideal.

Extract 16

- 1 Z: and in another couple of weeks (0.50) erm
 2 when she's a little bit older if we need to give her a (.) a formula
 3 <30.1 seconds deleted, interruption from family members>
 4 in a couple of weeks if you-
 5 if we need to give her a little bit of formula ([to suck] on a minute)
 6 KM: [yeah]
 7 Z: and get to her to sleep for longer
 8 then I think she'll be absolutely fine with that won't she
 9 I don't think there's gonna be any (.) problem with her (0.65)
 10 want- you know
 11 like with her coming back to this <breastfeeding> or or or anything like that (0.51)
 12 [erm]
 13 KM: [yeah]
 14 Z: cos I- I think the thing is as well like
 15 they bang on so much about breastfeeding and I understand why
 16 [like] the NHS people
 17 KM: [yeah]
 18 Z: and I do understand why but then actually when you speak to::
 19 parents and even sometimes the midwives
 20 KM: /yeah
 21 Z: it's sometimes a <@different story@>when they're talking about their own kids

It is notable that Zoe introduces the notion of supplementing her daughter's intake with formula as a potential necessity, rather than a choice (line 2). This hypothetical 'need' is situated as a joint one, through the consistent use of inclusive 'we' (lines 2 & 5), which implicates Zoe's partner in the decision-making process. Zoe has already established that her child is breastfeeding 'really well' and therefore the introduction of formula as a sleep aid could be viewed as necessary only in relation to her needs, which challenges the norm of child-centric motherhood. By positioning the potential introduction of formula as a joint decision,

Zoe is able to present the responsibility for this action as shared, thereby mitigating some of the responsibility. In addition to this, Zoe is careful to consistently position the decision to formula feed as a hypothetical one through the consistent use of 'if' (line 2 & 5). In this way she is able to introduce the idea that she may formula feed if this becomes a necessity.

Zoe works to discursively position the introduction of formula as posing no threat to her daughter's well-being, or her own status as a breastfeeding mother. She asserts that the outcome of giving her child formula milk will be a positive one (line 8). This positive evaluation relates directly to her child. She does not state that using formula milk will be 'absolutely fine'; she asserts that '*she'll* be absolutely fine' (my emphasis). In this way, she highlights the fact that she is a mother who is primarily concerned about her child's welfare. By premodifying 'fine' with the adverb 'absolutely', Zoe constructs herself as certain about this outcome. She presents there as being no risk in giving her child formula milk. With this apparent certainty in mind, Zoe's tag question ('won't she?') at the end of line 8 is interesting.

Lakoff (1973:54) defines tag questions as 'midway between an outright statement and a yes-no question'. During this part of the extract, Zoe's partner's parents are coming in and out of the room, but they do not respond to her question and it is unlikely that the question is directed at me, a non-parent; so who is the question aimed at? In his analysis of the semantics and syntax of tagged declarative statements, such as Zoe's (line 8), Hudson (1975:24) argues that the tag and the declarative 'both express the same proposition'. Moore and Podesva (2009:458) state that, 'tags are conducive...because they encourage the hearer to agree with the proposition'. I therefore argue that here, the tag question is essentially rhetorical. It is not said with a high-rise intonation and therefore serves to bolster Zoe's assertion. The tag question indicates that Zoe is attempting to reassure herself that her daughter will be 'absolutely fine' if she introduces formula. Given the superior status afforded to breastfeeding, it stands to reason that the decision to give a child formula may require some self-assurance.

Having attempted to establish that formula-feeding poses no risk to her daughter, Zoe then works to establish that introducing formula will not disrupt breastfeeding. Zoe uses the same type of modality as she did in line 8, in order to present herself as certain in the knowledge that there will not be '*any* problem' (my emphasis) with her daughter 'coming back' to breastfeeding if they introduce a bottle (lines 9-11). Prior to the beginning of the extract, Zoe told me that despite people warning that babies who take a bottle (of expressed milk) may reject a breast, this was not the case for her daughter. She has, therefore, already offered evidence of the fact that the introduction of a bottle (although in this case, of expressed milk) has not disrupted her daughter's desire to breastfeed. Despite the apparent certainty in Zoe's statement, there are multiple disfluency markers in this section of talk;

several pauses (lines 9 & 11), a false start and fillers (line 10), and the repetition of 'or' (line 11). These disfluencies indicate that although Zoe is positioning herself as confident, she may in fact be anxious that formula-feeding will damage her ability to breastfeed.

Along with constructing formula-feeding as posing no risk to her daughter or her ability to breastfeed, Zoe also attempts to present exclusive breastfeeding as an unrealistic ideal. The colloquial phrase 'bang on' (line 15) suggests that there is excessive talk about breastfeeding from the NHS (line 16). Zoe counters this, arguably, negative portrayal by emphasising that she understands the reasoning behind this behaviour (lines 15 & 17). In doing so, she presents herself as knowledgeable about the benefits of breastfeeding. However, she then draws a distinction between the dominance of 'breast is best' discourse and the reality of people's lived experience (lines 18 & 19). By reporting that people with lay (parents) and professional (midwives) experience of childcare do not always follow this advice (lines 19 & 21), she implies that exclusive breastfeeding is not the 'norm'. It is significant that she includes midwives in this example (line 19), as it allows her to imply that even the 'experts' who 'bang on' about breastfeeding do not follow official advice in their personal lives. In this way, exclusive breastfeeding is presented as an ideal that many people do not follow, which in turn justifies her discussion about the possibility of combination feeding.

4.5.2 Formula as beneficial

Sylvie was a mother who had initially been highly in favour of breastfeeding. Unlike the other women in the study, she typically presented the practice as straightforward and did not discuss excessive pain or difficulties. As we saw in Section 3.3.1, Sylvie was strongly committed to 'natural' birth and breastfeeding was understood to be part of this ideal. She described breastfeeding as a 'privilege'. In the final interview I conducted with Sylvie she told me that she had introduced exclusive formula-feeding when her baby was approximately five months old. I understood this to be a significant change in stance for Sylvie, who had initially characterised formula-feeding as 'really hard work' in comparison to breastfeeding. Given that consistently taken stances can be constitutive of specific social identities (Johnstone 2009; Kiesling 2009), and my argument that feeding decisions are an important aspect of women's identities as mothers, it is important to examine how Sylvie negotiates her changing stance in relation to feeding decisions. This is particularly significant, given that her change in stance means she is no longer feeding her child in line with hegemonic understandings of 'socially acceptable' motherhood.

Extract 17 comes from beginning of the final interview I conducted with Sylvie when her daughter was just under six months old. In each post-natal interview, I asked women to recount an average day for themselves and extract 17 forms part of Sylvie's answer to this question. At a couple of points during a discussion about her daughter's bedtime routine, she mentioned giving her daughter a 'baby bottle'. This phrase stood out to me because the women typically would use the term 'feed', therefore the repetition of the term 'baby bottle' sparked me to ask 'so you're not breastfeeding anymore?' In my field notes from this interview I had written that prior to our discussion:

I noticed a highchair in the kitchen with a bottle on it, which was new because the last time I visited Sylvie was exclusively breastfeeding. I decided not to comment on the bottle, as I thought it would be something we could discuss in the interview

Even at this late stage in the research process I was aware of the emotional weight associated with feeding decisions, so would likely not have brought up the bottle had Sylvie not repeatedly mentioned it.

Extract 17 begins at the point where I have asked Sylvie whether she is still breastfeeding, she replied: 'no', and told me that she could no longer go on with the practice as she just 'collapsed'. In this extract we see Sylvie providing two justifications for introducing formula-feeding whilst also recontextualising the practice as beneficial for herself and her family.

Extract 17

- 1 S: I had milk
 2 I think I could have (0.61)
 3 I think it was not enough (.) for her
 4 KM: /yeah
 5 S: she needed more and <inhale> it was (.) really really tiring
 6 KM: [yeah]
 7 [like] every a- she had a growth spurt and every two hours she was on the breast and
 8 and I just couldn't getting on
 9 and I think also my body was starting to (.) going back to norma::l
 10 KM: /yeah
 11 S: or normal going back to (.) <under breath> {kind of (.) yeah} [kind] of normal
 12 KM: [yeah]
 13 S: erm so:: (0.94) so yeah it was (.) difficult

- 14 so we introduced the bottle
- 15 I was really tired to wake up every night [and] Ben was a lot on night [shift]
- 16 KM: [yeah] [mmmm]
- 17 S: and any way he can't do anything with the breastfeeding
- 18 [so] I said eurgh I can't anymore
- 19 KM: [no]
- 20 S: we need to introduce a bottle so
- 21 I couldn't introduce the bottle (.) because she smelled the milk
- 22 and she wanted my breast
- 23 KM: /yeah
- 24 S: so Ben (.) has to do- had to do it
- 25 KM: right?
- 26 S: so he was feeding her and it was really good because he (1.32)
- 27 because I was breastfeeding before
- 28 KM: /mmm
- 29 S: erm (0.68) he really didn't (.) engage
- 30 KM: /yeah
- 31 S: with (.) with her I will say like just to play but they are not that interactive [at this] age
- 32 KM: [yeah]
- 33 S: so (.) by introducing the bottle
- 34 KM: /mmm
- 35 S: and him to teach to her how to
- 36 it was really good experience for them
- 37 KM: /yeah
- 38 S: a really bonding experience he said
- 39 so it was good and I could (0.75)
- 40 I could sleep

It is clear from this extract that Sylvie is concerned to present herself as a woman who has stopped breastfeeding, through necessity rather than choice. With this being so, her initial assertion that she 'had milk' (line 1) is problematic. She begins to hedge the possibility that she could have continued breastfeeding (line 2), but leaves the sentence unfinished. In order to

avoid presenting herself as a woman who stopped breastfeeding out of choice, she then reports that the milk she had was not enough for her daughter (lines 3 & 5). With both these statements, Sylvie attempts to reposition herself as a mother who was unable to meet the needs of her child through exclusive breastfeeding. The decision to introduce formula is, therefore, presented as a rational choice, necessary to meet her child's needs and in this way she is able to establish herself as primarily child-centric. Sylvie reiterates the fact she was physically unable to breastfeed by reporting that her body was 'starting to go back to normal' (lines 9 & 11). We can understand the word 'normal' here to mean 'non-maternal', as non-maternal bodies do not produce milk. Sylvie hedges the degree to which her body is returning to 'normal' through the use of pauses and the modifier 'kind of' (lines 9 & 11). In doing so, she implies that her body is changed since she fell pregnant. By citing the needs of her daughter and the physical changes in her body as the reason she has stopped breastfeeding, Sylvie is able to position formula-feeding as a necessity.

Sylvie offers a second justification for the introduction of formula-feeding which is her own extreme tiredness (lines 5, 8, 15, 39 & 40). When Sylvie initially introduces this topic, there is a deep inhale and a pause (line 5), which indicates that she is hesitant to cite her own needs as a reason for introducing formula. By outlining the frequency with which her daughter was feeding (line 7) and the fact that her partner was unable to help (lines 15 & 17) Sylvie presents the situation she was facing as extreme. It is significant that Sylvie only discusses her own tiredness *after* she has established that her body was not producing enough milk for her daughter. By discursively foregrounding her daughter's needs as the primary factor motivating her decision to formula feed, Sylvie presents her decision as primarily child-centric and therefore acceptable.

Instead of simply justifying her decision to formula feed, Sylvie attempts to recontextualise the introduction of formula as a practice which is not only necessary, but also beneficial. Although Sylvie reports that the decision to stop breastfeeding was hers (lines 18 & 20), she indicates that the introduction of formula-feeding was joint endeavour, signalled through repeated use of inclusive 'we' (line 14 & 20). The joint nature of introducing formula is initially presented as a necessity (lines 21, 22 & 24), as signalled through the use of the deontic modals 'has/had' (line 24). However, by consistently taking stances of positive evaluation towards the act of her partner feeding their daughter (line 26, 36, 38 & 39), Sylvie recontextualises the introduction of formula-feeding as a practice which offers significant benefits. Along with explicit positive evaluation, Sylvie negatively evaluates breastfeeding in order to highlight the benefits of formula-feeding. This negative evaluation centres on the fact that breastfeeding prevented her partner from quality engagement with their daughter (lines 27-31). It is clear

that Sylvie is hesitant about discussing this potentially negative aspect of breastfeeding, as prior to the introduction of the topic there is a significant pause (line 26), followed by three further pauses (lines 29 & 31). Sylvie's concern with the impact that exclusive breastfeeding had on her partner's relationship with their daughter is in keeping with Murphy's (1999) findings, which demonstrate that breastfeeding mothers are keen to ensure that breastfeeding does not negatively affect the partner/child relationship. Sylvie's critique of breastfeeding, therefore, reproduces the understanding that women are responsible for ensuring that their partner's establish close bonds with their children.

In combination, these two extracts demonstrate the significant amount of discursive work that both Zoe and Sylvie had to undertake in order to maintain a 'socially acceptable' mother identity position, despite their decision to formula feed, which highlights the hegemony of 'breast is best' discourse.

4.6 Concluding remarks

In this chapter we have seen that talk about infant feeding has important implications for women's identities as mothers. For all the women in this study, breastfeeding was understood as the optimal way to feed a child, which is in line with the hegemonic discourse of 'breast is best'. I have shown that the superior status afforded to breastfeeding is the result of multiple factors: its promotion by the scientific and medical communities; its incorporation into the norm of intensive motherhood; and its promotion by feminism and 'natural' birth advocates.

The women in this study typically took stances which highlighted their commitment to breastfeeding, and by displaying knowledge on the benefits of breastfeeding, the women positioned themselves as 'good' and 'responsible' mothers. Importantly, I have shown that the construction of a breastfeeding mother identity position is not reliant on consistently taking stances of positive evaluation towards the practice. On the contrary, for the women in this study, the 'good' breastfeeding mother was one who continued with the practice despite the pain and difficulties associated with it. This is an important discursive strategy, which allows women to display maternal-selflessness and child-centeredness, both of which are norms of contemporary motherhood.

My analysis has illuminated the conflicts and tensions inherent in the discourse of 'breast is best'. Breastfeeding was positioned as simultaneously 'natural' whilst also being considered a skill that had to be learnt from experts. This supports the findings of previous research (Andrews and Knaak 2013; Brookes et al 2016); however I have demonstrated that in order to maintain a positive presentation of self, the women in this study typically reported seeking out

breastfeeding support in relation to a specific issue (such as a problematic milk flow or nipple) . In this way, they are able to enact a successful breastfeeding mother identity position, whilst also indexing themselves as 'expert-led'. I have demonstrated that although women were strongly committed to breastfeeding, they were careful to avoid aligning themselves with an 'extreme' pro-breastfeeding social type. This demonstrates that for the women in this study, the 'good' mother was committed to breastfeeding, but not strongly enough to be considered 'extreme'.

Initially it appeared that the status of formula-feeding differed for the women in this study. For example, Jackie reluctantly saw it as failure, whilst Zoe saw it as a (relatively) acceptable alternative. However, my interactional analysis of the women's talk demonstrates that for all the women in this study, formula-feeding was seen as an inferior to breastfeeding. This is evident from the fact that the decision to use formula (or to even contemplate its use) required a significant amount of discursive work in order for the women to maintain a positive presentation of self. For Zoe this entailed self-reassurance and the construction of exclusive breastfeeding as an unrealistic ideal. For Sylvie, the decision to formula feed invoked a series of justifications primarily based on her child's needs, along with an attempt to recontextualise the introduction of formula as beneficial to her family. The fact women were reluctant to cite their own needs as a justification for formula-feeding demonstrates that the norms of child-centeredness and maternal-selflessness constrain the types of justifications women are able to make in relation to infant feeding decisions.

I have shown that the ability to breastfeed for a significant amount of time functioned as a source of pride for the women in this study. Without the superior status afforded to breastfeeding and its incorporation into the norm of intensive motherhood, the ability to breastfeed would not necessarily be a source of pride. The women's positive evaluations of themselves, therefore, relied upon and reproduced the discourse of 'breast is best'. Importantly, women typically articulated this pride by recounting the praise they received from others for breastfeeding. This could indicate that women's emerging identities as mothers are not solely a product of how they position themselves but are also potentially affected by how they are evaluated by others. The act of praising breastfeeding, and the act of reporting such praise, recontextualises breastfeeding as an achievement, thereby reproducing the dominance of 'breast is best'.

As Murphy (1999:205) concluded, infant feeding decisions are a 'moral minefield'. However, talk about feeding proved an important site for the display and negotiation of women's emerging identities as mothers. It was not necessary for women to take consistent stances towards the concept of breastfeeding/formula-feeding in order for them to present

themselves as 'good' mothers. For example, we saw that breastfeeding was not subject to consistent positive evaluation, nor was formula-feeding subject to consistent negative evaluation. Instead, the women consistently took stances which allowed them to display child-centeredness (e.g. breastfeeding for the good of one's child) maternal selflessness (e.g. breastfeeding *despite* the difficulties) and their decision to be expert-led (e.g. positive evaluations from breastfeeding experts). It was by consistently taking these stances, which allowed them to align with hegemonic discourses of 'good' motherhood, that the women were able to enact their own 'socially acceptable' mother identity positions. Importantly, due to the incorporation of breastfeeding into the norms of intensive motherhood, demonstrating that one was committed to breastfeeding was fundamental to the women's enactment of a 'socially acceptable' mother identity position. Their enactment of this identity position was reliant on, and therefore reproduced the hegemony of 'breast is best' discourse.

As we shall see in Chapter 5, the women's adherence to norms of intensive motherhood did not solely affect the decisions they made in relation to infant feeding; these norms were fundamental to their overall parenting styles and approaches.

