

Becoming a Parent: Negotiating the Practice of Parenthood

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SUMMARY

The thesis aims to contribute to a natural history of family life and the study of family practices by investigating the everyday hazards encountered in routine parenting and the resources on which parents draw in helping them manage these. It seeks to understand how first-time parents manage the transition, the difficulties they encounter, including tensions in their own relationship, and the sources of enjoyment as they negotiate their new identities. This longitudinal, qualitative study followed seven heterosexual couples over the first year of their becoming parents and data was generated through the use of in-depth interviews at four points over a year. Other techniques, such as audio and photo diaries, were employed to further elicit different types of data. I explore couples' accounts of the pressures on parenting and their understanding of what is involved in trying to meet contemporary parenting ideals. The messy business of parenting brings with it discursive and practical dilemmas – breastfeeding advice when a mother is in pain, advice on sleep routines when parents are on their knees with exhaustion. Experts (both professional and popular) can provide support, as can family and friends. But this also has the potential to undermine parents' own expertise. My research examines the practices they use in responding to the needs of a baby and notions of the 'right way to parent' and asks how advice and support contribute to the development of their self confidence and identities. There are also pressures arising from contemporary discourses of the 'good' mother and 'involved' father. But rather than examining mothers and fathers in isolation, the research asks how partners together manage ideals of shared parenting and how their identities as a couple develop in the transition to first-time parenthood.

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DECLARATIONS

This thesis is the result of my own independent investigation, except where otherwise stated.

Other sources are acknowledged by explicit references. The views expressed are my own.

Signed (Nancy West) Date

No portion of the work presented has been submitted in substance for any other degree or award at this or any other university or place of learning, nor is being submitted concurrently in candidature for any degree or other award.

Signed (Nancy West) Date

This thesis is being submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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1 INTRODUCTION

Parents are nation-builders. It's through love and sheer hard work that we raise the next generation with the right values. That's why this Government is doing everything possible to support parents. We're doing the big, long-term things to make this country stronger for our children – dealing with our debts; having a massive push for better schools; working to create more good, skilled jobs in our economy. But we're also focussed on making life easier for parents day-to-day, from extending childcare to increasing the number of health visitors. The parenting classes and films we're launching this week are an important part of that, providing clear, professionally-led advice on everything from teething to tantrums

David Cameron (HM Government 2012).

David Cameron's proposed parenting classes are built on the bizarre and destructive idea that parenting determines society's fortunes...The so-called 'parenting deficit' has become an all-purpose explanation for every social ill...It is this assumption – that parenting is too important to leave to mothers and fathers – that underpins government policy on the family today...Rebranding childrearing as an activity similar to driving a car is fundamental to the new moral crusade against parents...Parenting cannot be taught because it is about the forging and managing of an intimate relationship. And it is through the conduct of that relationship that people develop the insights and lessons suitable to their lives and conditions. One reason why professional intervention into family life is really unhelpful is because each relationship contains something unique, which is only grasped by those involved in it

(Furedi 2012).

Parenting is highly topical in public discourse but there is no agreement about whether we should be doing more for parents, or less, or whether they need professional advice. Issues of parenting support and parenting expertise (though not the wider politics of parenting) are central to this thesis.

The qualitative, longitudinal study on which this thesis is based examines the journey a heterosexual couple makes in becoming first-time parents. It investigates how mothers, fathers, and parents together negotiate their new roles, status and relationship, and considers the processes involved in the formation of parental identities.

The thesis aims to contribute to a 'natural history' of family life (Dixon and Wetherell 2004) and the study of 'family practices' (Morgan 2011) by investigating the everyday hazards encountered in routine parenting and the resources on which parents draw in helping them manage these. It seeks to understand how parents manage the transition,

the difficulties they encounter, including tensions in their own relationship, and the sources of enjoyment as they negotiate their new identities. I explore couples' accounts of the pressures on parenting and their understanding of what is involved in trying to meet contemporary parenting ideals. The messy business of parenting brings with it discursive and practical dilemmas – breastfeeding advice when a mother is in pain, advice on sleep routines when parents are on their knees with exhaustion. Experts (both professional and popular) can provide support, as can family and friends. But this also has the potential to undermine parents' own expertise. My research examines the practices they use in responding to the needs of a baby and notions of the 'right way to parent' and asks how advice and support contribute to the development of their self confidence and identities. There are also pressures arising from contemporary discourses of the 'good' mother and 'involved' father. But rather than examining mothers and fathers in isolation, the research asks how partners together manage ideals of shared parenting and how their identities as a couple develop in the transition to first-time parenthood.

