

# Rethinking mothers in contemporary Australia

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## Introduction

Words written on being a mother in contemporary Australia are as frequent as droplets from a full breast and yet there is little sign of an identifiable mother's movement. An examination of the topic reveals several disjunctures which shed some light as to why this might be so. The first of these is a gap between the expectations and the experiences of first time mothers.<sup>1</sup> A sense of a displaced self for women within families is graphically depicted by Michael Bittman and Jocelyn Pixley (1997) as an experience of 'cognitive dissonance'; how can this be so? This phenomenon is evident in multiple texts with authors reflecting on their struggle to make meaning of their experience. What comes next are problematic divides evident in both academic studies of women-as-mothers and in the popular texts. These disjunctures are exemplified by a continuing reliance on an individuated understanding of being a mother that is formulated on the basis of gendered roles, experience and/or choice.

While there have been continuing attempts to explain the confluence of factors Susan Maushart (1997) and Wendy LeBlanc (1999) argued that there has been a silencing of the issues in Australia. This was followed by Anne Manne (2005) who emphasised Catherine Hakim's (2000) Preference Theory and personal choice as a driving factor. Yet, Virginia Haussengger (2005) reflected on her experience of infertility to exemplify the personal loss that she encountered from prioritizing her workplace ambitions and Susan Johnston (1999) graphically depicted continuing bodily outcomes that beset her as a consequence of the birth of her child. Meanwhile there has been a preoccupation with the mother-infant bond through books such as *Baby Love*; a title that has been endlessly recycled. There has been a continuous stream of titles that describe the daily life of being a mum while in contrast Betsy Wearing (1984), Lyn Craig (2007) and Christine Everingham (1994) have highlighted the social location of care and mother-infant interactions within the historical and social context. These later titles along with the work brought together by Marie Porter (2005; 2008; and

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<sup>1</sup> *An international review of the literature on the Transition to Parenthood (TtoP) demonstrates gendered economic outcomes, high levels of maternal stress and depression, declining marital satisfaction and significant issues related to identity (Garvan 2010).*

forthcoming) problematize the experience of women-as-mothers and, in turn, raise the question of method. A continuing focus on the individual, experience and/or choice has the effect of discounting the interplay of structure and agency through meanings associated with mothering.

A gap in analysis is paralleled by a divide in strategy between first and second wave feminist movements in Australia. During the 1920s and 30s a central concern was to improve endowment payments to women within families, whereas in the 1970s and 80s the focus turned to equal pay and associated campaigns for workplace reform. In Merrindahl Andrew's (2008) PhD thesis she waded through social movement theory in an attempt to explain how Australian feminists formed positions on work and care. This is a project that arose from a very public questioning of movements that, at least on the surface, did not frame their campaigns in terms of mothering or motherhood. A third and last divide is evident in a gap between access to gender equity and the social structuring of care that importantly frames and in turn perpetuates the disjunctures.

This chapter argues that feminist movements for change in Australia are way-laid through a conceptual framework that necessarily divides and therefore conquers. I introduce the dependency theory of Eva Feder Kittay (1999, 2002) and Martha Fineman (2001, 2004) and show how the requirements of care deprive the primary care-giver access to equity through a 'derivative dependency' with associated 'exit options' that disadvantage the primary care-giver. This social structuring constitutes discordance between claims to rights and dependency; care that is associated with the maternal body. The social location of the primary care-giver sets-up a schism between access to equity and the structuring of dependency. Divides between the expectations and the experience of women-as-mothers and schisms that are evident in both popular and academic texts are a product of a social structure that privatizes and thus individualizes the effect. The chapter points to links between dependency theory and a sustained analysis of the welfare state that highlights underlining principles that deprive women-as-mothers access to the rights of citizenship. However, while analytic frameworks emphasise choice and/or maternity movements continue to champion an individualized conception of birth preference, a continuing and historic divide between this Rights based agenda and the everyday experience of women, will continue to cloud avenues for change. It

is at this point that representations and meanings associated with being a mother become critical.