5 Child-centeredness

5.1 Introduction

How the women in this study talked about their approach to parenting was consequential for their emerging identities as mothers. Parenting styles are subject to much professional and public debate. Scholars from a range of disciplines have attempted to establish links between approaches to parenting and a wide variety of social and health related issues, such as: academic achievement (Glasgow et al 1997; Aunola et al 2000); childhood weight gain (Rhee et al 2006); adolescents' self-esteem (Milevsky et al 2007); and children's emotional intelligence (see Alegre 2011 for an overview). Since the 1980s a substantial self-help industry has been developed in relation to parenting, with countless websites, books, blogs and television programmes devoted to the subject of how best to raise a child (Douglas and Michaels 2004). Parents are bombarded with a range of possible parenting styles, such as 'attachment parenting', 'baby-wearing', 'green parenting' and 'tiger parenting', to name but a few.

The understandings generated through the application of Hall's (1997b) framework for the analysis of discourse, along with word frequency analysis, indicated that talk about parenting and what it means to be a 'good' mother were significant topics of conversation for the women's negotiation and display of their mother identity positions. Despite this, when I asked the women to describe their parenting style, or their understanding of what made a 'good' mum, they often claimed not to know. For example, when I asked Helen if there was a specific name for the type of child-rearing she practiced, she initially replied: 'I don't think there's a name for it...I don't know'. Likewise, when I asked Charlotte what she felt made a good mother she said: 'so do I have ideas, I must do, but I don't know what they are yet'. It is worth pausing to consider why the women in this study often reported that they did not know what their parenting style was, or what made a 'good' mother. First, this could have been a methodological problem, perhaps the questions were simply too broad for the women to answer easily. Second, these denials may stem from the fact that, as previously discussed (see Section 1.2.2), like all ideologies, the ideology of intensive motherhood is typically experienced 'as an "everybody knows that", a kind of anonymous universal truth' (Eagleton 2007:20). Being asked to articulate knowledge which we have internalised as simply 'how the world is' can often be a difficult task. The women's denials, therefore, may be the result of this difficulty, which in turn indicates the pervasiveness of intensive motherhood ideology.

However, it became apparent through analysis of the dataset that all the women in this study did have an understanding of what constituted 'good' parenting, or perhaps, more specifically, 'good' mothering. Moreover, the women's individual understandings of what 'good' motherhood involved typically converged around one key principle, which I understand to be the principle of child-centeredness. Talk about parenting revealed that for all the women in this study, the 'good' mother was a mother who was (to varying degrees) child-centric. This is not to say that all the women took an identical approach to parenting (far from it); what it meant to be child-centric was negotiated on an individual basis. However, despite these differences, each woman attempted to discursively position herself as a child-centric mother. Within Western contexts, child-centeredness dominates contemporary understandings of 'good' motherhood, which are mediated through the ideology of intensive mothering (Hays 1996). In this chapter, I examine key extracts from the dataset to illustrate the linguistic techniques women used in order to discursively position themselves and their parenting styles in relation to the norms of intensive motherhood.

I begin by outlining the sociocultural context of contemporary understandings of 'good' motherhood, in order to demonstrate the pervasiveness of intensive motherhood ideology and the discourse of 'child-centeredness'. The rest of the chapter comprises the analysis of key extracts which exemplify the discursive strategies the women in this study use in order to position themselves in relation to the prevailing ideals of intensive motherhood.

5.2 Sociocultural context of mothering

In order to discuss what the 'institution of motherhood' (Rich 1977) looks like today, it is necessary to draw on Hays' (1996) widely influential work. Hays (1996) argues that since the late twentieth century, 'socially acceptable' motherhood has been mediated through an ideology of intensive mothering, defined as: 'expert guided', 'child centred', 'emotionally absorbing', 'labour intensive' and 'financially expensive' (Hays 1996:46). Women are designated as primarily responsible for child-rearing, with the ultimate goal being 'the protection and preservation of the child's natural innocence, affection, purity, and goodness' (Hays1996:46). Vincent (2010:110) states that 'intensive mothering is an approach (regime might be a better word) that has become reified and normalised as what all mothers should aspire to'. Similarly, Wall (2010) suggests that the expectation that parenting should be an intensive process has increased during the course of the twenty-first century. In their critique of media representations of contemporary motherhood, Dougal and Michaels (2004) argue that the ideal of intensive motherhood has led to the emergence of 'the new momism':

The “new momism” is a set of ideals, norms, and practices, most frequently and powerfully represented in the media, that seem on the surface to celebrate motherhood, but which in reality promulgate standards of perfection that are beyond reach.

(Douglas and Michaels 2004:4-5)

Influenced by intensive motherhood ideology, the ‘new momism’ understands that:

No woman is truly complete or fulfilled unless she has kids, that women remain the best primary caretakers of children, and that to be a remotely decent mother, a woman has to devote her entire physical, psychological, emotional and intellectual being, 24/7 to her children.

(Douglas and Michaels 2004:4)

Scholars working across the social sciences have demonstrated the pervasiveness of intensive motherhood ideology in current understandings of acceptable motherhood (Wall 2001; Ribbens McCarthy et al 2003; Johnston and Swanson 2006; May 2008; Wall 2010). Johnston and Swanson’s (2006) narrative analysis revealed that mothers with different employment status all discursively positioned themselves in relation to intensive mothering expectations. They illustrated how different employment status led to variation in the constructions of certain aspects of intensive motherhood ideals. For example, ‘accessibility’ was identified as a key theme in the dataset, but the meaning of ‘accessibility’ differed in relation to work status. Part-time employed mothers presented accessibility as ‘periodic quality interaction’ (Johnston and Swanson 2006: 513), whilst full-time at-home mothers constructed accessibility as always ‘being there’ for your child (Johnston and Swanson 2006:513). Although what counted as ‘intensive mothering’ differed in relation to each woman’s lived reality (in this instance, their employment status), all the women attempted to discursively position themselves as meeting this ideal.

Intensive motherhood demands that parenting is ‘centred on children’s needs’ (Hays 1996:21) and child-centeredness recurs as a key theme in explorations of contemporary motherhood. As discussed in the Chapter 4, breastfeeding has been incorporated into the intensive motherhood ideal; it is emotionally absorbing, labour intensive and understood to be an inherently child-centric activity. Wall (2001) found that the norm of child-centeredness was prevalent in her analysis of widely distributed breastfeeding literature in Canada. She concluded that: ‘it was indeed the child, not the mother, who was at the centre of breastfeeding discourse’ (Wall 2001:601). Similarly, May (2008) found that a concern with

children's (rather than mother's needs) was a central theme in the written life stories of women in Sweden, who were attempting to construct a moral self in relation to norms of acceptable motherhood, despite the fact that certain elements of their lives violated such norms. She found that women who divorced their husbands presented themselves as moral, despite breaking the social norm that mothers should provide a two parent home for their children, by justifying their decision in relation to their children's well-being. May (2008:477) argued that 'despite taking a course of action that according to one social norm is harmful to their children, these narrators are able to present their decision as that of a "good" mother by saying that their main motivation was to protect their children from harm'. By constructing their choices as inherently 'child-centric', the women in May's (2008) study were able to justify taking courses of action which are commonly understood as being harmful for children.

Scholars have also demonstrated that it is primarily mothers, rather than fathers, who are expected to meet the child-centric ideal. In their analysis of the narratives of parents and step-parents, Ribbens McCarthy et al (2003:92) found that constructing oneself as prioritising the needs of one's children was necessary in order to present a moral self. Importantly, Ribbens McCarthy et al (2003:93) suggested that women were more bound by the moral imperative to put children's needs first than men. Therefore, child-centeredness is best understood as a norm of contemporary *motherhood* rather than parenthood in general. This understanding is supported by the results of Wall's (2010) qualitative analysis of women's talk about their experience of intensive motherhood ideology and child brain development discourse. Wall (2010:259) found that 'with few exceptions, mothers reported that they were the primary parents and the ones who made career and personal sacrifices...to make extra time for the type of intensive parenting they wished to provide for their children'. Significantly, Wall (2010:262) argued that this commitment to intensive mothering 'took its toll on mothers' mental, emotional, and physical health, resulting in increased stress, anxiety, guilt and exhaustion'. My analysis contributes to this body of sociological research by illuminating how intensive motherhood ideology and the discourse of 'child-centeredness' is reproduced and negotiated at the micro-level of interaction.

Although the model of intensive motherhood currently dominates understandings of what it is to be a 'good' or 'acceptable' mother in Western contexts, this has not always been the case. Ideals of 'good' motherhood are historically variable, especially in relation to child-centeredness. It is important to recognise that although intensive methods have become increasingly hegemonic, 'the history and social construction of ideas of appropriate child-rearing and mothering actually occur as an uneven process' (Hays 1996:21). However, Weiss's (1978) analysis of parenting manuals in the United States clearly demonstrates the move

towards intensive motherhood as the 'norm'. Up until World War Two, child-rearing manuals did not exclusively focus on children's needs; mothers' needs were also (to a certain extent) considered (Weiss 1978:39). For example, women were encouraged to toilet train their children early and keep them to a strict routine, which created time in the day for mothers to regroup and attend to non-child related tasks such as general housework (Weiss 1978:39). By the 1950s child-rearing ideology had shifted and providing for a child's physical needs was no longer enough; women were charged with the additional responsibility of meeting their children's emotional and developmental needs (Weiss 1978:40).

The all-encompassing role of the mother was reified in the 1950s through psychoanalyst John Bowlby's work on attachment theory. Bowlby (1951:13, cited in Bretherton 1992:761) argued that 'the infant and young child should experience a warm, intimate relationship with his mother (or permanent mother substitute) in which both find satisfaction and enjoyment'. Influenced by work in ethology, such as the imprinting instinct in geese, Bowlby suggested that the mother child bond was instinctive, and that if ruptured, children would suffer the effects of maternal deprivation (Wall 2001:599). Bowlby's work on attachment theory has been subject to much feminist critique (see Cox 2006 for an overview). However, the rise of 'attachment parenting' suggests that Bowlby's work remains influential in contemporary conceptions of 'good' motherhood. These changing norms of acceptable motherhood which placed children's needs front and centre, left mothers' needs backgrounded or ignored. Weiss (1978:40) argues that a consequence of expecting a mother to provide for her child's physical, emotional and developmental needs is that 'she becomes a more blameworthy person if things go awry' (Weiss 1978:40)

The shift towards intensive motherhood ideology links directly to the still pervasive practice of mother-blaming. The practice of mother-blaming means mothers are 'held responsible for the actions, behaviour, health and well-being of their (even adult) children' (Jackson and Mannix 2004:150). Mother-blaming is commonplace and has been found in major clinical journals (Caplan and Hall-McCorquodale 1985), therapeutic interventions (Allan 2004), scholarship on the development of anorexia (Vander Ven and Vander Ven 2003), and within the media (Caplan and Hall-McCorquodale 1985; Maher et al 2010). Mother-blaming relies upon and reproduces the notion that there is a causal link between how a mother raises her child and that child's potential life outcomes. Decisions related to parenting styles can, therefore, be understood as potentially high risk, especially for mothers, given that they are the ones who are likely held accountable if their child does not progress through life as well as expected or desired (Allan 2004). Mother-blaming reproduces the ideal of child-centric

motherhood, since the implication is that if a mother fails to adequately meet her child's needs, her child will suffer in some way.

The prevalence of mother-blaming raises another important point in relation to discourses of parenting. During a discussion about attachment theory, Allan (2004:60) argues that the word *parent* is often used to present a more inclusive approach to child-rearing, despite the fact that it is still generally mothers' behaviours which are scrutinised in the event that children show developmental issues. Similarly, as discussed in Section 1.2.1, Sunderland (2006:523) found that in contemporary childcare magazines, despite the frequent use of gender-neutral terms such as *parent* and *parenting*, '*parents* in the plural are not being addressed, and shared parenting as a social practice is simply not discussed'. It can, therefore, be suggested that using *parenting* or *parent* in this way potentially conceals the fact that much child-rearing advice is still specifically targeted at mothers. For example, the NHS website has a page titled, 'tips for new parents' (NHS 2019). However, the same page contains subheadings such as 'breastfeeding your new baby', underneath which is the statement: 'gradually you and your baby will get into a pattern and the amount of milk you produce will settle' (NHS 2019). Here it is clear that although the headline indicates that the page contains advice for new parents in general, much of the advice is specifically targeted at mothers. Importantly, it is not only parenting 'experts' who are keen to present a more inclusive approach to child-rearing, since many parents do so themselves.

McMahon (1995) found that the middle-class mothers in her study were keen to emphasise the egalitarian nature of parenting and that for many this started with pregnancy, with women choosing to represent their pregnancies as 'joint'. Crucially, McMahon (1995:80) argues that 'the discourse of jointness and "couples becoming pregnant" can hide the unequal contribution of male and female bodies in reproduction'. The expectation that parenting would be an egalitarian endeavour was often incongruent with the lived reality of motherhood. Crucially, rather than voicing their dissatisfaction, the middle-class women in McMahon's study worked hard to legitimise the unequal distribution of childcare in the home, offering explanations such as biology, maternity leave and socialization (McMahon 1995:240-241). Ultimately, 'even to feminist women, the symbolic significance of inequality was depoliticized by circumstances' (McMahon 1995:214).

Similarly, in her study of 50, heterosexual, two-parent working families in the 1970s and 1980s, Hochschild (2012:188) found that middle-class families typically 'tended toward a 50-50 ideal' in relation to labour in the home, while working-class families 'tended toward a traditional ideal'. Hochschild (2012:19) states that between 1976 and 1988, the division of labour in the home typically remained the same, with women doing the majority of childcare

and housework. The only significant change which occurred was that 'more couples *wanted* to share and imagined that they did' (Hochschild 2012:19, emphasis in original). For example, one woman in the study, Dorothy, 'eagerly explained...that she and her husband...were "equally involved" in raising their nine-month old'. However, Hochschild (2012:20) argued that when the couple 'described their "typical days", their picture of sharing grew...less convincing'. Although both worked nine hour shifts, once home, Dorothy made dinner and looked after the baby, whilst in the evenings her husband Dan was out three nights a week playing squash, and when home he 'read the newspaper more often and slept for longer' (Hochschild 2012:20). Together, the findings from McMahon (1995) and Hochschild's (2012) work indicate that a further norm of 'good' middle-class motherhood is to position parenting as egalitarian, regardless of the actual division of labour.

The aim of this brief overview is to demonstrate that there is nothing 'natural' or 'inevitable' about what we understand 'good' motherhood to be. Rather we should understand such ideals to be historically variable and interwoven with ideas about class, race and gender. O'Brien Hallstein (2017:4) states that, 'intensive motherhood is thoroughly ensconced in economic, racial, cis-gender and heterosexual privilege'. Indeed, this is something which Hays (1996:21) made explicit in her original formulation, as she argued that it is the child-rearing practices of the White, middle-class which dominate understandings of 'acceptable' parenting, or more specifically, mothering styles. In a review of the contemporary literature on motherhood, Arendell (2000:1194) concluded that acceptable motherhood revolves around the ideal of the 'white, middle-class heterosexual couple with its children in a self-contained family unit'. To varying degrees, each of the women in this study met the hegemonic ideal of the white, middle-class, cisgender, heterosexual mother in a long-term, co-habiting relationship. This is important because it means that they may be more constrained by intensive motherhood ideology than other women, given that the material reality of their lives offers the opportunity to better meet the ideals of intensive motherhood. Hays (1996:95) alluded to this, stating that:

Although the day-to-day practices of mothering may be less physically and financially draining for middle-class mothers, the child-rearing ideology of these women includes techniques that are actually more labour-intensive than those of their working-class counterparts.

The effect that the material reality of people's lives has on their parenting styles is clearly demonstrated in Lareau's seminal (2011) ethnography of child-rearing practices in the United States. Lareau found that parenting styles differed primarily in relation to socioeconomic class (and to a lesser extent race). Working-class parents favoured an approach of 'natural growth',

whilst middle-class parents favoured an approach of ‘concerted cultivation’ (Lareau 2011). The natural growth approach to parenting revolved around ensuring that children were fed, clothed, housed, physically well, and attended school (Lareau 2011:2-3). In contrast, the concerted cultivation approach centred on the notion that parents were responsible for ‘the concerted development of their children, particularly through organized leisure activities’ (Lareau 2011:3). We can understand concerted cultivation to be an intensive, child-centric approach to parenting, given that parents are expected to do their utmost to ensure that their children reach their full ‘potential’.

Lareau (2011:236) states that ‘working-class and middle-class mothers may express beliefs that reflect a similar notion of “intensive mothering”, but their behaviour is quite different’. In situations where parents are facing significant economic constraints, ensuring children are fed and clothed can prove to be a major challenge, and therefore the ability to provide for one’s child could be understood as meeting the ideal of ‘intensive mothering’. However, when a mother is less financially constrained, ‘good’ mothering involves investing time and money in ‘developing’ children through engagement in multiple extra-curricular activities.

The majority of the women in this study engaged in practices associated with ‘concerted cultivation’. For example, Helen regularly took her son to a baby ‘sensory’ class. I attended one such class with her, during which care-givers (who were, in the main, mothers) were encouraged to sing and sign to their children, with the leader of the class stating that the use of sign language would be beneficial to their child’s development. Classes cost approximately seven pounds, with slight discounts offered if parents block booked in advance. Helen very much enjoyed taking her son to baby sensory group but spoke of her desire to attend other classes which she also saw as beneficial. However, financial and time constraints were a consideration for Helen:

It could be very expensive. But also like I could sign up for a billion things but I've got nine months of maternity. So I, so you know this sensory course runs till July so when July comes up we'll phone up and we can do something else on a Thursday. And so I've got you know, I've got nine months' worth of classes to sort out so there's no point me signing up to absolutely everything all at once, cos I'd be very poor but very busy.

Here it is clear that Helen’s engagement with activities related to concerted cultivation is constrained by both time and economic capital, as was the case for Lareau’s (2011) participants.