More specifically the research questions are:

1. Through what practices and social relations do parental identities come to be formed? How do they position themselves in relation to contemporary discourses of parenting? How are identities shaped through their relationship with each other, with significant others and their parenting practices?
2. What informs the couple's decisions (such as birth and early feeding plans, how to attend to the baby's immediate needs and how to raise their child)? How are disagreements resolved and tensions managed (if indeed they are)? How do they juggle conflicting agendas about the 'right' way to parent?
3. What support do expectant and new parents value and how does this change over the year? How does this support (or lack of it) translate into parents' practice of parenting and their enjoyment of first-time parenthood?

First-time parenthood is an important research area, I believe, for two main reasons. First, parenting is a 'hot topic' politically and culturally. Second, there are gaps in our research knowledge despite extensive study of families in recent decades. I discuss these gaps below but first sketch some key elements of the current political and cultural

context. I also note my own personal interest in parenting. This introductory chapter concludes by describing the content of the thesis.

The Political and Cultural Context

A principal policy objective for the past fifteen years or so has been to end child poverty (Family and Parenting Institute 2012). The political agendas underlying this and policy rationales are varied but they have included a focus on support for parents and, more recently in response to budget cuts, a review of current childcare provision together with proposed changes in parental leave. In April 2012, the Department for Education and the Department of Health (2012) announced measures to provide flexible working arrangements for both new mothers and new fathers. These included improvements to paternity leave. The policy document stated that '[f]amilies are the most important influence in the early years' and outlined the ways in which the Government planned to support parents which included 'introducing new arrangements for more flexible parental leave [and] supporting the provision of flexible childcare so that parents can balance their working and family responsibilities' (ibid.).

In June 2012, the Government approved a new Childcare Commission to address concerns about rising costs of childcare given the impact of the current economic crisis on both middle and working class parents. The focus on wrap-around care also aims to help parents get back to or stay in work (Jones 2012). This follows an end to the ring fencing of Sure Start but there remain local and national campaigns to revitalize this programme (Day Care Trust 2012), which has been replaced by Children's Centres which are more narrowly concerned with early education and mothers' (especially lone mothers') employability (Lewis et al. 2011).

A further government initiative was launched in May 2012 to support parents in the form of free parenting classes. This was in response to the UK riots of Summer 2011, which the Prime Minister, David Cameron, attributed to bad parenting. As indicated at the start of this chapter, he stated 'parents are nation-builders...That's why the Government is doing everything possible to support parents' (Department for Education 2012). The new support service includes free classes (currently being piloted in three regions), a digital service for expectant and new parents and relationship support. The relationship counselling (provided by Relate, the Tavistock Centre for Couple Relationships and the Fatherhood Institute) will be managed and promoted by the

National Childbirth Trust (NCT), with the aim to 'encourage couples to feel that it is normal to access relationship support in the first few years of their child's life – just as they would go to an antenatal class' (ibid.). The digital information service, run by the NHS along with the Department of Health and Department for Education, will provide parents with e-mails and/or text messages 'tailored to...[their] stage of pregnancy or baby's age'. Yet, since this scheme is still in the early phase, the information currently only covers advice on 'pregnancy and having a baby up to four weeks old' (NHS 2012). The organisers of the parenting classes, which are called 'Can Parent', state '[W]e know that happy, confident mums and dads have happy, confident children' and classes take the form of local groups or on-line support (Can Parent 2012). One strand of Can Parent classes has a focus on 'team parenting', which encourages active involvement from fathers as well as mothers. It is run by the Fatherhood Institute and Netmums with a dedicated website - Raising Happy Children (2012). The organisers explain:

To work well together as parents, both father and mother need to place the child firmly at the centre of their world view; become expert at hands-on-caring; communicate their expectations and feelings; agree key parenting values and methods; deal constructively with conflict; and support each other's parenting

(Fatherhood Institute 2012).