### **The privatization of care that prompts an experience of cognitive dissonance**

The position of women in Australia has changed dramatically since the lifting of the marriage bar in 1966, whereby women were legally required to leave their jobs when they were married. Increasing numbers of women are moving through all levels of education and taking up non-traditional roles in the workplace. These changes have been accompanied by a diversification of family forms, a blossoming of child and aged care facilities and a declining fertility rate that threatens economic growth. Twenty per cent of women will not have a child in Australia today and figures from the substantive HILDA<sup>2</sup> database demonstrates that couples/women would like to have more children than they do currently (Qu, 2004). Yet, long time researchers, Philip Cowan and Carolyn Pate Cowan (1998, 175), who reviewed twenty longitudinal studies on family breakdown found an elevated risk of marriage when couples became parents; an outcome that is mirrored in high levels of marriage breakdown in Australia today. Furthermore, an inordinate fifteen per cent of women are documented to have suffered postnatal depression. This is a figure that does not reflect a much larger group who are battling fatigue and raised levels of stress and anxiety. These changes in tandem represent the single most significant social trend over the same period while conceptions of the family as a social unit and mothering as a set of prescribed practices have proven to be enduring; they are embedded within our consciousness and throughout the social system.

In this late modern period, the birth of a child is a life-changing experience for many women. The contours of their lives take on new meaning as they develop a new and often profound connection with their infant. This bond is informed by a multiplicity of factors that are social, cultural, inter-personal and intrapsychic, elements that are held together through meanings associated with care. The requirements of care often lead women to review their life course and relationships often change, including those with their husband/partner, friends and family.

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<sup>2</sup> Household, Income and Labour Dynamics in Australia carried out by the Australian Institute for Family Studies.

Most women who become mothers in Australia are married or are cohabiting with the father of the child, and the baby brings the couple together in a new way. These families exist within a social system that privatizes care for dependents, infants in this case, within the family, through a divide in law and policy between the public, state and market, and the private, family arenas.

The work of care<sup>3</sup> has been represented as private, associated with roles and responsibilities, and thus is often experienced in relation to identity; with an associated moral or value perspective on the good or bad mother, and the good or bad provider. This privatization has been upheld by an understanding of the autonomous individual who is not responsible for care; a notion that has informed Rights discourse and is thus an anathema to the position of the primary care-giver, who is generally a woman. A divide in law and policy effectively blocks the primary care-giver from access to full citizenship rights (Thornton 1995, 144–173; Thornton 2006, 158; Fineman 2004, 37; Kittay 1999, 41; McCain and Grossman 2009) and has held back trends towards gender equity. It is important to recognize that the discourse relevant to the experience of women-as-mothers is often individualized in theory through notions of equity, and gendered through associations with care. Dependency theory provides for critique, while an emergent body of literature on care is seeking out new ways to conceptualize a non-gendered structuring of dependency.

There has been a long held debate within feminism between proponents of gender equity and those who uphold the centrality of gender difference and the contours of the debate have been refined in the work of Eva Feder Kittay (1999, 2002). Her thesis brings together concerns regarding equity and diversity with issues regarding dependency or care. Dependency theory provides analytical categories that are useful for locating the social position of the primary care-giver, particularly in the early years after the birth. Dependency is a feature of the human condition and thus there are ‘inevitable dependencies’ that are associated with infancy and childhood, illness, disability and with frail old age. The patriarchal marriage, which is carried over through institutional practice, relies on gendered roles whereby women, as dependency workers are held apart from claims to equity.

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<sup>3</sup> I am referring to ‘care’ as social practice, as set out by Beasley and Bacci (2005) rather than as an abstract moral disposition.