Lareau (2011) demonstrates that both concerted cultivation and natural growth confer benefits and disadvantages to children and parents. Children raised under a natural growth

approach learned 'how to entertain themselves' and enjoyed strong emotional bonds with siblings and extended family (Lareau 2011:242). In contrast, concerted cultivation led to children who were often left 'exhausted' by their busy timetable of extra-curricular activities, and mothers juggling conflicting schedules and tight deadlines (Lareau 2011:242). Importantly, Lareau (2011:5) argues that these different approaches to child-rearing 'lead to the *transmission of differential advantages* to children' (emphasis in original) in institutional settings, because concerted cultivation is the approach to child-rearing which is currently legitimised by society. Therefore, children raised using this approach, and the parents (particularly mothers) of such children, were better equipped to navigate institutions such as schools or hospitals, which ultimately led to them receiving significant social advantages.

For example, middle-class mothers were typically confident in their interactions with the school system, which frequently allowed them to 'accrue advantages for their efforts' (Lareau 2011:244). One middle-class mother ensured that her children would be on the school's 'gifted program, even though they did not qualify' (Lareau 2011:244). In contrast, working-class parents were often less confident and intimidated by the school setting. During a parent-teacher conference one working-class mother, 'frantically worried' about her daughter's lack of ability to read felt unable to discuss the problem with school staff, meaning her daughter's issue was left unresolved (Lareau 2011:243). This finding supports Savage's assertion (2015:51) that individuals with higher levels of cultural capital are better equipped to deal with institutions such as education and are therefore more able to secure better services. Returning to Lareau's (2011) study, she also found that the time spent by middle-class parents to expand their children's vocabulary, led to middle-class children being better prepared for standardised testing in schools (Lareau 2011:244). The life skills working-class children developed through natural growth, such as the ability to structure their own free time, did not offer the same 'pay off' in institutionalised settings.

Lareau's (2011) study is significant for a number of reasons. First, 'concerted cultivation' bears a striking resemblance to Hays' (1996) definition of intensive mothering, in the sense that it is labour intensive, child-centric, financially expensive and expert-led. Importantly, Lareau is able to clearly demonstrate that it is the child-rearing practices of the middle-class which are legitimised by institutions related to child-rearing. This means middle-class children receive significant social advantages, which can ultimately improve their life chances. In contrast, the natural growth approach to child-rearing does not typically equip working-class children with the skills 'to make bureaucratic institutions work to their advantage' (Lareau 2011:245), which can negatively affect their life chances. Second, Lareau establishes that the material reality of mothers' lives constrains their parenting style. If we

consider these two points in combination, we can say that the financial constraints experienced by working-class mothers exclude them from engaging in practices associated with concerted cultivation. This places them and their children at a disadvantage, because these practices are valorised by institutions such as education and healthcare. Mothers who are unable to participate in concerted cultivation are, therefore, less able to present themselves as 'socially acceptable' mothers, especially in institutional contexts. This demonstrates that the ability to position oneself as a 'socially acceptable' mother is constrained by hegemonic ideologies of motherhood, which unequivocally favour the middle-class.

To summarise thus far: I have demonstrated that the ideology of intensive mothering (Hays 1996) dominates contemporary understandings of 'good' motherhood and that the discourse of 'child-centeredness' is at the heart of this ideology. I have suggested that parenting styles are high risk for mothers, as they are likely held accountable if their child does not progress through life as well as expected. I have argued that middle-class women often work to construe parenting as egalitarian, regardless of the actual division of labour. The child-rearing practices of the white, middle-class are legitimised by institutions related to child-rearing and are therefore positioned as the 'ideal' way to raise a child. The material reality of women's lives constrains their ability to present themselves as 'socially acceptable' mothers, as the practices associated with concerted cultivation (Lareau 2011) and intensive motherhood (Hays 1996) typically require significant financial resources. I have suggested that because the women in this study met the ideal of the white, heterosexual, cis-gender, middle-class mother in a cohabiting relationship, they were under more pressure to meet intensive motherhood ideals. I now turn to the analysis of key extracts which exemplify the discursive strategies the women in this study used in order to negotiate their emerging mother identities over and against the ideals of intensive motherhood.

5.3 Constructing the child-centric mother

All the women in this study constructed themselves (to varying degrees) as child-centric mothers. The term 'baby-led' was frequently used during discussions about parenting styles and approaches, occurring a total of 22 times within the 'parenting' sub-dataset. 13 out of 22 tokens were specifically related to 'baby-led' weaning which is an approach that encourages parents to transition babies onto solid food by letting them feed themselves. The other 9 tokens were used to describe sleep routines and parenting styles more generally. Zoe, Helen, Jackie and Jane all utilised this term during discussions about parenting styles. Parenting manuals which advocate a 'baby-led' approach typically advise 'following infant sleep and

feeding cues, and responding to the infant's needs immediately' (Arnott and Brown 2013:350). We can see, therefore, that 'baby-led' parenting is an approach which is entirely in alignment with the discourse of 'child-centeredness'. All of the mothers in this study, regardless of whether they used the term 'baby-led', discussed taking such an approach. For example, Charlotte described her parenting as:

I think definitely responsive. Definitely I would say that erm, definitely driven by an awareness of the lack of her capabilities as opposed to thinking, oh you're crying in the car seat, if I soothe you then you'll think then you'll think that you can cry and get soothed, or something like that you know. Like definitely driven by an absolute awareness of her, her like emotional needs.

The word 'responsive' allows Charlotte to highlight the fact that her approach to parenting centres on quickly meeting her daughter's needs. Charlotte also implies that her child's emotional well-being is of equal importance to her physical well-being.

Despite typically constructing themselves as 'baby-led' (and therefore child-centric), the degree to which the women followed this approach was negotiated on an individual basis. The most common aspect of parenting in which mothers diverged from the baby-led norm, was in relation to bedtime. Significantly, women typically offered mock-serious negative characterisations of themselves for not being baby-led. For example, Helen told me:

Loads of people have said just let everything be baby-led, so baby-led weaning, baby-led sleeping and again, with the drill sergeant of sleeping, I am not willing to let him decide how he's sleeping. I want him to learn to sleep. But otherwise...I'm quite chilled out about him developing.

Helen offers a mock-serious negative characterisation of herself as a 'drill sergeant' when it comes to bedtime routine. The idea that mothers should be 'drill sergeants' in relation to sleep stemmed from Helen's own mother, who offered her this advice prior to the birth of her son. In this extract Helen suggests that sleep is the only area in which she is not 'chilled out' about her baby's development, which allows her to present herself as predominantly baby-led, with sleep as the main exception. Similarly, when Zoe described her approach to child-rearing she said:

There's probably a more pure, inverted commas, baby-led way of doing things. Like sleep routines, obviously we've decided half-seven's bedtime and that works and yeah,

we've fannied around with it depending on how tired she seems to feel and when she seems to be napping and stuff, so in that sense it's baby-led.

Like Helen, Zoe constructs her style of child-rearing as not entirely in keeping with baby-led approaches, with sleep cited at the main area in which she diverges. Zoe suggests that there is a more 'pure' way of baby-led parenting, than she is practicing, though she mitigates the force of this statement, by stating that 'pure' should be placed in inverted commas, the implication being that her own approach to parenting falls short of the 'ideal' way to raise a child. She then attempts to position her child's bedtime, which ultimately is set by herself and her partner, as influenced by her understanding of her child's need. Therefore, she attempts to reposition her baby's bedtime as, to some extent, baby-led and in doing so realigns herself with the hegemonic discourse of 'child-centric' motherhood. These mock negative characterisations of self indicate that the discourse of 'child-centeredness' constrains women's ability to present themselves as 'good' mothers if they are not being entirely child-centric.

In extract 18, we see Jackie attempting to position herself as 'baby-led', but negotiating the degree to which she follows this approach. The extract is taken from the final interview I conducted with Jackie, approximately six months after the birth of her son. At the beginning of the interview I asked her 'can you describe a typical day for you and your son?' Extract 18 forms part of her response.

Extract 18

- 1 J: throughout the whole thing (.) it
 2 just being led by him (0.56) <increased pitch> {within reason}
 3 KM: /yeah
 4 J: he'll tell you if he's (.) happy or not happy
 5 and then it's just trying to work out OK what's the thing that's making him happy
 6 and fix it really
 7 KM: /yeah
 8 J: erm (0.93) what we are fastidious about
 9 that is the right word
 10 now is bed time
 11 KM: /yeah
 12 J: so he's always in bed (0.56) for seven unless (0.54)
 13 unless something very unusual is happening
 14 we have to be somewhere or we get stuck in traffic but erm (0.72)

- 15 so even when I went to London the other day I made sure I was back in time
 16 that he could still be fed and in bed for seven o'clock
 17 KM: [oh right yeah]
 18 J: [so that's like] the kind of anchor to the day [really]
 19 KM: [yeah] so he's got – he's got a [yeah] constant throughout
 20 J: [yeah] /absolutely

In line with the norms of 'good' motherhood, Jackie highlights the fact she is child-centric by stating that, with regard to parenting, she is ultimately: 'just being led by him' (line 2). She affirms this child-centric presentation of self, by constructing her parenting decisions as motivated by her son's assessment of his own needs (line 4). On the basis of her son's feedback, she states that she must try to 'work out' what is making her son 'happy' then 'fix it' (lines 5 & 6). By discussing her approach to parenting in this way, Jackie presents herself as a mother motivated by her child's needs and dedicated to meeting them. She attempts to position this process as a relatively simple one, by prefacing the description of her role with the adverb 'just' (line 5). I suggest that in doing so, she attempts to minimise the very real effort involved in consistently trying to identify, and then attend to, her child's every need.

Despite this child-centric presentation of self, it is important to note that Jackie attempts to minimise her degree of commitment to the baby-led approach, by stating that she is led by her son, 'within reason' (line 2). This phrase implies that to be entirely baby-led is unrealistic, which is potentially risky given that child-centeredness is crucial in the enactment of a 'socially acceptable' mother identity position. However, the pause which precedes the phrase, and the increased pitch used in its articulation indicate that this is a moment of stylization, where there is a 'momentary disengagement from the routine flow' of conversation (Rampton 2006:225). Stylised utterances are a form of distancing, which allow speakers to 'dislocate' themselves from the meaning of an utterance (Coupland 2001b:366). Using stylization, Jackie is able to both admit that she is not always baby-led, whilst also distancing herself from this position. This stance of mitigated commitment towards the baby-led approach is, to a certain extent, in keeping with the 'expert-led' norm of intensive motherhood (Hays 1996). Vincent (2010:113) states that intensive motherhood does not mean 'slavishly' following parenting manuals or experts; rather 'the responsibility of the mother is to search out such forms of advice and then evaluate their appropriateness to her and her children'.

Like Zoe and Helen, Jackie cites bedtime as an area of parenting in which she is not entirely baby-led (lines 8-18). She characterises herself and her husband as 'fastidious' (line 8) about their son's bedtime. Jackie's use of inclusive 'we' highlights her husband's involvement with this activity, but it may also be a way of framing her fastidiousness around bedtime as an exception to her normal 'baby-led' practice. This presentation of self can be considered a change in stance for Jackie, given that she has constructed herself as primarily baby-led. Because of this change in stance, it is perhaps unsurprising that there is a disfluency marker and pause prior to this admission (line 8). For if, as has been argued, for Jackie (and the rest of the women in this study), being 'baby-led' is constitutive of 'good' motherhood, the admission that one is not always so, may potentially threaten the construction of a child-centric mother identity position, and therefore a degree of hesitancy when discussing this topic can be expected.

Jackie reinforces the characterisation of herself and her husband as 'fastidious' about their son's bedtime, with the phrase 'that is the right word' (line 9). The word 'fastidious' is difficult to unpack. The word has mainly negative connotations and suggests that one is 'difficult to please' (Oxford English Dictionary 1989) and overly concerned with trivial details and is fussy. On the other hand, it could also be considered a positive characterisation, implying that one is careful and organised. However, given that both Zoe and Helen offered mock-serious negative characterisations of themselves for not being 'baby-led' when it came to bedtime, I argue that Jackie's use of 'fastidious' should be understood in the same way. By admitting that bedtime is an area in which one is not entirely baby-led, and therefore not child-centric, women risk presenting themselves as prioritising their own (more than reasonable) need for sleep, above their child's needs. I suggest that by offering mock-negative self-characterisations, women attempt to highlight the unrealistic nature of the entirely child-centric ideal. At the same time, however, these mock-negative characterisations reproduce the norm of 'good' motherhood as inherently child-centric.

Importantly, like both Zoe and Helen, after the admission that she is not baby-led when it comes to bedtime, Jackie attempts to reposition herself as a child-centric mother. In order to do so, she presents her son's bedtime as having a restrictive effect on her own life (lines 12-16). She also demonstrates the extreme lengths she goes to in order to meet her son's bedtime (lines 15 & 16). In doing so, Jackie highlights the fact that she is a mother willing to modify her own behaviour (i.e. returning from London early) in order to meet the needs of her child, which allows her to demonstrate that she is child-centric. By concluding that bedtime is an 'anchor to the day' (line 18), Jackie attempts to reposition her 'fastidiousness' around bedtime as ultimately beneficial to her son. My response (line 18)

indicates that I am aware that Jackie is attempting to present a strict bedtime as a positive and I, therefore, attempt to align with her by explicitly positioning bedtime as a beneficial 'constant' for her son.

We can now see that although the women typically align with the norm of child-centeredness, they must negotiate the degree to which they follow this approach. By offering mock serious negative characterisations of themselves for not being child-centric, women reproduce the norm of child-centric motherhood, whilst also implying that their practice is not a serious violation of such norms. The fact women frequently attempt to reposition themselves as child-centric, despite their behaviour diverging from this approach, demonstrates that the norm of child-centeredness constrains women's ability to present themselves as 'socially acceptable' mothers.

5.4 Do 'good' mothers go to work?

If 'good' mothers are child-centric, it is important to examine the implications that the return to work had on women's emerging identities as mothers. In the final interview, I asked women if they had any plans to return to work and all the women (except Charlotte) said they intended to go back. The relationship between work and 'good' motherhood was extensively examined by Hays (1996), who unearthed what she understood to be the 'cultural contradictions of contemporary motherhood':

In a society where over half of all mothers with young children are now working outside the home, one might well wonder why our culture pressures women to dedicate so much of themselves to child-rearing. And in a society where the logic of self-interested gain seems to guide behaviour in so many spheres of life, one might further wonder why a logic of unselfish nurturing guides the behaviour of mothers.

(Hays 1996: X)

Given that in contemporary Western society a 'good' mother is an 'intensive one' (Hays 1996:131), 'the only "choice" involved is whether you *add* the role of paid working woman' (Hays 1996:131). Women must decide whether to be a "'traditional mother" who stays at home with the kids and dedicates her energy to the happiness of her family' (Hays 1996:131), or a 'supermom', 'effortlessly juggling home and work' (Hays 1996:132). Importantly, Hays (1996) illustrates that both identities typically leave women with a sense of ambivalence. Women who express a desire to be anything less than a total mother run the risk of presenting themselves as 'selfish' (Hays 1996:133). On the other hand, women who intend to be stay-at-

home mothers, run the risk of being negatively evaluated as 'lazy and 'bored' (Hays 1996:133). Hays (1996:133) concludes that, 'a woman, in other words, can never fully do it right'.

In light of this cultural contradiction, I now consider three extracts, one from Zoe who intended to return to work (thereby following the 'supermom' ideal) and two from Charlotte who intended to take a 'career-break' (thereby following the 'traditional mum' ideal). I illuminate how the cultural contradictions of contemporary motherhood manifest at the micro-level of talk and show that the result of these contradictions is that neither woman is entirely comfortable in their decision.

5.4.1 The 'super mum'

Douglas and Michael's (2004:5) argue that central to contemporary representations of 'good' motherhood 'is the insistence that women have choices, that they are active agents in control of their own destiny, that they have autonomy'. What Tyler (2011:29) classifies as the 'post-feminist ideology of "having it all"', permeates contemporary conceptions of 'successful' womanhood, with women expected to aspire to both fulfilling careers and fulfilling motherhood. Hochschild (2012:1) states that the supermom is commonly represented in the media as 'liberated', 'literally and figuratively, she is moving ahead'. The majority of the women in this study expressed a desire to maintain a sense of self outside their role as a mother, primarily through engaging in paid employment. For example, during our fourth interview, Sylvie discussed the training she was undertaking to pass a psychometric test for a potential new job:

I'm training on that, so it's kind of during the day it's helpful because it keeps me busy but with something for me. Like something else than her <to baby> {I'm sorry baby it's not all about you even if I love you very much}. So it give you an- something else for yourself...but I think it's also personality. I mean I'm quite er er not feminist, yeah feminist, we need to do stuff too and we need to, I'm OK to be at home and I think it's normal for me, for example, to cook because Ben is working...but I just can't picture myself (.) all the time at home

Notably, Sylvie apologises to her baby for having positively evaluated an activity that gives her something to do outside of being a mother. The apology (and declaration of love) implies that Sylvie feels that she is breaking a norm of 'good' mothering by desiring a life outside of motherhood. Sylvie appeals to feminism to explain her need for a career (although she is initially reluctant to label herself a feminist) and attempts to generalise her feelings through the use of inclusive 'we'.

Like Sylvie, Zoe spoke of her intention to return to work. What struck me during the interview was the very real difficulty Zoe faced in articulating her desire to maintain a sense of self outside her role as a mother. Within extract 19 we see Zoe attempting to negotiate the hegemonic discourse of 'child-centeredness' with her desire to be 'more' than a mother.