In addition to policy initiatives, there has been in recent years a proliferation of parenting manuals (Hardyment 2007) and parenting television programmes are everywhere. In 2011, the BBC aired 'Bringing up Britain', a parenting series, which included a documentary 'Is Breast Best?' (BBC 2011a) and programmes on raising multiples and children with special needs. The 'Channel 4 On Demand' site currently has 56 family and parenting documentaries available (Channel 4 2012a) which include the recently aired 'How to be a Good Mother' (Channel 4 2012c) and 'Daddy Daycare' (Channel 4 2012b). The most popular of these, after 'Super Nanny' (Channel 4 2004 - 2012), is 'One Born Every Minute' (Channel 4 2010 - 2012), which currently has 420,000 Facebook fans (Facebook 2012) and, each evening that the programme airs, it regularly trends nationwide on Twitter (Twee 2012).

Parents' use of social networking sites is at an all-time high. According to the sites themselves, Mumsnet (created in 2000) now has nearly 5 million visitors to their site per month (Mumsnet 2012) and Netmums (also founded in 2000) is 'the UK's fastest-growing online parenting organisation with over 1.2 million members and 5 million

visits' (Netmums 2012). Each of these, as well as other popular parenting websites (such as BabyCentre 2012 and BBC Parenting 2012a), aim to provide expectant and new parents with a wealth of resources to aid them on their journey, with topics including fertility advice, child development, nutrition and immunisation. Daily broadsheets, tabloids and women's magazines are peppered with articles on parenting ranging from social policy issues to the latest celebrity pregnancy or birth announcement.

Parenting blogs are also extremely popular and, while this domain was previously reserved for the 'mummy bloggers', it is now beginning to be shared by fathers. The top 20 UK parenting blogs include those by two fathers, one a single parent (Tots100 2012)

[T]here's a new breed of blogger on the block and he's all man, holding forth on everything from weaning to screaming, and happy to dish the dirty nappies along with his female counterparts. UK-wide, popular dad bloggers include Tim Atkinson who writes *Bringing up Charlie*, and Ben Wakeling, with his *Goodbye Pert Breasts*, the diary of a newborn dad, where he is currently ruminating, and raising a smile, over whether to have a vasectomy

(Christie 2012).

Towards my Research Questions

In Spring 2008, when I began formulating ideas for this thesis, Twitter was just becoming popular and blogs, in particular, 'mummy' blogs (and now more recently parenting blogs) were firmly on my radar, for reasons I'll shortly explain. As well as the ways in which these media platforms could be highly supportive as a resource of information and support, my own participation in these social networks revealed a negative side, in the form of judgement, with mothers fiercely having to defend their choice not to breastfeed or to have a C-Section, and a media furore around Gina Ford's allegedly extreme parenting advice was underway.

My personal interest in parenting goes back a long way. As far back as I can remember I have always wanted to be a mother. One of my earliest memories was leafing through the latest Mothercare™ catalogue at the age of four and a half, after my brother had just been born. I distinctly remember being impressed by the newly launched Maclaren™ Dreamer (Maclaren 2012). 'Perfect', I remember thinking, 'I will be able to see my baby at all times but then they can face forward when they're older. Plus they

can lie flat to sleep whenever necessary'. I added it to my mental 'wishlist' of baby products. Another vivid memory was a conversation with my childhood best friend, Ollie, about how we both planned to be farmers when we were older and married (to each other). I was devastated when realising that we could not both be farmers since the amount of work and hours involved would mean that neither of us could be a full-time parent. My father stayed at home to raise us while my mother worked full-time but her flexible job meant she could return home to breastfeed my brother during office hours and so I witnessed shared parenting first hand.

However, it is not just my own wishes to be a mother that have been a lifelong interest, it is a fascination with *how* people parent, where they get their ideas from and how parents make decisions. I have always been highly engaged with the new parenting experiences of my family and friends, have been employed as a nanny (with children as young as 6 weeks old) and also as a nursery worker. Additionally, I have worked at a Sure Start project where my role as administrator included working with health and early years professionals as well as parents. It is these experiences which sensitised me to questions of support, expertise and parental confidence and to the practical and emotional minutiae of everyday parenting. They later informed my decision to undertake MSc research on the ways in which parents and nannies negotiate care and how boundaries are managed between them. The implications of my background and non-parental status on the research process for this thesis are discussed in Chapter Four.