This social structuring of care is mediated by race/ethnicity, sexuality and class through intersections with cultural practice. This is exemplified by ‘other mothering’ within social groups or class privilege that can ameliorate the effect of structure through privatized services. Most often there is a ‘dependency worker’ and in the case of infants ‘the charge’, the primary care-giver, or dependency worker, is generally a woman. This dependency relationship is marked by care, concern and connection, tending to others in their state of vulnerability. The dependency worker is structured according to a form of ‘derivative dependency’ within the family where relations between the provider and the care-worker are inherently unequal. The autonomy of the dependency worker is not the same as the provider and this is exemplified by an inequality of ‘exit options’; the bargaining position of the dependency worker is worse than the provider. These conditions have important economic consequence but also have the potential for psychological, political and social dependencies. Equality within the gendered family form is complementary rather than parallel, equal but different. However, the relations between the ‘familial dependency worker’ and the breadwinner are inherently unequal; there is a power imbalance. This inequality arises from both objective and subjective factors that make the ‘exit options’ for the dependency worker less viable than for the breadwinner. Kittay eloquently expresses the position here:

Her own needs, desires, and aspirations (in so far as these stand apart from the needs desires and aspirations of those for whom she cares) are set aside, deferred, or obliterated as are the exercise of those capacities needed to enter the free competition for the benefits of social cooperation ... the public arena – the purported site of equality of opportunity – is ill-suited to meet the special conditions which would make it possible for the dependency worker to enter as an equal. (Kittay 1999, 46)

This argument holds true for women as primary care-givers outside of this family form, in that the welfare state supplements this work through family policy that upholds the privatization of care within varied family forms, sole parent families for instance. When families experience difficulties, the state can step in and effectively uphold institutional practices that have developed in conjunction with the patriarchal family form.

This project by Kittay, together with work by Ruth Lister (1997, 2003) on citizenship, Susan Moller Okin (1989) on justice, and Martha Fineman (2001) on social contract, contextualize issues often experienced by women-as-mothers. Their work provides a platform to identify and articulate factors that contribute to the contradictory nature of the dynamics. Critical work from within feminism continues to contest the public–private divide, with the current emphasis being on interconnections between macrosocial and microsocial factors (Irwin 2005; Smart and Neale 1999; Jamieson 1999). This claim is exemplified by evidence of a reinforcement of gendered roles within families by workplace practices (Lewis and Campbell 2007).

Meanings associated with both motherhood and fatherhood are necessarily played out through the family form and the family as a social institution has proven difficult to access and analyse. For decades feminists have drawn attention to the interconnections between the so-called public and private realms, often encountering difficulties in conceptualizing the links. When a woman becomes a first-time mother she is confronted with the most entrenched aspect of our patriarchal history, the relegation of dependency to the privatized family unit. This takes her to the heart of the feminist debate between equity and difference that arose from feminist critiques in landmark works such as Genevieve Lloyd's (1984) *The Man of Reason*. Lloyd exposes phallogocentric notions, based on masculine norms that inform our philosophic heritage. Much of the work that followed has been concerned to explain sexual difference and has often set the maternal subject at the centre of concern while questions remain: is gender equity possible? Is gender equity desirable within families?

The social structure can be broadly divided into the categories of the state, the market and the family (O'Connor, Orloff and Shaver 1999; Fineman 2004). The current western state informed by liberal ideology, evident in Australian political philosophy, is reliant on the family as a social unit for the everyday needs of the citizenry. The collective good is dependent on the workings of an increasingly privatized social unit. While moving away from the ideal of the breadwinner model that relies on gendered roles, the trend is towards an 'adult worker ideal' of wage-fixing that either relies on family networks or a commodification of care (Lewis and Giullari 2005; O'Connor, Orloff and Shaver 1999; Craig 2007). The issues are framed in terms of choice, the search for a work–life balance. The consequence in

Australia has been a 'one-and-a-half earner' model whereby there is a high proportion of part-time employment for women with children. Women are most often disproportionately attending to dual roles in both the workplace and the home; the 'double shift' (Hochschild 1989).

Overlapping economic, class and gender factors construct these dynamics in terms of identity. Norms of behaviour are implied by an unwritten social contract embedded through marriage and gendered conventions. Notions of choice or responsibility as justification for conditions fail to account for unanticipated consequences. The expectations are individualized through our inherited notions of autonomy and Rights, and yet the structuring of care is lodged within these wider social and economic networks. A woman's choice to have a child does not imply adherence to a maternal role; these factors need to be separated and examined. Furthermore, what of the women who have not chosen to become mothers but nevertheless become pregnant and continue with the pregnancy regardless of circumstance? These are questions relevant to the experience of first-time mothers that have an impact on their sense of self, or their identity.