Extract 19

- 1 KM: since- now you've had the baby do you think your attitude to like your career has
2 changed slightly since (.) having her
3 do you know what I mean
4 Z: yeah I think (.) for me it has and that like
5 and I don't feel (1.40)
6 it's in a bad- like it's in a bad [way] or like
7 KM: [no]
8 Z: any (.) kind of amount of guilt like I'm pretty::
9 erm (.) adamant that I- (.) I would
10 and will always go back to work
11 KM: [yeah]
12 Z: [and] I think I need a bit of something else and I don't think
13 <inhale> erm
14 you know I'm all for (.) spending (.) as much time as you can with your kids but I think
15 (3.37)
16 it's not (.) all that you (.) are?
17 so
18 or for me it's not you know
19 KM: [mmm]
20 Z: [I] would need-
21 I would just be one of those people that needed a bit of something else as well to
22 (0.88)
23 erm identity wise and and (.) brain (.) engagement (.) wise but (0.70)
24 so in that sense yeah absolutely adamant that I would go back to work
25 and wouldn't feel (.) guilty about it really
26 erm (1.04) but (0.57)
27 since she's come along

- 28 I'm totally (.) happy to admit that (.) it may (.) need to be part time
- 29 KM: /yeah
- 30 Z: and I don't mind that
- 31 I wouldn't mind going (.) back full-time although I think maybe
- 32 you would feel more guilty (.) about not being able to spend too much time with them
- 33 if you did go back full time

The notion of guilt appears three times during this short extract (lines 8, 25 & 32).

Most striking is Zoe's assertion that she has always been: 'absolutely adamant that I would go back to work and wouldn't feel (.) guilty about it really' (lines 24 & 25). The word 'adamant' suggests that rather than simply not feeling any guilt about returning to work, Zoe is, instead, trying not to feel guilty (note that the word 'adamant' also appears in line 9). Importantly, the word 'really' at the end of this statement, allows Zoe to imply that rather than aiming to avoid all feelings of guilt, she is instead attempting to feel only a minimal level of guilt. With this phrase then, Zoe implies that she does in fact feel a sense of guilt about her return to work, but is challenging herself not to become overwhelmed by this feeling. This understanding is supported by Zoe's assertion that returning to work full-time (rather than part-time as she is planning) would result in feeling 'more guilty' (line 32). The pre-modification of 'guilty' with the adverb 'more' indicates that Zoe does feel a degree of guilt about returning to work, despite her resolve not to. Zoe universalises the experience of feeling guilt for returning to work full-time through a switch to indefinite *you* (line 32). Guilt is, therefore, presented as an inevitable consequence of pursuing a career outside the home. Importantly, 'maternal guilt' is typically understood as an inevitable consequence of being a mother (Seagram and Daniluck 2002). Feeling a sense of guilt is, therefore, entirely compatible with, if not a necessary component of a mother identity position. However, by attempting to minimise the amount of guilt she feels about returning to work, Zoe implies that her decision is not one which has serious negative consequences for her daughter.

If women are expected to be truly fulfilled by their role as a mother (Douglas and Michaels 2004:4), the desire to return to work is potentially problematic as it could suggest a woman is not sufficiently child-centric. In order to reduce this threat to her 'socially acceptable' mother identity position, Zoe consistently hedges and attempts to minimise the degree to which she 'needs' a role outside of motherhood (lines 12 & 21). It is significant that Zoe uses the phrase 'a bit of something else' to refer to her career (lines 12 & 21). The adverbial phrase 'a bit' minimises the extent to which she 'needs' to have a role outside

motherhood. Furthermore, the vagueness inherent in the phrase 'something else', allows Zoe to downplay the significance of her career. Hedging is also achieved through repeated use of modal 'would' (lines 9, 20, 21 & 24). The use of 'would', in phrases such as 'I would just be one of those people...' (line 21), functions to lessen Zoe's commitment to the stance she is taking. It is notable that in line 10, when she is attempting to project a more certain stance, she switches from an uncertain 'would' (line 9) to a definite 'will'.

The most telling point in the extract comes when Zoe states that being a mum is 'not (...) all that you (...) are?' (line 16). This statement directly challenges contemporary understandings of 'good' motherhood, which 'redefine all women, first and foremost, through their relationships to children' (Douglas and Michaels 2004:22). Importantly, the articulation of this statement is evidently highly troubling for Zoe, as indicated by the 3.37 second pause which proceeds it (line 15), the multiple pauses within it, and the final high-rise intonation, which signals interactional uncertainty (Lakoff 1973:55-57). Through the use of indefinite 'you' Zoe attempts to distance herself from the content of the utterance and generalise this belief. This illustrates that although contemporary understandings of motherhood are often imbued with purportedly 'feminist' discourses about choice and female empowerment (Douglas and Michaels 2004:5), for Zoe, at least, it is hard to admit that her role as a mother is not the only thing which defines her. In order to minimise the potential threat this utterance poses to her identity as a 'socially acceptable' mother, Zoe foregrounds her alignment with the child-centric norm of intensive motherhood (line 14), with the phrase 'I'm all for' heightening her commitment to this child-centric stance.

Although Zoe initially generalises her feelings about motherhood through the use of indefinite 'you' (line 16), she then works hard to present all women's choices about motherhood and employment as valid. After stating that being a mum is not all one is (line 16) she clarifies that: 'or for me it's not' (line 18). Similarly, she goes on to state that: 'I would just be one of those people what needed a bit of something else' (line 21). With these phrases, Zoe implies that other women may not 'need' to have a career outside of motherhood. Importantly, she places no value on either choice. The notion that there is a 'war' between working- and stay-at-home mothers is commonplace (Hays 1996; Douglas and Michaels 2004). For example, in an article titled *Motherhood: stay-at-home or back-to work? The battle continues*, Cavendish (2010) argues that, 'mothers are each other's nemeses, bickering among ourselves about our own particular parenting styles'. In carefully avoiding placing value on her own (and other women's) decision(s) regarding work and motherhood, Zoe attempts to present herself as open-minded and not the type of woman who perpetuates the 'war' between working and stay-at-home mothers. This finding is in keeping with Hays' (1996:132)

suggestion that the ‘portrait of the mommy wars is both exaggerated and superficial’. Indeed, the majority of mothers that Hays (1996:132) interviewed ‘expressed respect for one another’s need or right to choose whether to go to work or stay at home with the kids’.

Despite this open-minded presentation of self, Zoe’s assertion that she needs something else ‘erm identity wise and and (.) brain (.) engagement (.) wise but (0.70)’ (line 23), serves to devalue stay-at-home motherhood. Indeed, although stay-at-home mothers meet the child-centric ideal, this does not mean they are exempt from critique. West (2016:327) states that stay-at-home mothers must often answer the question: “so what do you *do* all day?” (emphasis in original). This question delegitimises the notion that motherhood is a full-time, fulfilling role. By suggesting that full-time motherhood would not offer her sufficient mental stimulation, Zoe reproduces the notion that a career is necessary in order for women to be truly fulfilled. It is clear that Zoe feels awkward in articulating her need for mental-stimulation, as evidenced by the multiple pauses during the statement. I argue that Zoe’s hesitancy stems from a desire to present all mother’s choices as valid. Furthermore, by stating that she needs mental stimulation, Zoe implies that motherhood is not entirely fulfilling, which violates the norms of ‘socially acceptable’ motherhood.

This extract allows us to see the cultural contradictions of motherhood identified by Hays (1996) played out in the micro-level of talk. Although Zoe attempts to avoid negatively evaluating stay-at-home mothers, in order to justify her need for a career, she draws on, and thereby reproduces, the discourse which presents stay-at-home mothers as boring and unintelligent. However, by articulating a desire for a career, Zoe threatens the construction of herself as child-centric and therefore she attempts to minimise her ‘need’ for a career. We can, then, see that the cultural contradictions of motherhood identified by Hays (1996) are ultimately damaging to women, because, as is clear from Zoe’s talk, there is no way of easily resolving such tensions. Indeed, Zoe’s primary desire is to avoid feeling too much guilt about returning to work, which positions guilt as an inevitable consequence of her decision.

5.4.2 The ‘stay-at-home’ mum

Charlotte was the only woman in this study who decided not to return to work after the birth of her daughter. Prior to the birth of her daughter, Charlotte had fully intended to return to work, however her feelings changed during the course of the transition to motherhood. Importantly, Charlotte’s decision not to return to work was motivated by an understanding of her daughter’s early years as ‘precious’ and her inability to trust anyone else

to look after her as well as she did. Charlotte was careful to recognise that she was in a privileged position to be able to take an extended break from work to look after her child.

I now examine two extracts taken from the final interview I conducted with Charlotte, which formed part of her response to my asking whether she had any plans to return to work. Significantly, in both extracts Charlotte attempts to legitimise her new identity as a 'stay-at-home' mother. During this interview, Charlotte told me of her strong dislike for this identity label: 'I don't know, see that language, that would, I don't know I find that hard <patronising voice> {a stay at home mum} like I don't know when the world become so like boxed off'. In the extract below, we see Charlotte recounting why she has decided to label her decision to not return to work as a 'career break'.

Extract 20

- 1 KM: have you made any plans to return to work [or is-]
 2 C: [tuts> I'm not] going to.
 3 KM: you're not going to go back to work
 4 C: /I'm gonna take a career break
 5 well I say a career break to [make it] sound nice right
 6 KM: [OK]
 7 C: I'm taking a career break
 8 cos it sounds like very:: (0.85) sandwiched doesn't it
 9 KM: /yeah it sounds
 10 C: /sort of like sort of bite size
 11 KM: yeah
 12 C: and official
 13 KM: yeah
 14 C: an::d very::: (.) you know modern
 15 KM: yeah
 16 C: taking a career break
 17 KM: /yeah

The slight tut and falling intonation present in Charlotte's admission that she is not returning to work (line 2) indicate that she feels a sense of unease about this decision, given that falling contours are often used for 'sadness expressions' (Bänziger and Scherer 2005:254).

It is significant that Charlotte reports that: 'well I say a career break to make it sound nice right' (line 5). This type of metalinguistic comment demonstrates that Charlotte is highly conscious of the decision she has made and the language she uses to describe it. The pauses and elongated articulation of sounds prior to the adjectives Charlotte uses to describe the benefits of using the term 'career break' (lines 8 & 14) also reveal that Charlotte is taking time to consider the words she uses to characterise her choice. Importantly, by highlighting her desire to make her decision 'sound nice', Charlotte indicates that she knows her choice does not inherently hold high value or status.

It is clear that in using the term 'career break', Charlotte is attempting to legitimise her decision. The most obvious indication of this is Charlotte's assertions that the term sounds 'official' (line 12) and 'modern' (line 14). The word 'official' is an interesting choice. I suggest that Charlotte is attempting to present her decision as high status and one linked to the type of authority we would typically associate with the workplace. This understanding is supported by the fact that later in the discussion Charlotte told me of her hope to be granted a 'career break' through her employer, which would allow her a guaranteed return to work after a mutually agreed time period, meaning she would not be permanently leaving her position. By using the word 'modern' to rebrand her decision, Charlotte attempts to avoid the assumption that being a stay-at-home mother is a traditional or old-fashioned choice, however in doing so she reinforces this understanding. By pre-modifying 'modern' with the adverb 'very', Charlotte attempts to bolster this representation of her decision. The fact she feels the need to rebrand her choice in this way indicates that she is struggling with the decision she has made.

I suggest that the words 'sandwiched' (line 8) and 'bite size' (line 10) indicate that Charlotte is concerned to find a precise and clear definition to describe her choice. During the articulation of 'sandwiched doesn't it' (line 8) Charlotte uses a form of hyperarticulation known as /t/ release, as she did when voicing the middle-class women of her NCT group (see Section 3.3.3). In doing so, Charlotte endeavours to present her decision as 'neat' and 'proper', given that one of the social meanings of /t/ release is 'prissiness' (Eckert 2005, 2008).

Throughout this section of talk I consistently align with Charlotte's attempts to legitimise her choice, through continued back-channelling (lines 6, 9, 11, 13, 15 & 17). McCarthy (2003:59) argues that back-channelling in this way is about more than demonstrating 'hearsership'. Rather back-channels can be 'signals of human bonding, of social relation and of affective convergence' (McCarthy 2003:59). During research interviews I was conscious of letting women speak without interruption, therefore, the fact I continually felt the need to encourage Charlotte using back-channels demonstrates my awareness of the fact she was struggling to legitimise her choice.

In extract 21, we see the source of Charlotte's ambivalence about her decision. The discussion begins at the point where Charlotte is considering the fact that her employer may reject her request for a career break.

Extract 21

- 1 C: d'ya know so they might just say well hand in your notice
 2 which I'd feel differently about
 3 KM: so you wouldn't like to hand in your notice
 4 C: <increased pitch> {no I wouldn't mind} but I'd- I'd feel
 5 I'd feel like it was a bigger step
 6 KM: yeah (1.18)
 7 C: dy'a know
 8 KM: /yeah definitely
 9 C: like I'd feel like if it was a career break I'd also I'd totally tell myself
 10 KM: yeah
 11 C: d'ya know just so that you don't
 12 because there's this thing (.) out there isn't there
 13 like this thing that you're meant to fear which is being a mum
 14 KM: yeah
 15 C: /you're meant to fear like the mum life
 16 and you're meant to fear looking like a mum
 17 and you're meant to fear being referred to as just a mum
 18 KM: [yeah]
 19 C: [you're] meant to fear all of this
 20 I think you know there's there's a massive rhetoric about that out there massively
 21 (0.72)
 22 erm (1.40)
 23 C: so I think I would feel like oh I'm stepping into that
 24 KM: /yeah (1.45)
 25 C: a little bit

Although Charlotte states that she 'wouldn't mind' handing in her notice (line 4), it is telling that she goes on to state: 'if it was a career break I'd also totally tell myself' (line 9). This

suggests that a 'career break' is more palatable to her than permanently leaving her job. Charlotte's choice to label her new role as a 'career break' can, therefore, be understood as a means by which Charlotte not only legitimises her decision, but also reassures herself.

Charlotte clearly articulates why her decision requires reassurance and legitimation (lines 12-20), when she states that there is a 'massive rhetoric' (line 20) which constructs the 'mum' as an identity you are meant to 'fear' (line 15-17). This statement is in keeping with Hays' (1996:131) assertion that 'all mothers live in a society where child-rearing is generally devalued'. We can therefore assume that the 'fear' of motherhood Charlotte identifies is related to stepping into a role which holds little value within society. At this point, it is important to recognise that women who do not become mothers attract 'negative or suspect status' (Rich 1977:34). Therefore, although women may 'fear' becoming mothers, there are negative consequences for those who do not. In order to emphasise the various aspects of motherhood that women are expected to fear, Charlotte uses syntactic parallelism (lines 15, 16 & 17), with each line beginning with the phrase 'you're meant to fear' followed by a specific aspect of motherhood. One effect of syntactic parallelism is to 'epitomize an arguer's claim that multiple instances belong to the same grouping' (Fahnestock 2003:125). In using this technique, Charlotte is able to highlight the multiple ways motherhood is devalued.

It is worth paying specific attention to the aspects of motherhood that Charlotte states 'you're meant to fear'. First, with the phrase 'the mum life' (line 15), Charlotte refers to the fact that 'stay-at-home' motherhood is routinely presented as boring and unfulfilling, which was the discourse Zoe drew on in extract 19 in order to justify her return to work. This is in keeping with Hays' (1996:138) assertion that 'the world presents, and mothers experience, the image of the lazy, mindless, dull housewife – and no mother wants to be included in that image'. Secondly, Charlotte asserts that you are meant to fear 'looking like a mum' (line 16). I suggest that here Charlotte is alluding to fact that mothers are meant to fear becoming 'unattractive, asexual, has-beens' (Douglas and Michaels (2004:188) when they have children. In their analysis of *Shape Fit Pregnancy* magazine, Dworkin and Wachs (2004:616, cited in Tyler 2011:28) conclude that 'after birth, there are clear warnings that 'letting the body go' constitutes failed womanhood and motherhood'. Women, are, therefore, 'expected to "snap back" into shape after birth' (Tyler 2011:29) and return to their pre-maternal bodies as soon as possible. Finally, Charlotte asserts that women are meant to fear 'being referred to as just a mum' (line 17). The use of the adverb 'just' to modify 'a mum', alludes to the valorisation of the 'supermom' figure; the women who 'has it all' and successfully juggles both career and motherhood (Hays 1996; Hochschild 2012). With these three statements, Charlotte clearly

articulates contemporary discourses which serve to devalue the social identity of the ‘mum’, and in particular the ‘stay-at-home’ mum.

Through consistent use of second person *you* in the phrase ‘you’re meant to fear’ (lines 13, 15, 16, 17 & 19), Charlotte is able to imply that despite the dominance of such discourses, she herself is not necessarily affected by them. However, she then admits: ‘so I think I would feel oh I’m stepping into that’ (line 23). This admission is clearly difficult for Charlotte as it is preceded by two significant pauses (lines 21 & 22) and a disfluency marker (line 22). Furthermore, she attempts to mitigate the degree to which she feels this, with the phrase ‘a little bit’ (line 25), which is also preceded by a significant pause (line 24). Therefore, despite being able to name the ‘rhetoric’ which devalues the identity of the ‘mum’, Charlotte is not immune to its regulatory power.

What is most striking about these two extracts is that although Charlotte has made the ‘child-centric’ choice of taking a career break in order to raise her daughter, my analysis demonstrates that she feels a sense of ambivalence about this decision. Here we again see the ‘cultural contradictions of contemporary motherhood’ (Hays 1996) played out at the micro-level of talk. Charlotte’s inner conflict is clear from her desire to make her decision ‘sound nice’ and her repeated attempts to legitimise it, thereby reassuring herself. Furthermore, although she is aware of the ‘rhetoric’ which devalues the identity of the stay-at-home mother, this does not protect her from its regulatory effects.