Throughout the 1990s important lines of debate drawn between post-structuralist and modernist analysis led to insights and theoretical developments. But, according to Kathy Weeks (1998, 158), there is a continuing need to 'rethink the categories of the economic and the cultural in ways that can better account for the complexity of their intersections and thus call them into question as clearly distinct realms'. Numerous research studies highlight a critical link between gendered practices of child care and domestic duties that disadvantage women economically, socially and politically, thus distancing them as a group from contributing to and enjoying the advantages of citizenship (for example: Lister 1997; Dietz 1998). Women generally are time poor and thus constrained socially, through employment options, and politically, through an inability to participate in social movements (Craig 2007; Pascall and Lewis 2004). The primary care-giver is generally responsible for fulfilling caring and servicing requirements within families, for example, childcare, shopping, cooking and cleaning. There are clear divides that either enable or disadvantage groups of women according to class or ethnicity; women with access to finance, education or employment can buy exemptions. This is exacerbated in Australia by the current child focus that drives the

policy agenda and is concerned with the health of the woman-as-mother in relation to outcomes either for the child or for the family as a social unit. This relational context of the issues that arise in the early stages of parenting has become the focus of research. This is a bias that highlights the gendered dependencies that are an outcome of the social structuring of care depicted by both Fineman and Kittay; a framework that necessarily plays into meanings.

### **Ideological divides evident in popular and academic texts that are bypassed by activist agendas**

Issues related to women-as-mothers in contemporary Australia are fraught in that there is an ideological divide between an emphasis on individual choice or a more abstract analysis that highlights gendered outcomes of the social structuring of care; emphases that are evident in both the popular and academic texts. Across the western world these topics are framed by attempts to achieve a work-family balance which most often, though not always, becomes the terrain of working mothers. Attempts to improve access to child and elder care, family friendly workplaces and pay equity are on the top of agendas for change while there are continuing references to parents rather than mothers and/or fathers.

In the context of debates about choice there has been a continuing unwillingness by Australian feminist activists to formulate issues related to care in terms of motherhood which is indicative of a long-term strategy. This was evident in the decision during the 1970s and 80s not to seek remuneration for the unpaid work of care, a proposition that was represented through a 'mother's wage' (Andrew 2008, 158); there was a concern that the effect would be to lock women into gendered roles. Andrew's analysis of feminist positions at the time highlighted political factors, that fed into these kind of decisions, for example, a proposition that increased levels of unemployment were an outcome of women entering the workforce. The focus of campaigns turned to breaking down gendered roles through education and workplace reform. This tendency to steer away from framing issues in terms of the maternal is explained in part by delineating between these first and second wave feminist movements in Australia.

There are no equivalents among Australian feminist classics from the 1970s to Adrienne Rich's (1976) *Of Woman Born*. We saw Germaine Greer's (1970) *The Female Eunuch*, Anne Summer's (1975) *Damned Whores and God's Police* and Miriam Dixon's (1975) *The Real Matilda*. Summers and Dixon traced the Australian patriarchal culture to the colonial beginnings and Greer's international bestseller was trail blazing in that she exulted the body and female sexuality. She spoke about a revolution that left behind the patriarchal nuclear family, an ambition that gained momentum through attempts to find alternative family forms. Greer (1984) continued along this line in *Sex and Destiny* where she took an international perspective on the politics of human fertility. In this she set out to explain reproduction through a cultural lens and how tensions are played out between manufactured expectations and the requirements for a good life through relationships. In this gender relations or motherhood take second place to questions about what it means to be human. While in the meantime there has been continuing feminist analysis of the 'so called' divide between the public and private arenas that was fleshed out in Carol Pateman's (1988) classic work *The Sexual Contract*. While working in Australia for many years her analysis, which drew on social contract theory, highlighted the significance of marriage to the perpetuation of a gender order that upholds the patriarchal social system.