5.5 Parenting as instinctive *and* expert-led

Rich (1977:42) states that the ‘institution of motherhood demands of woman maternal “instinct” rather than intelligence’. It is important to recognise that although many women ‘refer to the use of common sense and intuition’ in relation to child-rearing, ‘intuition often refers to socially acquired ideas and beliefs that are so deeply held as to seem natural’ (Hays 1996:72). Frequency analysis of the parenting sub-dataset set revealed that the word ‘instinct’ occurred 13 times and was used exclusively by Charlotte, Helen and Sylvie. For example, Charlotte told me:

When I played about with oh should I maybe like, I don't know try and like, when she goes into a deep sleep, when she begins to co-sleep, then move away. But I just can't do it instinctively. I cannot do it. So I know that is not for me or our little relationship.

Charlotte positions her 'instinct' around co-sleeping as an indication of what is 'right' for her and her daughter's relationship. By using 'instinct' as a justification for her behaviour, Charlotte highlights the fact that her parenting style is 'natural'.

Even if women did not explicitly use the word 'instinct', this notion was inherent in descriptions of their parenting styles. For example, when I asked Jackie whether she had read any parenting guides she responded:

There are lots of philosophies out there and I'm not great at reading books when it comes to that kind of stuff. So to be honest erm I'm kind of just, I'm kind of going with what feels right I suppose.

We can understand the phrase 'what feels right' to be a reference to instinct. Furthermore, Jackie distances herself from the use of parenting manuals, which implies that her parenting is primarily based on instinct. All the women in this study distanced themselves from the suggestion that they followed a specific parenting manual or style, and in doing so, aligned with the notion that their parenting was primarily instinctive. For example, Charlotte was the mother who could most easily be identified as following the 'baby-led' approach to parenting. She breastfed on demand, co-slept with her child, wore her child in a sling whilst she completed jobs in the house, and avoided spending any time away from her child. These practices are consistent with baby-led parenting (also known as 'attachment' parenting), although Charlotte herself never used this term. When I directly asked Charlotte about the fact she had bought a book by Dr Sears, one of the highest profile advocates of attachment parenting, she was keen to disassociate herself from this specific approach:

KM: you said you'd been looking at a new book

C: oh yeah

KM: is it by doctor Sears

C: yes I ordered that mmhmm

KM: and you said it's more like [attach] is it attachment parenting you'd call it

C: [yes] yeah yeah

KM: so could you say a little about

C: oh shi::t but I don't think I do do that

Charlotte appears reluctant to talk about the fact she bought a parenting book by Dr Sears: I position her as having read the book, but she responds by saying she has simply 'ordered it', without further elaboration. When I ask her to discuss the book (and therefore

the approach) in more detail, she responds with the expletive 'oh shit', again indexing a wariness towards the topic. She concludes by disaligning with the approach entirely, stating that she does not think she does 'do' attachment parenting. By distancing herself from this approach, Charlotte is able to imply that her parenting is based on instinct.

Although the women in this study constructed themselves as parenting 'instinctively', which is in line with the norms of 'socially acceptable' motherhood, intensive motherhood also demands that women be 'expert-led' when it comes to child-rearing. As Hays (1996:71) argues, 'mothers are faced with a plethora of advice admonishing them to be at once nutrition experts, psychological counsellors, and cognitive development specialists'. In line with this norm, the women in this study spoke about having sought out expert advice and knowledge regarding their baby's development. For example, during a discussion about the somewhat divisive parenting 'expert' Gina Ford, Zoe told me:

I wouldn't say I'm totally against it. It's just a bit too militant for us but having said that, I will every now and then check her book just to be like erm, just more kind of general things from it. So roughly at four to six months how many hours should they be sleeping and things like that.

With this statement Zoe presents herself as ambivalent: she distances herself from Gina Ford's 'militant' childcare methods, whilst also presenting herself as a mother who seeks out expert advice regarding her baby's physiological needs.

Here then we encounter a further conflict inherent in contemporary understandings of 'socially acceptable' motherhood. Women must be both 'instinctive' *and* 'expert-led'. In extract 22 we see Sylvie attempting to negotiate this tension. In order to do so, she (i) distances herself from specific parenting manuals; (ii) displays adequate interest in her child's developmental needs; and (iii) labels her parenting style as 'instinctive'. In doing so, she is able to present herself as mother who is primarily instinctive but sufficiently expert-led.

Extract 22

- 1 KM: do you have like (.) a book you follow or like an approach [that]
 2 S: [err]
 3 no:: I would say it's like
 4 for me it's like cooking I can't follow a recipe
 5 KM: <laughs>
 6 S: I need to have different recipe and think
 7 well I would take a bit of this one this one and this one (.) and make my own

- 8 KM: /yeah
- 9 S: and I would say that (0.70) the parenting is a bit like this
- 10 KM: yeah that makes sense
- 11 S: I:: I will go
- 12 like I have a few [books]
- 13 KM: [yeah]
- 14 S: <@I have one in Spanish and one in English actually@> <laughs>
- 15 KM: yeah
- 16 S: and (0.83) I read about like
- 17 yeah at for example (.) err sixteen weeks
- 18 KM: /yeah
- 19 S: they might do that that and that
- 20 KM /yeah
- 21 S: so I kind of an idea- have kind of an idea of (0.52) err
- 22 what she might be able to do or
- 23 KM: /yeah
- 24 S: erm what is good to do with her or:: what she's able like the vision
- 25 KM: /oh yeah
- 26 < 2 minutes 1 second edited out for brevity>
- 27 S: erm (0.74) but yeah so the parenting err (1.24)
- 28 I think we are more instinctive

As was typical of the women in this study, Sylvie disaligns from the suggestion that she follows a specific parenting book or approach (line 2). The elongated articulation of 'no' emphasises this stance and by using the analogy of cooking (lines 4-9), she constructs herself as a mother who does not simply follow expert advice, but considers multiple approaches in order to 'make my own' (line 7). Similarly, when it came to parenting manuals, the mothers in Hays' study (1996:71) discussed having to 'pick and choose among the pieces of advice at their disposal'. However, I argue that disaligning with specific parenting manuals is not simply a result of mothers being inundated with advice. Rather, it is a useful discursive strategy which allows women to present themselves as mothering, primarily, based on instinct, which is an enduring ideal of motherhood (Rich 1977).

In line 28, Sylvie foregrounds the fact that her (and her partner's) parenting is 'more instinctive'. Sylvie uses 'instinctive' as a gradable adjective, premodified by the adverb 'more'. This is important, because if women are expected to be 'expert-led' in relation to parenting, parenting exclusively on 'instinct' would be a violation of the norms of 'socially acceptable' motherhood and could be understood as irresponsible. Therefore, by using 'instinct' in this way, Sylvie is able to imply that she is instinctive, but also sufficiently expert-led.

It is significant that despite disaligning from the suggestion that she follows parenting manuals, Sylvie highlights the fact that she has 'a few books' (line 12). This could be read as a change in stance, but she then clarifies that she consults the texts, not for general parenting advice, but to learn about key developmental milestones for babies (lines 17-24). This is clear from her reference to the specific time frame, 'sixteen weeks' (line 17), because information about developmental milestones is typically structured in relation to key weeks/months of a child's life. Furthermore, she states that the books grant her knowledge about 'what she might be able to do' (lines 21 & 22), and she gives the specific example of her daughter's developing vision (line 24). By discussing her use of parenting books in this way, Sylvie is able to present herself as a responsible mother who is dedicated to learning about her child's changing needs.

Perhaps more significant is Sylvie's assertion that parenting books allow her to understand 'what is good to do with her' (line 24). Given that this statement comes within the context of talk about developmental needs, it allows Sylvie to present herself as invested in, not only understanding, but also cultivating her daughter's development, thereby meeting the ideals of intensive motherhood. As the other women in the study did, Sylvie constructs parenting books as useful tools which allow her to ensure that she is best meeting her child's physiological and developmental needs.

In this extract then we see Sylvie carefully negotiating two conflicting ideals of contemporary motherhood in order to present herself as both instinctive *and* expert-led. This indicates that although women are under pressure to mother 'instinctively', they must also display adequate interest in 'expert-knowledge' related to child-rearing. In this sense, women's instinct is positioned as simultaneously inferior to 'expert' knowledge but also vital to 'good' motherhood. It is significant that Sylvie uses inclusive 'we' to present both her partner and herself as parenting instinctively (line 28). Instinct is typically associated with mothers rather than fathers. However, through the use of inclusive 'we', Sylvie potentially challenges this norm and presents parenting as an egalitarian endeavour which, as I have argued, is a norm of contemporary middle-class motherhood (Section 5.2). I now turn to a discussion about the women's use of inclusive 'we' in relation to parenting, to examine how progressive this practice truly is.

5.6 Parenting with an inclusive 'we'

The women in this study often attempted to present parenting as a joint endeavour, typically through the use of inclusive 'we'. For example, Charlotte told me:

I just feel like we're both coming from the same page so far. I'm sure we'll come up to loads of hurdles but that, so far how we're kind of approaching her and how we're seeing her and how we're like, allowing her to be new born and not expecting her to be one and you know not getting annoyed at her and not like. I don't know, so I just feel quite joined by him.

Similarly, Jackie reported:

When it's come to like you know, right, really early doors we did that kind of trying to follow a routine of eating and erm sleeping in specific intervals...quite a controlled routine, and actually the second we decided to stop doing it, we only did it for twenty-four hours, I felt relaxed again.

In her analysis of the online interactions of *Mumsnet* users, Mackenzie (2019:80) identifies a discourse of 'equal parenting', which can serve to challenge the discourses of 'mother as main parent/absent fathers'. She argues that one of the primary ways the discourse of 'equal parenting' is realised is through the use of inclusive pronouns (Mackenzie 2019:8) which can bring 'a partner into the family sphere and position them on...a more equal footing' (Mackenzie 2019:81). However, Mackenzie (2019:84) demonstrates that even constructions of parenthood which appear to be 'gender-neutral' are often underpinned with 'gendered parent roles'. This finding is in keeping with the work of McMahon (1995) and Hochschild (2012), which demonstrates that women are keen to present parenting as egalitarian (and therefore themselves and their partners as progressive), regardless of the lived reality of motherhood.

Word frequency analysis of the parenting sub-dataset revealed that in relation to child-rearing, inclusive 'we' was used a total of 45 times. While all the women used inclusive 'we' to some extent, Jackie (20 tokens) and Sylvie (15 tokens) used it most frequently. Sylvie was always keen to emphasise how supportive and involved her partner was. In the following extract we see her attempting to legitimise the fact that parenting was not being equally shared between herself and her partner. The extract is taken from the fourth interview I conducted with Sylvie, during a discussion about her parenting style. The extract begins at the point where she is recounting what she learnt about the parenting norms of the Berber people

of Morocco, from a local guide during a tour of the region. This extract is significant because in order to legitimise the unequal distribution of labour in relation to child-rearing, Sylvie draws on (and thereby reproduces) traditional gender roles. This was somewhat surprising, given that she had previously labelled herself a feminist (albeit reluctantly), and was strongly committed to pursuing a career outside of motherhood, stances which might typically be considered to be progressive.

Extract 23

- 1 S: in the Berber err tradition
- 2 KM: /yeah
- 3 S: they say that (.) the (0.65) the three first years the baby has to be with the mothers
- 4 so dad (.) kind of doesn't really interact with the baby
- 5 KM: /yeah
- 6 S: because the baby needs the mother
- 7 KM: /yeah
- 8 S: after (0.74) they consider it- the dad consider them mmm the baby as a (0.71)
- 9 err (1.38) as a (1.68) errr as a brother? I can't remember (0.80)
- 10 so he kind of (.) come (.) a bit more (.) in the life
- 11 KM: [yeah]
- 12 S: [and] the mother kind of (.) disappears a bit more
- 13 KM: [yeah]
- 14 S: [so the] erm (0.79) no
- 15 the dad act like a dad to show
- 16 this is not good you don't do that [this] is not good you [don't do or]
- 17 KM: [yeah] [like discipline]
- 18 S: more discipline the paternal (.) [paternal] side?
- 19 KM: [yeah] /yeah
- 20 S: and after when they are kind of erm (.) secondary school?
- 21 KM: /yeah
- 22 S: he become like a (.) friend [or a brother]
- 23 KM: [yeah] OK
- 24 S: so (.) err and I find it quite interesting because it's actually (.) quite true
- 25 KM: yeah

- 26 S: she really needs (.) me::: (.) for the basic needs now (0.80)
 27 and she will need her (.) dad (1.37) later on more [later on]
 28 KM: [yeah no]
 29 S: for (.) other (.) teaching that I will not be::: good for- [good] at or::
 30 KM: [yeah]
 31 S: so:: (0.69) we try to balance it out but we are (0.83) conscious about
 32 she needs me more now
 33 KM: /yeah
 34 S: and (.) but (.) he's still here
 35 KM: [yeah]
 36 S: [like] when I need a break too
 37 KM: /yeah
 38 S: so I think we kind of (.) find a balance for the moment [on that]
 39 KM: [yeah]

Sylvie's representation of the Berber approach to parenting (lines 1-22) is what we would classify as 'traditional'. Women are understood to be the primary carers of young children (lines 3 & 6) and fathers are understood to be absent during the early years of child-rearing (lines 4). Furthermore, she emphasises that a father's primary role relates to providing discipline (lines 15, 16 & 18) and that once children are of a secondary school age, fathers and their children enjoy a more equal relationship (lines 20 & 22). Significantly, she offers no critique of this state of affairs, rather she asserts that this understanding of the differential roles of mothers and fathers is 'actually (.) quite true' (line 24). With this phrase Sylvie signals her acceptance and reproduces the understanding of traditional gender roles.

Sylvie attempts to legitimise the currently unequal division of childcare in her home through reference to her daughter's needs (lines 26 & 27). First, she states that her daughter 'really needs (.) me::: for the basic needs now' (line 26). The intensifier 'really' and the elongated articulation of 'me' help Sylvie emphasise the strength of her daughter's needs. The phrase 'basic needs' is most likely a reference to the fact that, because she is exclusively breastfeeding, Sylvie is solely responsible for feeding her daughter. In this sense, she is meeting her daughter's 'basic' need to eat. However, the phrase also serves to devalue Sylvie's contribution to child-rearing and masks the significant effort involved in the daily care of a young baby. This minimisation of the important role she currently plays in child-rearing is

bolstered through Sylvie's representation of her partner's imagined future input. She states that in the future her daughter will 'need' her father for 'other (.) teaching that I will not be::: good for- good at' (lines 27 & 29). 'Teaching' is an activity which is typically associated with more value than simply meeting a child's basic needs and therefore her partner's contribution to parenting is positioned as being of higher value than her current role. Furthermore, in order to highlight the necessity of her partner's input, she negatively evaluates herself, stating that certain aspects of teaching she 'will not be::: good...at'. Here, Sylvie reproduces the understanding that women are responsible for the day-to-day 'basic' childcare, while fathers are responsible for 'teaching' children important lessons. In this way, she aligns with the 'traditional' understanding of parenting that she discussed in relation to the Berber community.

Despite this traditional representation of the roles of herself and her partner, Sylvie attempts to reposition parenting as egalitarian (line 31 & 38), and when doing so she consistently uses inclusive 'we'. The elongated articulation of 'so' and the pause which precedes the phrase 'we try to balance it out' (line 31) alludes to that fact that in reality this is difficult. Sylvie implies that this difficulty is the result of the fact that both she and her partner are 'conscious about' the primacy of the mother-baby relationship (line 31). Again, Sylvie is somewhat hesitant in admitting this disparity, as indicated by the pause which precedes the word 'conscious' (line 31). It is important to note that beyond breastfeeding, Sylvie's partner could potentially be involved in all other aspects of parenting and caregiving. Therefore, by presenting her child as needing her 'more now', Sylvie again attempts to legitimise the unequal division of childcare, whilst simultaneously reproducing the understanding of women as primary carers. Sylvie does attempt to include her partner in current childcare arrangements by stating that, 'but (.) he's still here' (line 34) and adds: 'like when I need a break too' (line 36). The idea that her partner provides her with 'breaks' from childcare is reliant on the notion that she is primarily responsible for childcare and that he is not required to participate equally. McMahon (1995:245) comments on this issue, arguing that in the current cultural context 'men's help is seen as a favour men confer to women rather than a right women can demand'.

Within this extract we see that although Sylvie attempts to position parenting as egalitarian, she is reliant upon, and thereby reproduces, traditional gender roles in order to legitimise aspects of child-rearing that are in fact unequal. Furthermore, her attempts to highlight the importance of her partner's contribution to parenting include the devaluation of her own actions. The fact that Sylvie does not critique the unequal childcare arrangements within her home illustrates the pressure women (and in particular middle-class women) are

under to present parenting as joint endeavour. However, in doing so, they potentially mask the significant work they do in raising children.

5.6.1 Parenting as an unequal endeavour

Despite the 'norm' of presenting parenting as egalitarian, some of the women in this study did occasionally discuss the fact that the burden of childcare primarily fell on their shoulders. For example, Charlotte told me:

I tease him about this now. He does like zero parenting pretty much, Monday to Friday, cos he's up and away by like (.) def- well this morning he left at like ten past eight so he got, like played with her a little bit just lying on the bed before he went, but then by the time he comes back she's normally feeding to sleep.

Charlotte implies that her partner's job prevents him from being able to contribute to parenting in any significant way and the fact she 'teases' him about it suggests that she may not be entirely happy with this state of affairs. The woman who most often commented on the unequal distribution of childcare in the home was Jane. McMahon (1995:241) found that 'working-class women with partners described a more unequal division of family work than the middle-class women who had partners'. Jane was arguably the least middle-class woman in this study and therefore my findings potentially support those of McMahon (1995). Importantly, McMahon found that although working-class women were more likely to report an unequal division of labour, this did not mean they accepted it. As we see in extract 24, Jane highlights the fact that she is primarily responsible for looking after her daughter; however, like Sylvie she is reluctant to explicitly critique her partner. This indicates that the norm of presenting parenting as egalitarian constrains women's ability to negatively evaluate their partner's lack of involvement. We also see Jane attempting to negotiate the fact that her partner has accused her of being overly child-centric, which highlights another tension women must negotiate in relation to 'socially acceptable' motherhood: women must be child-centric but not *too* child-centric.