Pateman's radical socialist feminist critique has, however, all but disappeared from the public discourse here in Australia and significant tensions between the workplace and care in the early twenty-first century have been commonly addressed through reference to Catherine Hakim's (2000) Preference Theory. This work was extolled by a conservative Federal government, arguing that women are making choices about work and family that are derived from values. Hakim located three groups of women, the work centred, the home centred, and the adaptive. This last category, however, is representative of the vast majority of women who are combining both work and the requirements of care. Yet an unwillingness to frame issues related to care in terms of motherhood was picked up by Susan Maushart (1997) in the *Mask of Motherhood* and Wendy LeBlanc (1999) in *Naked Motherhood* where they both talked about a silencing. These texts circulated through book clubs in Australia and were extensively reviewed by the media and yet they are not considered seriously in academic circles. The same can be said of both Anne Manne's (2005) *Motherhood* and Virginia Haussenger's

(2005) very personal reflection on her experience of infertility in *Wonder Woman*. Much of the public discourse on motherhood has been a ‘thinking out loud’ about the experience of becoming a mother, often reflecting on the bond between mother and baby as well as outcomes for the self. This has been accompanied by a concern with outcomes of the care of infants and/or fertility issues that question feminist agendas for change. Manne’s book gives voice to these complexities while she argues for a reassertion of values associated with care. She draws from Hakim to substantiate her argument that women are choosing to combine work with the care of their infants/children. While recognising problems with a contemporary overemphasis on the individual she proceeds to argue for a maternal feminist position that conflates maternal desire with a responsibility for infant well-being; a proposition that is conveyed in the title *Motherhood*.

Since the 1970s women have been attempting to discard the confining nature of a daunting motherhood discourse, demonstrated more recently by a popularization of bad mothers. The huge success of the British television program *Absolutely Fabulous* in the 1990s pays testament to this trend. But also more recently the launch of an Australian Bad Mothers Club has been well received both by the media and has a popular base. In such a climate Susan Goodwin and Kate Huppertz (2010) have recently published a collection of papers on *The Good Mother* in discourse and practice in contemporary Australia.

The development of Australian maternal scholarship includes the establishment of the Association for Research on Mothering – Australia (ARM-A) in 2001 which exists to promote academic research on the mother/mothering.<sup>4</sup> ARM-A has held five highly successful international conferences in Australia and a selection of the work can be found in three edited collections titled: *Motherhood: Power and Oppression* (2005); *Theorising and Representing Maternal Realities* (2008); and *Mother Texts: Narratives and Counter Narratives* (forthcoming). Both Maher (2004) and Porter (2008) have focused on the skills, developed by mothers that can be transferred to the paid workforce. And both of these authors (Maher 2005; Porter 2008) have argued for the recognition of the value of the work associated with mothering.

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<sup>4</sup> I am currently the President of ARM-A which has recently changed its name to the Australian Motherhood Initiative for Research and Community Involvement (A-MIRCI).

Like the earlier work by Wearing (1984), in which she emphasises the role of ideology in the construction of social relations associated with mothering, both Everingham (1994) in *Motherhood and Modernity* and Craig (2007) in *Contemporary Motherhood*, analyse the social location of women-as-mothers. Everingham honed in on tensions between communal/kin ties and the social relations of the state, in an attempt to identify mechanisms that facilitate agency. And Craig's emphasis on the gendered use of time, demonstrates a stark difference between mothers and fathers in time spent in the care of infants and children. Everingham's important analysis which was also framed within the sociological discourse focuses on dynamics between mothers and their infants/toddlers in the early years after the birth. She draws out complexities that are a product of the mother's experience of childhood often in a context that is judgemental and unforgiving.

My (Garvan 2010) PhD study of women who became first time mothers in early 21st century Australia brought out tensions between a continuing association between mothering and selflessness that was off-set by a common ambivalence about the reality of what had become their new lives. The emphasis on choice by both Hakim and Manne covers over serious tensions that contribute to high levels of postnatal depression, marital dissatisfaction and a dislocation of the self. There is a popular movement in Australia through an Equal Pay Alliance to improve access to child care with pressure to raise the standard and salary levels of care workers; domains that are populated predominantly by women. Momentum has been building to promote family friendly workplace conditions. These are issues that are raised in the Human Rights and Equal Opportunity Report *It's About Time* (2007). A series of Secretariates have been established that are bringing together activist agendas on economics, health, domestic violence as well as the promotion of equal rights. Though many of the beneficiaries of these campaigns would be women-as-mothers there is a continuing unwillingness to talk in terms of motherhood or mothering. At the same time, while many midwives are challenging a continuing medicalization of birth, their emphasis on choice fuels a perception that individual women/couples can navigate the system rather than advocating wider institutional change.

## **Birthing Practices and Beliefs**

In the 1990s the homebirth movement came to represent the range of issues related to a de-medicalization of birth, and when this was marginalized because of indemnity issues, so was much that the movement stood for, including calls for improvements to postnatal care. The focus of postnatal research has most often been confined to the early months postpartum and thus generally bypasses this social perspective. The homebirth strategy has been to empower women, and/or couples in their birth decisions. Yet an entrenchment of these polar positions is evident through an increasingly privatized and medicalized model (Marchant 2004; Thomas 2000; Reiger 2006; Tew 1998; Kitzinger 2005) which in Australia has forced midwifery services into hospital settings or resulted in increasing numbers of doulas<sup>5</sup> going into private practice.

These trends are taking place while the emphasis in midwifery has moved to ‘continuity of care’ and/or ‘woman-led care’ whereby the relationship between the midwife and the woman who is birthing has become paramount (Page 2000, 1; Thomas 2000, 178). Through strategies such as these, midwives seek to empower women, providing access to knowledge and support so as to enhance their birth experience. The determination of ‘what is necessary’, however, is a moot point, in light of the complex social and psychic dimensions to the experience.

Women and their babies have been historically brought together through care. This is evident in the social structuring of welfare through the gendered family form but further to this from a psychoanalytic perspective, in the first weeks and months after the birth, the mother and infant ‘does almost realize a psychical system’ through care (Elliott 2004, 84). In response to this intermeshing of self with other, through social structuring and the psychic experience of birth and early mothering, the midwifery project ‘to be with women’ is limited in two ways. The first is the disciplinary framework in which nurses’ work. The professional boundaries of nurses and medical practitioners are framed by quantifiable health outcomes that are held apart from the wider social structures through a divide between a medical and a social model of health (Thomas 2000, 174). The emphasis of the Australian Women’s Health Network (2008, 16) has more recently highlighted the need for gender analysis to be included with a

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<sup>5</sup> A doula is an assistant who provides various forms of non-medical and non-midwifery support (physical and emotional) in the childbirth process.

social model of health in recognition of significant social influences over health outcomes. The second limitation is a bringing together of the subject of the woman-as-mother with the child through care, with a slippage through an assumed maternal role that informs midwifery practice, evident in references to maternal role attainment, adjustment and transition.

What it means to be a mother is necessarily fraught. It is caught up within a conceptual and structural framework that has taken some time to pull apart and examine. Feminist movements that have effected significant social change through reforms in both the workplace and education have reached a new high water mark. Proponents such as Ann Orloff (2006), Nancy Folbre (2006), Gornick and Meyers (2009) and Selma Sevenhuijsen (1998) are calling for transformational change across the institutional framework, and Nancy Fraser (1997) sees this as an opportunity as well as a challenge.

## **Conclusion**

There is necessarily an intermeshing of individual with social factors that are played out through meanings of both motherhood and fatherhood. But in order to gain a better understanding of these elements we need to move past individualized conceptions of the maternal role or maternal experience as explanatory devices and engage with wider questions about citizenship, justice, equity and/or social contract if we are to provide the conditions for women to determine what being a mother means to them. This kind of change requires a popular movement but we need to engage with complex and intricate topics around meaning and structure and how these are held together through conceptions of motherhood if one is to develop. There is clearly a lot of interest in Australia today in topics related to care and to mothering the point is to demonstrate how these arenas are held together through the woman-as-mother. There is evidence of continuing feminist critique but we must find ways to breach the divide between popular and academic imaginations so as to inform movements for change.

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