Extract 24

- 1 J: yeah Dave sort of said to me the other day
 2 <increased pitch> {and he's not said anything before} but
 3 he said whenever she's with me you're still there and you're like
 4 <motherese> {do you want this toy do you want that one} (0.55)
 5 and (.) I suppose I do it without knowing

- 6 KM: yeah of course
- 7 J: but obviously (.) because when I'm here he's not here so he never does that
- 8 KM: /yeah
- 9 J: but then equally when we're both at home on a weekend he'll do his own thing
- 10 KM: /yeah
- 11 J: and then I'll (.) still be with her and I said
- 12 well that's because
- 13 I'm:: used to being with her whereas you kind of just say I'm off to the gym
- 14 and he says I'm only off to the gym because (.) blah blah blah
- 15 KM: /yeah
- 16 J: erm and you're with her but actually (.) it's good that he said it cos I didn't realise but
- 17 my mum says as well I'm like that like if your dad's got one of the grandchildren
- 18 I'll say <motherese> {do you want this toy do you want that one}
- 19 KM: /yeah
- 20 J: she said it's just cos you (.) you don't want em
- 21 sort of like looking at you not thinking that you're interacting with them
- 22 KM: wondering why you're not doing it cos you're usually yeah
- 23 at least he said something though [so you can like]
- 24 J: [yeah]
- 25 KM: try and
- 26 J: I mean he is really good he does help around the house anyway

Jane recounts her partner critiquing her for continually engaging with their daughter during moments when he is caring for her (lines 3 & 4). By stating that she had no knowledge of the fact she was behaving in this manner (lines 5 & 16) she presents her actions as unintentional. In doing so, she attempts to distance herself from the 'overbearing' or 'helicopter' mother stereotype. Helicopter parents 'are rarely out of reach, pay extremely close attention to their child, and rush to prevent any harm' (Ingen et al 2015:7). This definition bears a striking resemblance to the norms of intensive motherhood, the only difference being that helicopter parents are frequently negatively evaluated (Ingen et al 2015). Here we see another tension that women must negotiate when attempting to present themselves as 'socially acceptable' mothers, they must be intensive, but not *too* intensive or overbearing. It is significant that Jane positively evaluates her partner for raising this issue (line

16), as it implies that she understands her behaviour to have been 'wrong' in some way, with his critique affording her the chance to modify her actions. In this way, she reproduces the notion that mothering *too* intensively is problematic.

In order to explain the fact that her partner does not engage in this type of 'helicopter' parenting, Jane makes clear that it is she who does the majority of childcare and that being away from her daughter is, therefore, unusual (lines 7-16). This explanation starts with the word 'obviously' (line 7), which allows Jane to construct the division of childcare in her home as largely inevitable and therefore unavoidable, due to the fact her husband works whilst she is at home with the baby (line 7). Significantly, she then seeks to problematise this justification, by reporting that even at weekends when they are both available to provide childcare, 'he'll do his own thing...and then I'll (.) still be with her' (lines 9 & 11). The phrase 'his own thing' implies that her partner engages in activities solely related to meeting his own needs. Jane contrasts this with her own behaviour: 'I'll still be with her'. The word 'still' indicates that this is the 'normal' state of affairs for Jane. She reiterates this point by stating that she continually engages with her daughter when she is with her father because 'I'm:: used to being with her' (line 13). The elongated articulation of first person 'I'm' allows Jane to emphasise that it is she who does the majority of childcare. Furthermore, by stating that she is 'used to' being with her child, she implies that her partner is not, thereby highlighting the inequality in the provision of childcare. Interestingly, Jane represents her partner as defensive about the suggestion that he does not do an equal amount of childcare (line 14 & 16). The phrase 'blah blah blah' (line 14) allows Jane to suggest that her partner offers various excuses for attending the gym rather than looking after his daughter. Importantly, it also allows her to imply that she does not understand these excuses to be valid. In this way, she indicates that she is not entirely accepting of the unequal division of childcare in her home but avoids explicit negative evaluation her partner.

Although Jane initially appears to be accepting of her partner's critique, she attempts to justify her 'helicopter parent' behaviour by stating that her mother behaves in the same way when she is caring for her grandchildren (lines 17-21). She highlights the similarities in their behaviour by mimicking herself and her mother as using the phrase 'do you want this toy do you want that one' when talking to babies who are being held by a male family member (lines 4 & 18). Furthermore, she represents herself and her mother as using motherese when articulating this phrase. In this way, she foregrounds herself and her mother's behaviour as inherently child-centric. She bolsters this presentation by reporting her mother's rationale for this behaviour, which is also entirely child-centric: 'you don't want em sort of like looking at you not thinking that you're interacting with them' (lines 20 & 21). Here, Jane implies that it is

normal to continue engaging with your child when they are being held by another adult because you do not want the child to think you are ignoring them. By recounting her mother's justification, Jane attempts to normalise her 'helicopter' parenting tendencies and repositions the behaviour her partner dislikes as child-centric and therefore largely understandable. I align with her justification, by suggesting that the child may be confused if she stopped engaging because she is the one 'usually' caring for the child (line 22).

During this exchange I am careful to ensure that I do not critique Jane's partner, and therefore after aligning with her justification. I positively evaluate her partner for discussing his concerns about her actions (line 23), which Jane aligns with (line 24). Following my positive evaluation of her partner, Jane offers a further positive evaluation: 'I mean he is really good he does help around the house anyway' (line 26). The phrase 'help around the house' suggests that Jane does not expect her partner to contribute equally when it comes to domestic labour and is therefore grateful of any additional help he offers. This positive evaluation, therefore, reproduces the notion that women are primarily responsible for domestic labour and that men who do offer 'help' are going above and beyond in some way.

This extract is significant for a number of reasons. First, it highlights a further tension women must negotiate when enacting a 'socially acceptable' mother identity position, which is that they must be intensive but not *too* intensive. Significantly, although Jane was initially accepting of her partner's critique, in order to justify her behaviour she attempted to reposition her actions as child-centric and therefore acceptable. This illustrates that it is difficult for women to negotiate what constitutes *too* intensive parenting. Second, unlike the majority of the women in this study, Jane did not attempt to present parenting as an egalitarian endeavour, rather she presents the unequal division of childcare as inevitable. I suggest that this is down to the fact Jane was more 'working-class' than the other women in this study and was therefore not as bound by the norm of presenting parenting as egalitarian. Significantly, like the working-class women in McMahon's study (1995), Jane was not entirely accepting of the unequal division of labour, as evidenced by the fact that she chose to report that even at weekends her partner did not contribute equally to childcare. By being open about the unequal division of childcare in her home, Jane avoided minimising her contribution to childrearing in the way that Sylvie did. On the basis of these findings, I suggest that the middle-class norm of presenting childcare as egalitarian (regardless of the actual division of labour) is damaging to women as it masks the labour women undertake in relation childrearing.

5.7 Evaluations from others

We have seen that during talk about breastfeeding, evaluations from others were important in the construction of the women's emerging identities as mothers (Section 4.4.5). Women also spoke of evaluations from others in relation to their parenting styles. For example, Zoe told me:

I want people to think I'm doing a good job of this right...this mum thing...and to think that people think that you're doing well. That like, that's what you want people to think about you erm. Which is why I say you'd have to be really confident that you were doing that in order to kind of be very honest with people and be like actually last night was a shit night or whatever.

Zoe explicitly articulates a desire for people to approve of her parenting style. Furthermore, by switching to indefinite *you* she generalises her feelings and suggests that this desire makes it difficult for women to be honest about any parenting difficulties they are experiencing.

For Helen, her own mother's evaluations of her parenting appeared to be important. Helen regularly cited her mum as an inspiration when it came to parenting. She credited her mum with encouraging her to breastfeed and offering practical help with this activity. However, she also spoke of her mum's negative evaluation of some of her parenting decisions:

On Saturday he got into bed probably about half-four and we actually had, we slept until nine o'clock, all three of us. It was like the best sleep I've had in ages and he was in bed with us. And I never thought that that would ever be how I, course then you tell your mum, my mum and she was oh you're going to make a rod for your own back cos he's never going to settle outside of, I don't know, but it worked. He's slept, we were all refreshed, no one died, we didn't roll on him or anything and it was fine.

Helen presents her mother as disapproving of her decision to allow the baby to sleep in the parental bed. Importantly, Helen does not directly challenge her mother's opinion; rather she lists the benefits of her own decision. The fact she includes her mum's critique indicates that other people's evaluations of her parenting are important to her, whether they are positive or otherwise. The fact that the women discussed how other people evaluated their parenting styles, supports the assertion that mothers operate under a constant state of 'surveillance' (Douglas and Michaels 2004:6; Henderson et al 2010). Furthermore, it may also indicate that

women's emerging identities as mothers are not solely down to their own positioning, but that they could also be affected by other's evaluations.

Charlotte was the mother who most frequently discussed how others potentially perceived her parenting style and she frequently displayed ambivalence about her mothering abilities. When I asked how she felt she was doing as a mother she replied:

I really, I think I am brilliant at being a mum to Matilda. Do I think I'm a brilliant mum?
Probably not. But do I think I am to Matilda? Absolutely. Do I think anyone else could do it better? Absolutely not.

Although Charlotte presents herself as confident in her ability to be a good mum to her specific child, she carefully avoids stating that she is a 'good' mum in general. This positioning is curious as it suggests that she feels she is not meeting normative ideals of 'good' motherhood, despite being a 'good' mum to her own daughter. I suggest that this statement stems from the fact that Charlotte typically presumed her parenting would be perceived negatively by others. Indeed, the subject of others' perceptions of her parenting style clearly caused Charlotte anxiety. For example, she told me that she was struggling to describe her parenting style because:

I stay away from talking with people about how I parent. Because of their assumptions and how they talk about how they parent, or they have parented, or little comments. Like I'm really sensitive to people's comments about it.

She even expressed worry about whether her husband thought badly of her for being content to stay at home with their daughter: 'I wonder what Samir thinks you know, is he amazed or does he think she's just sat round the house all day. I don't know'.

In extract 25, we clearly see the anxiety Charlotte feels about other's evaluations of her parenting style. Throughout the extract, she distances herself from other mothers' parenting styles, implies her own style will receive negative evaluation, and attempts to justify her parenting decisions.

Extract 25

- 1 C: like when I meet up with the other (.) mums from NCT
2 and they're talking about (0.78) I don't know (0.72) like (0.59)
3 <middle-class voice> {oh yeah I've just I've stopped changing his nappy three times a
4 night now}
5 C: and I'm thinking well I never bloody changed it [<@once@> <laughs>]

- 6 KM: [*< laughs >*]
- 7 C: *<@because@>* like ju- I wouldn't disturb her ju-
- 8 unless she was crying and I couldn't work out why
- 9 [then] I'd think oh it might be your nappy
- 10 KM [yeah]
- 11 C: but I wouldn't think oh (0.55) you know how they say oh
- 12 feed then change a nappy feed then change a nappy
- 13 I never did that at night time (0.57)
- 14 but I'd never say that (.) [in] a million years
- 15 KM: [cos] /no
- 16 C: because I'm just gonna get bothered with the opinions I'd get back
- 17 KM: /yeah
- 18 C: because I know I won't change what I'm doing
- 19 KM: /yeah
- 20 C: and then it'll just annoy me (0.56)
- 21 KM: [yeah]
- 22 C: [that] I know they think that even though I think I think they think that *<@anyway@>*
- 23 KM: *<@yeah@>* but you don't wanna know
- 24 C: I don't just want it in my face I just wanna ignore it

Charlotte distances herself from the NCT women through a stylised performance of their talk about nappy changing, during which portrays them as overly attentive middle-class mothers (lines 3 & 4). She presents the NCT women's parenting decisions as overly intensive, stating that in comparison to changing nappies three time a night, 'I never bloody changed it *<@once@>*' (line 5). The laughter which follows this statement indicates that Charlotte feels slightly uncomfortable in this admission, but is attempting to appear light-hearted. Sensing Charlotte's discomfort I also laugh in an attempt to align with her (line 6). She also positions her parenting decisions in relation to nappy changing as running counter to widely accepted advice on the topic (lines 11 & 12). This is potentially risky, given that women are expected to be 'expert-led'. In order to minimise this potential threat to her identity as a 'good' mother, she states 'I never did that a night time' (line 13), which implies that in the day she did follow this advice and is, therefore, sufficiently 'expert-led'.

It is significant that Charlotte chooses to justify her parenting decision, despite having implied that the NCT mothers are overly attentive. In order to do so, she situates her motivation as inherently child-centric: 'I wouldn't disturb her' (line 7). Furthermore, she recounts a situation in which she would change her daughter's nappy during the night (lines 8 & 9), which allows her to illustrate that she is practical about meeting her daughter's needs. Importantly, Charlotte's justification includes a number of false starts and laughter (line 7), which indicate that she is worried about how her parenting style is perceived.

Charlotte consistently implies that her parenting style will be negatively evaluated (lines 14, 16, 22 & 24). This first occurs in line 14, when she states that although she has never changed her daughter's nappy after each night feed: 'I'd never say that (.) in a million years'. Charlotte's lack of willingness to discuss her parenting decisions implies that she presumes she will be negatively evaluated. The superlative phrase 'in a million years' highlights her absolute commitment to this stance of non-disclosure. Crucially, she justifies this stance by stating that: 'I'm just gonna get bothered by the opinions I'd get back' (line 16), which indicates that the feedback will be damaging to her. Despite this, she attempts to position feedback from others as inconsequential to her parenting style (line 18). I suggest that in doing so, Charlotte attempts to present herself as relatively confident in her parenting decisions. This is important, because it serves to devalue the (presumed) negative evaluations from others and allows her to imply that her parenting style does not need modification. It is clear that Charlotte understands that the presumption she will be negatively evaluated is a slightly irrational one, as indicated by the laughing articulation in line 22. Sensing Charlotte's discomfort, I again laugh in order to align with her (line 23).

This extract is significant because it highlights the fact that women often feel their parenting decisions are under surveillance. Indeed, Charlotte's decision to report her stance of non-disclosure regarding her parenting practices for fear of negative evaluation highlights the pressure mothers are often under. Although Charlotte works to distance herself from, what she perceives to be, the overly attentive parenting style of the NCT mothers, this does not mean she ignores their presumed negative evaluations. Rather she works hard to justify her own parenting decisions in order to maintain a 'socially acceptable' mother identity position. Charlotte appears ambivalent about the decisions she has made because they do not conform to those of her own NCT group, or with widely accepted parenting literature. This suggests that women's understandings of their own mother identity positions are potentially affected by other's (real or imagined) evaluations.

5.8 Concluding remarks

In this chapter we have seen that talk about parenting styles and decisions has important implications for the women's emerging identities as mothers. My analysis demonstrates that for all the women in this study, the 'good' mother was child-centric; but what counted as child-centric was negotiated on an individual basis. I have argued that child-centeredness is at the heart of intensive motherhood ideology (Hays 1996), which dominates contemporary, Western understandings of 'good' motherhood. We can, therefore, say that the enactment of a 'socially acceptable' mother identity position is constrained by the discourse of 'child-centeredness', whatever 'child-centeredness' may mean in practice.

In light of this hegemonic discourse, the women in this study typically took stances which allowed them to highlight that their approach to parenting was child-centric. Importantly, my analysis demonstrates that in reality it is difficult to maintain an entirely child-centric presentation of self. Sleep was an area of parenting where many of the women admitted to not being entirely 'baby-led'. Significantly, my analysis showed that this admission often led to mock-serious negative evaluations of self, which indicates that the child-centric norm of intensive motherhood constrains women's ability to present themselves as 'good' mothers in instances where they are not being entirely child-centric.

My analysis has illuminated the conflicts and tensions that women must negotiate in relation to parenting played out at the micro-level of interaction. We have seen that women are expected to be both instinctive and expert-led when it comes to parenting. In order to negotiate this apparent contradiction, the women in this study typically disaligned from the suggestion that they followed specific parenting manuals, which was a useful discursive strategy that allowed them to imply that they were parenting primarily based on instinct. However, the women frequently discussed the fact that they did use parenting manuals in order to learn about babies' developmental milestones. In this way they were able to present themselves as 'responsible' mothers who were at once sufficiently expert-led and child-centric.

Conflicts in relation to child-centeredness were also evident in the women's talk. We saw, for example, that although she presented as 'child-centric', Jane was conscious to distance herself from the overly attentive 'helicopter parent' stereotype. This indicates that although women must always be child-centric, they must avoid becoming 'overbearing'. Although Charlotte made the seemingly child-centric decision to take a 'career break' in

order to dedicate herself to raising her daughter, my analysis indicated that she felt ambivalent about this decision. Charlotte worked hard to legitimise her choice in the face of multiple discourses which devalue motherhood and stay-at-home motherhood in particular. We saw that Zoe, who intended to return to work, drew on the common trope of the 'boring' and 'unintelligent' 'stay-at-home mother' in order to legitimise her own decision to go back to work. My analysis revealed the ambivalence inherent in both Zoe and Charlotte's discussions about work and motherhood. Charlotte worried she would be negatively evaluated as 'boring' and Zoe worried she would be negatively evaluated for not being 'child-centric'. This helps us to understand the damaging effects that conflicts and tensions inherent in discourses of motherhood have on women, as often they are in a 'no-win' situation. The interactional analysis of women's talk about their parenting decisions has revealed how the contradictions of contemporary motherhood first identified by Hays (1996) are both contested, negotiated and reproduced at the micro-level of interaction.

Although intensive motherhood ideology demands that women be primary caregivers, I have argued that a further norm of contemporary motherhood is that parenting should be presented as a joint endeavour. Therefore, despite the fact that the women in this study were primary caregivers, they frequently attempted to present parenting as egalitarian. Like Mackenzie (2019), I found that the women in my study frequently used inclusive pronouns in order to position their partners as equally involved in childrearing. However, I argue that this norm is potentially damaging to women. Sylvie worked hard to legitimise the unequal division of childcare in her home, but in order to do so, she relied on 'traditional' notions of gender roles. Furthermore, she devalued her engagement in childrearing in order to elevate her partner's potential contribution. In doing so, she reproduced the notion of childcare as a low status role. Although Jane did not attempt to position parenting as egalitarian, she did not explicitly critique her partner's lack of involvement. The pressure to present parenting as egalitarian constrains women's ability to openly discuss the fact that it is they who are primarily responsible for childcare. The use of inclusive pronouns in relation to parenting potentially conceals the unequal division of childcare, thereby erasing the labour of women.

I have also shown that talk about parenting frequently included evaluations from others. We saw that Charlotte was highly concerned that her parenting decisions would be negatively evaluated. Similarly, Zoe spoke of her desire for people to approve her parenting style. These findings indicate that women's emerging identities as mothers are, at least to some extent, constrained by evaluations from others, due to the fact mothers operate under a constant state of surveillance (Henderson et al 2010). This is in keeping with

Douglas and Michaels' (2004:6) assertion that, 'with intensive mothering, everyone watches us, we watch ourselves and other mothers, and we watch ourselves watching ourselves'. They conclude that 'motherhood has become a psychological police state' (Douglas and Michaels 2004:6). Ultimately this state of constant surveillance is damaging to women, as even if they are relatively happy and certain in the parenting decisions they have made, this does not necessarily protect them from others' evaluations.

Talk about parenting styles was an important site for the display and negotiation of women's emerging identities as mothers. We have seen that intensive motherhood ideology, and in particular, the norm of child-centric motherhood, constrained women's ability to present themselves as 'socially acceptable' mothers. In order to enact a 'socially acceptable' mother identity position, women were forced to negotiate a number of seemingly conflicting stances. I suggest that the result of this constant negotiation is that women often feel ambivalent about their parenting abilities and that, therefore, the social identity of 'mother' is often a conflicted one.

6 Conclusion

In the previous three analysis chapters I have provided a sociocultural linguistic analysis of ethnographic material in order to argue that the social identity 'mother' is not natural or inevitable. Rather it is a social identity position which emerges during the course of intersubjective social action. We can, therefore, understand the identity position 'mother' to be something which one must performatively enact using social semiotic resources such as language, rather than being something one inherently is. My findings have, therefore, added support to Bucholtz and Hall's (2005) principle of emergence (i.e. identities are the result, rather than cause, of linguistic practice), but I have also highlighted the specific discursive techniques which allow women to performatively enact a mother identity position.

I have shown that the enactment of a mother identity position is reliant on, and constrained by, hegemonic discourses which structure our understanding of what constitutes 'good' and 'bad' motherhood in this culture. By combining ethnographic insights and the understandings generated through the application of Hall's (1997b) framework for the analysis of discourse to the data, I identified three hegemonic discourses which enabled/constrained the enactment of a mother identity position for the women in this study. In Chapter 3 I argued that 'natural birth' discourse structured women's plans for, and understanding of, their birth experiences. In Chapter 4 I showed how the discourse of 'breast is best' was central to the women's accounts of their infant feeding decisions. Finally, in Chapter 5 I demonstrated that the discourse of 'child-centeredness' dominated women's talk about parenting styles and decisions.

Through an interactional analysis of key extracts from my data, I have illustrated that in order to enact a 'socially acceptable' mother identity position, women were reliant on demonstrating their alignment with these three hegemonic discourses of motherhood in three ways. First, we saw that the majority of women in this study consistently took stances which allowed them to highlight their desire for a 'natural' birth (Sections 3.3.1 & 3.3.2). Second, in relation to infant feeding decisions, the women in this study typically worked hard to demonstrate their commitment to breastfeeding (Sections 4.4.1, 4.4.2 & 4.4.3). Third, when it came to talk about parenting, the women frequently positioned themselves as talking a 'baby-led' approach (Section 5.3), which is in keeping with the ideal of child-centredness. My findings have, therefore, added support to Bucholtz and Hall's (2005) principle of partialness, which contends that identity enactment is constrained by the pre-existing structures of language and

ideology, but I have shown how the enactment of a mother identity position is constrained by hegemonic discourses in specific ways.

Significantly, my analysis revealed that aligning oneself with hegemonic discourse in order to enact a 'socially acceptable' mother identity position is a difficult process, for two reasons. First, the lived reality of motherhood rarely (if ever) matches hegemonic ideals. For example, although the majority of women in this study aspired to have a 'natural' birth, none of them achieved this aim (see Table 6). This disjuncture between desire and reality did not, however, lead to a questioning or abandonment of 'natural birth' discourse. Instead, women undertook a significant amount of discursive work in order to present their interventionist births as best meeting the 'natural' ideal. We saw, for example, that the women consistently eschewed responsibility for having interventions by positioning clinicians as decision makers (Section 3.4.2). Furthermore, they discursively mitigated the extent of the interventions they did receive, thereby presenting their interventionist births as closer to the 'natural' ideal (Section 3.4.3). For the majority of the women in this study, the reality of breastfeeding proved to be more difficult than the discourse of 'breast is best' allows. Despite this, women typically remained committed to the 'breast is best' ideal, choosing for example, to negatively evaluate themselves for being 'naïve' about the reality of breastfeeding (Extract 11) or positioning breastfeeding as a difficult skill which had to be learnt from experts (Section 4.4.2). My analysis also demonstrates that it was hard for the women in this study to maintain an entirely child-centric presentation of self. However, the ideal of child-centeredness endured and, therefore, women offered mock-negative characterisations of self when discussing aspects of their parenting which were not entirely child-centric (Section 5.3). My findings indicate that the hegemony of these three discourses is such that regardless of lived experience, women are reliant on demonstrating an alignment with these discourses in order to enact a 'socially acceptable' mother identity position. The difficulties inherent in this process of alignment mean that the construction of a 'socially acceptable' mother identity position involves a considerable amount of discursive work.

At this point it is important to recognise that although one effect of ideology is to encourage speakers to forget that they are the 'function of discursive and ideological formations' (Eagleton 2007:196), the women in this study occasionally indicated their understanding of the fact that their experiences of motherhood were structured by hegemonic discourse. For example, we saw Zoe discussing the dominance of 'breast is best' discourse and the emergence of the counter discourse 'fed is best' (Extract 10). Similarly, Charlotte outlined the discourses which serve to devalue the social identity of the mother, and the 'stay-at-home mum' in particular (Extract 21). Crucially, however, the women's awareness of the discursive

formations which governed their experience of motherhood did not necessarily protect them from the regulatory powers of such discourses, not least because in order to performatively enact a 'socially acceptable' mother identity position, they were typically reliant on an alignment with hegemonic discourses. This suggests that even if we are aware of the ideological formations which constrain our experience, we are likely still bound by them. However, this does not mean that the women in this study were entirely powerless in relation to hegemonic discourses of motherhood. Instead they carefully reworked these discourses in order to performatively enact a version of 'socially acceptable' motherhood that was unique to them. For example, although 'natural birth' remained the ideal for the majority of women, what constituted 'natural', and the degree to which women aligned with this discourse, was negotiated on an individual basis. For Helen 'natural' meant a birth in an obstetrics unit with limited pain relief (Section 3.3.2), whilst for Sylvie it meant a home birth with a specialist home-birthing team (Section 3.3.1). By taking an interactional approach to data analysis, I have furthered our knowledge of how hegemonic ideologies of motherhood are managed, reproduced and contested at the level of the individual subject.

Approaching identity enactment from the perspective of stance-taking was crucial in allowing me to uncover the second reason that demonstrating alignment with hegemonic discourses of motherhood is often a difficult process, which is that such discourses exhibit a number of conflicts and tensions. Such tensions are potentially problematic and may be damaging, as women are often placed in a 'no-win' situation when it comes to motherhood. Women must be 'pro-breastfeeding' but not 'too extreme' (Section 4.4.4); 'child-centric' but not 'overbearing' (Section 5.6.1); 'instinctive' but at the same time 'expert-led' (Section 5.5). They must be primary caregivers but represent parenting as an egalitarian endeavour (Section 5.6.1); breastfeeding should be 'natural', but they should seek out 'expert advice' on how to do it (Section 4.4.2). The result of these tensions is that the enactment of a mother identity position is reliant on women taking a number of seemingly contradictory stances. For example, we saw that Sylvie worked hard to position her parenting style as 'instinctive' but at the same time expert-led (Section 5.5). Jackie consistently presented herself as committed to breastfeeding but also distanced herself from an 'extreme' pro-breastfeeding social type who she positioned as *too* committed to breastfeeding (Section 4.4.4). A key strength of this thesis is that these findings problematise the understanding of social identities as simply the accumulation of stances (Rauniomaa 2003, cited in Bucholtz and Hall 2005:596). Instead, my research indicates that stance-taking is a primary resource that speakers use in order to negotiate their social position in relation to the pre-existing structures of discourse and ideology. During these negotiations, speakers may be reliant on taking conflicting stances

towards the same stance object. My work, therefore, contributes to a smaller body of research which has highlighted the fact that identities are not always the result of consistently taken stances (McIntosh 2009; Levon 2016). This suggests that rather than solely attempting to identify the stances that speakers consistently take in order to enact a specific social identity, we should also examine the variable ways in which this process occurs. By doing so, we are able to better understand the complexities involved in the often problematic negotiation of social identity positions.

The tensions inherent in many discourses of motherhood mean that the 'mother' is typically a conflicted identity position involving complex stance-taking, the consequence of which is that the transition to motherhood is a fraught process. By conducting an interactional analysis of the stances that women took in relation to hegemonic discourses of motherhood, I have presented a clearer understanding of how women attempt to manage these difficulties in order to enact a 'socially acceptable' mother identity position. Crucially, I showed that many of these problems were never 'resolved', meaning that the construction and maintenance of a 'socially acceptable' mother identity position is a task which requires substantial discursive work.

A central concern of language, gender and sexuality research is to ask how 'linguistic data can illuminate the social world' (Bucholtz 1999:204). Through a close analysis of six women's linguistic practice, I have furthered our knowledge of what the 'institution of motherhood' (Rich 1977) looks like today. Taking a sociocultural linguistic approach to the relationship between language and the gendered identity 'mother' was crucial in allowing me to do so, because it forces us to pay attention to *both* the local context of interaction *and* to the macro structures which constrain/enable the performative enactment of identity positions. The principles set out in Bucholtz and Halls (2005) framework for the analysis of identity in interaction (Section 1.4) offer us a clear way of examining and explaining the relationship between micro-linguistic moves and macro structures such as hegemonic discourses of motherhood, thereby allowing us to give more comprehensive accounts of the relationship between language, gender and sexuality. The emergence principle was fundamental to my approach to the relationship between language and identity and in the preceding analysis chapters I have argued that the women's mother identity positions were the products of intersubjective social action, rather than being the pre-existing cause of their linguistic practice. I also drew on Bucholtz and Hall's (2005) principle of indexicality to explain how the women in this study were able to use language to construct a mother identity position. The women in this study repeatedly took stances which are ideologically associated

with 'socially acceptable' motherhood and in doing so constructed themselves as 'socially acceptable' mothers.

Given that the indexical links between language and social identities are typically mediated by ideology (Ochs 1992), it is important for researchers of language, gender and sexuality to better interrogate the ideologies which render such identities visible. Again, Bucholtz and Hall's (2005) sociocultural framework is a useful tool because it directs us to consider such structures and their principle of partialness guided my examination of how the mother identity position is constrained by hegemonic discourses of motherhood. In Section 2.4 I argued that although language, gender and sexuality scholars typically use discourse analysis as their primary method of investigation, *discourse* is typically understood to mean 'contextually specific ways of using language' (Bucholtz 2003:45). However, the partialness principle highlights the fact that in order to fully understand speakers' linguistic practice we must also consider another sense of *discourse*: structures of thought 'which determine what can and must be said from a certain position in social life' (Eagleton 2007:195). Applying Hall's (1997b) framework for the analysis of discourse to the data set enabled me to identify hegemonic (and counter hegemonic) discourses within the women's talk, which structured their experience and enactment of a mother identity position. In order to give more comprehensive accounts of speakers' linguistic practice it is, therefore, important to incorporate both types of discourse when examining identity construction.

In order to develop my understanding of the multiple discourses which affect women's experience of motherhood, I relied primarily on sociological accounts of motherhood. Indeed, a further strength of this thesis is its sustained use of sociological scholarship. Cameron (1996:33) states that much sociolinguistic research 'privileges the linguistic' at the expense of the 'socio'. Warning against this, she argues that 'however sound the linguistics, if social phenomena are treated in a naïve or cursory way, it weakens the whole enterprise of sociolinguistics, leaving it with little explanatory power' (Cameron 1996:33). Drawing on sociological scholarship has enabled me to provide the wider sociocultural context in which the women in this study experienced motherhood. Crucially, it also allowed me to interpret and situate the specific linguistic (and non-linguistic) practices of the women in relation to, not only the local ethnographic context of interaction, but in relation to current understandings of 'socially acceptable' motherhood in this society. It was, therefore, vital to ground each of the analysis chapters with a discussion about sociological research on the three hegemonic discourses which I identified as central to the women's enactment of a mother identity position (Sections 3.2, 4.2 & 5.2). This sociological grounding was vital because without, for example, fully comprehending the hegemonic position held by 'natural birth' discourse, I may

not have understood it to be significant that the women in this study worked to discursively position the medical interventions they received during birth as necessary and therefore acceptable (Section 3.4.1). However, because of the additional context provided by sociological scholarship, I could see that this positioning was a useful discursive strategy which enabled women to enact a 'socially acceptable' mother identity position. Furthermore, without the additional sociological context, it would have been difficult to explain why the decision to introduce formula-feeding involved more discursive work than the decision to breastfeed (Sections 4.5.1 & 4.5.2).

On the basis of this thesis, I suggest that language, gender and sexuality scholars should remember the 'socio' aspect of sociolinguistics. Drawing on sociological scholarship provides a rich and broad social context which helps us better interpret speakers' linguistic practice. Furthermore, by engaging with sociological scholarship the findings of language, gender and sexuality research will have heightened relevance to those in other fields. The findings of this study, for example, have significance for those in the fields of sociology, women's studies, nursing and midwifery. Taking a multidisciplinary perspective, therefore, increases the potential reach and impact of work conducted in the field of language, gender and sexuality.

Given my engagement with sociological scholarship, it is important to discuss how the findings from this study contrast with such accounts and to consider the implications that this has for future research. Principally, my analysis contributes to our growing understanding of how women's experiences of motherhood differ from hegemonic representations of that experience. In addition, my findings have illuminated the ambivalent feelings that the transition to motherhood can provoke in women. Both of these contributions are important because, as I have shown, the women in this study sometimes felt under-prepared for certain aspects of motherhood and the disjuncture between expectation and reality was often distressing. I hope that by considering aspects of the lived reality of motherhood, my work will help to challenge hegemonic representations which serve to largely minimise or even erase the many difficulties associated with the transition to motherhood.

My contribution differs from those of sociological accounts of motherhood in two ways. First, through detailed interactional analysis of women's talk, I have revealed that women use multiple levels of language in order to negotiate their place in relation to hegemonic discourses of motherhood. If I had solely focused on the content of women's talk, as sociological accounts of motherhood overwhelmingly do, I would have missed the numerous discursive techniques women used in order to contest and/or reproduce hegemonic discourses of motherhood in the enactment of their own 'socially acceptable' mother identity

positions. Perhaps more importantly, I would also have missed much of what was actually being communicated. This is because the women used multiple levels of language in order to signal their orientation to the content of their talk. For example, Charlotte used stylisation in order to critique 'natural' birth advocates, thereby legitimising her own desire for a 'medical' approach to birth (Extract 3). Similarly, Helen used vari-directional voicing in order to mock her 'naïve' pre-baby self and to subtly challenge hegemonic representations which construe breastfeeding to be a relatively simple and easy process (Extract 11). These findings are in keeping with previous research which has shown that speakers use all levels of language in order to take stances towards the content of their utterances, from vocal quality (Levon 2015) to morphological variation (Snell 2010). Due to these problems which are associated with sociological accounts of motherhood, sociocultural linguists are well-placed to offer vital contributions to our understanding of how women experience motherhood in reality. In addition to this, by revealing the amount of work (discursive and non-discursive) that goes into the enactment of a mother identity position, we are able to further problematise the ideological notion that motherhood is a 'natural' identity position. This is an important task for feminist researchers because:

the myth about the ease and naturalness of mothering...is propped up, polished, and promoted as a way to keep women from thinking clearly and negotiating forcefully about what they need from their partners and from society at large in order to mother well without having to sacrifice themselves.

(Wolf 2001:5)

Sociocultural linguistics offers us the tools to better interrogate motherhood, thereby allowing us to contribute to the vital knowledge already generated from sociological investigations into this topic.

Second, the insights generated through prolonged participant engagement provided additional context to the women's talk, which was crucial in allowing me to better understand their linguistic practice. For example, the extent to which women minimised the trauma associated with birth and breastfeeding in our initial interviews only became clear as the research progressed. Thus, in the final interview when women reflected back on the early stages of motherhood, they were typically more open about the pain and difficulties that they had initially faced. The context generated through prolonged engagement with participants is, therefore, key to understanding the complexities and challenges involved in the transition to motherhood. Furthermore, given the multiple changes that occur during the initial few months of motherhood, capturing only a single moment in time is unlikely to tell us much about how women actually experience this transition. The women's evaluations of themselves as mothers

and the issues they faced changed over the course of this study. It was only through prolonged participant engagement that I was able to identify the issues which were most important to the women. Crucially, longitudinal research also gives us a better chance of recording how women *actually* feel about motherhood, rather than capturing what women think they *should* say about this topic. The surveillance women often feel they are under when it comes to motherhood is a potential barrier to investigating this subject. Prolonged participant engagement is a methodological tool which can help us to overcome this issue, as it allows us to develop trust and rapport with research subjects, which in turn facilitates more frank and open discussions. In addition, feedback from the women in this study suggests that conducting multiple interviews prevents participants from saying what they think we as researchers want to hear, because it is hard to sustain an insincere presentation of self over an extended period. On the basis of these findings, I suggest that studies which take a longitudinal, participant-driven approach are vital in allowing us to develop a deeper understanding of how women experience motherhood.

As discussed in Section 1.3, scholars working in the field of language, gender and sexuality share the common goal of a 'political commitment to social justice' (Bucholtz 2014:23) and take a specifically feminist perspective to research. Throughout this thesis I have drawn attention to the fact that second wave feminisms have been instrumental in promoting the ideals of 'natural' birth and breastfeeding. Although it is clear that these movements had positive intentions, namely challenging the masculinisation and medicalisation of maternal health care, they have also had negative effects on the lives of women. At this point it, it is important to acknowledge that due to the small participant sample of this study, broad conclusions cannot be drawn about how women in general experience motherhood, on the basis of this thesis. Indeed, the experiences of the six women who participated in this study should not be regarded as typical. This lack of generalisability could be seen as limitation of the current work. However, as discussed in Section 2.2.1, small non-random samples such as the current study's are common in ethnographic research (e.g. Lareau 2011; Jones 2012) as the aim of such works is to provide detailed accounts of a specific social group's behaviour, rather than to draw broad conclusions about large social groups (Section 2.1). Furthermore, as argued in Section 1.6, although my results solely reveal the discursive strategies that the six women in *this* study used to enact their mother identity positions, I have argued that their experiences were constrained by, and relate to, hegemonic ideologies of motherhood which provide the wider context in which all women in this culture experience motherhood. Therefore, how the women in this study used language to 'do' a mother identity position tells us something about how we currently conceive of the social identity 'mother'. In addition to this, the findings from

this thesis align with those from studies on motherhood in other disciplines, which have shown, for example, that women face a significant pressure to breastfeed (e.g. Murphy 1996; Schmied and Lupton 2001; Knaak 2005; Brookes et al 2016) and that women frequently aspire to the ideal of 'natural' birth (e.g. Frost et al 2006; Macdonald 2006; Malacrida and Boulton 2014). On this basis it is, therefore, possible to make a number of suggestions regarding the role that feminist researchers should play in future attempts to improve women's experience of motherhood.

First, throughout the research I was struck by the long-lasting and sometimes dramatic physical and emotional effects that birth had on the women in this study. This suggests that 'natural birth' discourse leaves women unprepared for the reality of birth and serves to minimise the significant impact of this 'natural' process. One participant reported that she had been scared by what had happened to her body during labour because no one had thoroughly explained the different interventions she had received. This left her feeling lost and frightened during the early post-partum period. If we choose to continue representing birth as a 'natural' process that women should find relatively easy, we are minimising one of the most significant and potentially difficult events in a woman's life, which may leave women feeling that they cannot ask for proper healthcare and support. Furthermore, although 'natural' birth is presented as the ideal to which women should aspire, in reality many women will receive some form of medical intervention during birth. The material effects produced by 'natural birth' discourse are constrained by pre-existing hierarchies, which means that in a clinical setting the medical account of birth typically retains hegemonic status (Section 3.5.1). What then is the sense of encouraging women to aspire to 'natural' birthing methods if such desires are often ignored in a clinical setting? It may simply be setting women up to fail. Given that 'natural birth' discourse was founded on the principles of biological essentialism and religious belief (Dick-Read 2013; Moscucci 2003:171), this is a movement which feminism should continue to critically examine. For if feminism is about allowing women choices, then we should work to challenge the 'natural' birth ideal and instead valorise all birthing options which have proved safe for both women and their babies. In this thesis then, by critically examining the ideal status of 'natural birth' discourse and demonstrating the often negative effects it has on women's understanding of themselves as mothers, I have contributed to the body of work seeking to problematise this ideal (Oakley 1979; Cosslett 1994; Wold 2001; Moscucci 2003).

Like 'natural birth', the hegemony of 'breast is best' discourse is also problematic. In Western contexts where clean water and adequate sanitization is available, it is important that women have real choices in relation to infant feeding decisions. Particularly in the early stages of motherhood, breastfeeding was often a fraught, exhausting and painful process which

placed added pressures on the women in this study as they were unable to share the load. Feminist understandings and approaches to breastfeeding are varied. On the one hand, cultural feminism typically promotes breastfeeding as an empowered choice, viewing it as a 'uniquely female role that should be offered special protection' (McCarter-Spaulling 2008:207). On the other hand, liberal feminism highlights the fact that breastfeeding is a highly restrictive, time-consuming and labour-intensive process which can act as a barrier to women participating in non-maternal activities. From such a perspective, formula-feeding would be viewed as the 'liberating' choice (McCarter-Spaulling 2008:207). Cultural feminism's celebration of breastfeeding often excludes women who cannot, or do not want, to breastfeed, which can lead women to feel as if they have failed in some way.

Related to this is the problematic assumption that infant feeding decisions are a matter of individual choice. This understanding ignores the fact that 'structural factors influence that choice, particularly for disadvantaged women' (McCarter-Spaulling 2008:210). The relatively high breastfeeding rate of the women in this study (Table 7) is likely due to the fact that the participants were in the sociodemographic group most likely to breastfeed, they were older, middle-class women with higher levels of education (Section 4.2). Furthermore, all the women in this study had access to breastfeeding support groups. This not the case for all women in the UK, since local councils were made responsible for increasing breastfeeding rates in 2015 (UNICEF c2019b) (Section 4.2). Therefore, rather than simply promoting breastfeeding and ignoring structural barriers to this practice, feminists should seek to ensure that if women want to breastfeed there is adequate support available for them to do so. By critically examining the status of 'breast is best' discourse, this thesis has contributed to the growing body of research which has sought to revise our understanding of the benefits and disadvantages which relate to both breast *and* formula-feeding (Blum 1993; Knaack 2006; Wolf 2011; Taylor and Wallace 2012). Only through such re-thinking will it be possible for women to be free to make real choices in relation to infant-feeding decisions and to do what is best for themselves and their families.

Each of the women in this study reported that they had benefited from taking part in this project (Section 2.2.7). For the majority of women involved, the primary benefit was that it allowed them time to reflect on the transition to motherhood and to think more deeply about the changes they had been through. A number of the women commented on the fact that health visitors were unable to spend much time with them and Sylvie strongly felt that it was the baby's health, rather than the mother's, which was the primary concern during post-natal visits. Given the current spending cuts in public health services, health visitors who would have traditionally spent time supporting women during the post-natal period, are now being

overburdened by unmanageable caseloads (Bunn 2019). Participation in this study thus provided the women with a valuable opportunity to discuss their experiences of motherhood openly. This suggests that as ethnographers it is possible to 'give back' to our research participants simply by allowing them space to discuss their lives and by treating their experiences as worthy of record and analysis. Furthermore, it indicates that feminists interested in motherhood should work to ensure that more is done by the health service to allow women space and time to discuss and process their experiences of motherhood in a non-judgemental environment.

As discussed in section 1.3, the postmodern feminist turn in the field of language, gender and sexuality has encouraged scholars to investigate non-mainstream gender and sexual identities (i.e. those which diverge from the heteronormative ideal) (Cameron 2005). The purpose of such scholarship is to redress the fact that early research in language and gender, such as Lakoff (1973, 1975), typically focused on the linguistic practices of white, middle-class, heterosexual women. Although it has been argued that a sociocultural analysis of motherhood was necessary due to the relative lack of research into the linguistic enactment of this identity position (Section 1.2.1), the participant sample of this study could be considered problematic due to its relative homogeneity. The homogeneity of the participant sample was not by design, indeed I tried to recruit women from a range of socioeconomic backgrounds (Section 2.2.1). However, as is frequently the case with research on motherhood, those who volunteered to participate were white, heterosexual, cis-gender, middle-class and had higher levels of education (Leung et al 2013; Manca et al 2013). In other words, they were the type of women who intensive motherhood ideology positions to be the 'ideal' mother (Hays 1996; Arendell 2000; O'Brien Hallstein 2017). The sociodemographic characteristics of my participants mean that this study does not contribute to that aspect of contemporary language, gender and sexuality research which aims to diversify our understanding of the range of identities related to gender and sexuality. However, as has previously been argued (section 2.2.1) the participant sample recruited for this study is appropriate, given that the aim of the thesis is to examine how hegemonic discourses of motherhood affect women's experience, and linguistic enactment of this identity position. Indeed, the women in this study were potentially more constrained by the hegemonic discourses of motherhood because their social positions afforded them the opportunity to meet the constructed ideal. The majority of women in this study had the time, money and education to allow them to engage in intensive parenting methods, from baby-led weaning to taking their children to 'sing and sign' classes. Women without such resources would potentially have been less constrained by hegemonic discourses of motherhood, simply because the material constraints imposed by their social

position would have prevented them from attempting to meet such ideals. This understanding is supported by the findings of Lareau's (2011) study on social class and child-rearing styles, which demonstrates that due to material constraints, working-class parents are less engaged with intensive parenting methods than their middle-class counterparts.

Although the participant sample of the current study was, therefore, appropriate to its specific aims, there is much potential for future research in this area. For example, language gender and sexuality scholars should investigate how mothers, whose social positions place them outside contemporary understandings of the 'ideal' mother, experience this transition and construct their own forms of social identity. What discourses do they draw on to enact and legitimise their own mother identity positions? Are the three discourses I identified as important to middle-class women's enactment of a mother identity position still important to these other mothers, or do they draw on counter-hegemonic discourses? Given the difficulties I, and other scholars of motherhood have faced in attempting to recruit non-middle-class participants (section 2.2.1), I suggest that future researchers would benefit from liaising with specific organisations designed to support women during the transition to motherhood, such as charities and the NHS. This may enable them to access and recruit a wider range of participants, thereby diversifying our understanding of women's linguistic enactment of a mother identity position. Related to this point is the fact that within language, gender and sexuality scholarship (see section 1.3), community of practice theory has proved a valuable methodological approach which has provided a clearer understanding of how locally-specific identities related to gender and sexuality emerge during the course of intersubjective social action (e.g. Eckert and McConnell-Ginet 1992; Bucholtz 1999a; Jones 2012). During the transition to motherhood, women typically engage in many groups which could be deemed communities of practice, from antenatal classes, to breastfeeding cafes and local parent and child playgroups. I suggest that taking a communities of practice approach to motherhood might be beneficial in explaining how individual women's experience of motherhood is shaped not only by hegemonic discourse, but by the group norms of the local communities of practice in which they participate. Working within a specific organisation designed to support women's transition to motherhood could, therefore, provide researchers with a wider range of participants and facilitate a communities of practice approach to the study of this topic. Future language, gender and sexuality scholars should work to further our understanding of how women from different sociodemographic backgrounds use language to negotiate the transition to motherhood, thereby diversifying our understanding of the social identity 'mother'.

Sociolinguistic studies which investigate motherhood have the potential to be impactful beyond academia. For example, I hope to present my data and findings about

women's birth experiences and expectations to clinical practitioners in order to draw their attention to the effect their interactions can have on women's understanding of themselves as mothers. We saw, for example, that Charlotte felt 'disempowered' by clinical staff's dismissals of her knowledge and desires during birth (section 3.5.1), which had a considerable impact on her well-being in the initial post-natal period. By engaging with clinical staff in this way, I hope to contribute to the multiple efforts made to improve women's birth experiences.

Throughout the research process, several participants discussed aspects of motherhood which 'no one talked about'. For Jackie in particular, this led to feelings of anger and upset as she strongly felt that if other women had been more open, she could have been better prepared for the initial few weeks of motherhood. Much of what was left 'unsaid' about motherhood often related to bodily changes and processes which women may feel it is 'unsavoury' or impolite to talk about. One participant argued, for example, that she should have been warned to buy large sanitary pads for the first few weeks of motherhood as these provided adequate protection and comfort. On the basis of these findings, I suggest that there is potential to develop, for example, a social media campaign where women can share information and tips they wish they had known prior to birth, which would have helped them in the initial aftermath. Women could share their advice anonymously, which might encourage talk about topics women often feel embarrassed to discuss. This information could then be widely disseminated via social media, which would potentially benefit a large number of women. This type of campaign would enable women's voices to be heard and help to ease some of the significant stress women are under in the first few weeks of motherhood by providing not only a sense of community, but also practical advice and solutions.

During the transition to motherhood, women must contend with the physical and emotional effects of birth along with the many complexities involved with caring for a new baby. My research has demonstrated that during this transition women must also carefully negotiate their place in relation to hegemonic discourses of motherhood which promote largely unrealistic ideals, which imposes a further burden. It is possible to argue, therefore, on the basis of the research in this thesis, that there is nothing 'natural' or inevitable about becoming a mother. Rather, as Wolf asserts (2001:5) this transition 'is a far greater work of stoicism, discipline, patience, and will than the ideology of "motherhood" allows'. My study has contributed to our understanding of the discursive work that goes into the enactment of a 'socially acceptable' mother identity position and has highlighted the many difficulties involved in this process. In doing so, I believe that I have advanced our knowledge of what the 'institution of motherhood' (Rich 1977) looks like today and the effects that this structure has both on women's linguistic practice and their understanding of themselves as mothers. My

research on motherhood has been complex but highly rewarding. My hope is that other sociocultural linguists and those in the field of language, gender and sexuality will take up this topic of study in order to illuminate the difficulties that women face, and to highlight the intense labour that women undertake, in order to achieve the social identity of 'mother'.

7 References

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8 Appendices

8.1 Appendix 1- Participant information sheet



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Participant Information Sheet

Name of research project: Language and maternity: An exploration into how women use language to construct maternal identities during the transition to first-time motherhood

Lead researcher: Kate Moore

Email contact: enkm@leeds.ac.uk

You are being invited to take part in the following research project: **Language and maternity: An exploration into how women use language to construct maternal identities during the transition to first-time motherhood**. Before you decide whether you would like to participate in the research, it is important for you to understand why the research is being done and what taking part in the research will involve. Take time to read the following information carefully and please ask if there is anything that is not completely clear or if you would like some more information about any aspect of the research. Please take time to decide if you would like to take part in the research. Participation is entirely voluntary.

Thank you in advance for considering to take part in this research project.

The Study

I am interested in how first-time mothers use language to talk about motherhood, and particularly how their talk about motherhood changes during the transition to motherhood. I want to learn more about how women from different backgrounds talk about motherhood, and how women feel popular representations of motherhood (for example in magazines or on the television) affect the way in which they evaluate themselves (and others) as mothers.

Why is this research needed?

This study will contribute to our understanding of how women experience motherhood in different ways and use language to present themselves as mothers. This research is needed as it will highlight the range of experiences associated with the transition to motherhood, by allowing women to tell their own stories.

What will I have to do?

If you decide to take part in the study, you will be interviewed approximately 6 times during your transition to motherhood. The first interview will take place when you are approximately 28 weeks pregnant (when you are entering your third trimester) and the final interview will take place approximately 4 months after the birth of your baby. These interviews will be conducted in a quiet and convenient location of your choosing and will last between 1 and 2 hours. The interviews will be very informal, and we will chat about your experience of becoming a mother. We can also talk about the ways motherhood is portrayed in magazines and on television. I will take audio recordings of the interviews so that I can transcribe and analyse them at a later date. You will lead the direction of our discussions. You will be free to decline to answer any of my questions and to avoid any topics that make you feel uncomfortable.

In order for me to learn more about your journey to motherhood, I will also observe you in a number of different locations, such as in pregnancy support groups. These observations will take place approximately 5 times, beginning in your third trimester of pregnancy and ending when your baby is around 4 months old. I will take notes during these observations, but essentially I will just be hanging out whilst you do whatever you need to do.

What will happen to my data?

Eventually I would like to write papers and give presentations about what I observe and record during this research project. During this process it is likely that I will, for example, use quotes from the recordings I have conducted with you. If this happens, I will not use your real name and any details given in the quotes which could help to identify you (or someone else) will be removed from the recording using sound editing software. All recordings and notes will be stored on the University storage drive which is password protected, and stored in password protected files on my personal USB drive so that your personal data is safe.

Please take your time to decide whether you would like to take part in this study.

Please do not hesitate to get in contact with any questions about the project.

(email enkm@leeds.ac.uk).

Thank you for taking an interest in this research project.

This study has undergone ethical review, and received ethical clearance from The University of Leeds Ethics Committee
Ethics Reference: XXXX

8.2 Appendix 2- Recruitment advertisement

Research on language and the transition to first-time motherhood in Leeds



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Participants needed

- I am looking for volunteers willing to take part in a study about how women use language to present themselves as mothers, and how women's talk about motherhood changes during the transition to first time motherhood.



Shirin Family, <https://www.flickr.com/photos/13803543@n02/772104122/>



Kate <https://www.flickr.com/photos/17461602/>

What will the study involve?

- You will be interviewed and observed in a number of locations approximately 6 times between your third trimester and 4 months after the birth of your first child.



Research aims:

- To further our knowledge of the diversity of experience associated with becoming a mother

Get Involved:

If you are interested in taking part in this research and would like some more information I would be delighted to hear from you.

Please email me at
Kate Moore: enkm@leeds.ac.uk

This study has undergone ethical review, and received ethical clearance from The University of Leeds Ethics Committee. Ethics reference: I