Gaps in Research

Qualitative research on families has mushroomed in recent years, but current knowledge about parental identities and parenting practice in the transition to parenthood is, I believe, incomplete. There is value in further enquiry on four interrelated issues: on how couples manage the transition, on how advice is related to parenting, on core aspects of what is involved in everyday parenting and on new parents' relationships with others.

Firstly, there has been huge interest in new mothers' experiences and in new fathers' experiences – but heterosexual parents are rarely studied together so our understanding of processes involved in the formation of their parental identities is partial.

There is an immensely rich array of work on mothers (eg Bailey 2001, Miller 2005, Thomson et al. 2011 – many others are discussed in the thesis) and on fathers (Draper 2003, Doucet 2006, Henwood et al. 2011, also discussed in the thesis along with many others). But study populations are usually one or the other except in the case of lesbian and gay parents (eg. Gabb 2005, Stacey 2006). Where both parents in heterosexual couples have been interviewed it has often been with children of school or pre-school age (Hochschild 1989, Dienhart 1998, Doucet 2001) rather than with the initial transition to parenthood where research is more the domain of social psychology (eg. Van Egeren 2004, Baxter et al. 2008). However gendered and distinct maternal or paternal identity may be, it is also a parental identity involving a relational component (even if not cohabiting) and some kind of negotiation with the other parent (even if under duress), whatever the parents' marital status, biological or social role although these will be factors.

Secondly, despite the proliferation of expert guidance (specialist, often professional) and informal advice (media, online/social networking), much research on the professionalisation of parenting has focused on class inequalities, values and support rather than on parenting as such, on parenting itself.

A number of recent studies have examined the alleged deficit of parenting skills among the 'socially excluded' and underlying political agendas which neglect the economic causes of poverty and disadvantage (Gillies 2011). And there is a considerable body of research evaluating interventions aimed at improving health and educational outcomes for 'problem families' such as teenage mothers, single parents and their children (Lewis 2011). For middle class parents, parenting skills and resources have been examined in relation to the social and cultural capital that reproduces advantage and privilege (eg. Edwards and Gillies 2005, Vincent and Ball 2007).

But there is less attention to the ways in which advice is related – or not – to parenting practice especially among the middle class who are much less subject to state scrutiny yet also subject to wider cultural pressures of intensive parenting. So there is little research on the processes which underpin parental competence among those who are the implicit models of good parenting. And although experiences of professional advice have been extensively studied among first-time mothers with reference to pregnancy, labour and breastfeeding (which are discussed in this thesis), there has been less interest in mothers' – and fathers' – understandings of advice on parenting more

generally, the pressures they experience (if any) and in how this informs their parenting.

Thirdly, parenting is a core family practice, yet recent interest in 'family practices' has only just begun to deal with what parents actually do, what parenting entails.

One of the reasons Morgan (2011) cites for the importance of reconceptualising the family in terms of family practices, is the centrality of everyday activities, the 'unremarkable' and 'taken-for granted', as well as life events. He suggests that people's concerns with what is relatively routine or trivial tell us more about understandings of family life than do weddings and funerals, for instance. He also suggests that since practices are informed by discourses, at least in part, discursive constructions of motherhood, fatherhood and parenthood are revealed through the mothering, fathering or parenting that actors do, through the ordinary activities they engage in.

Gendered discourses of parenting (ideals of the 'good mother' and 'good father') coexist with increasingly powerful discourses of parenting (how to raise a child). Aside from advice targeted at 'problem families', there is a more pervasive culture of parenting and parenting advice which I have already noted. There has been some research on the relationship between ideals of motherhood and this wider parenting discourse (Hays 1996, Thomson et al. 2011) but fathers' experience is rarely a focus (Shirani et al. 2012 is an exception). Nor, given their principal interests in gendered discourse, do studies fully capture all aspects of everyday parenting practice. Gabb (2008), like Morgan, highlights the importance of studying everyday life, showing in particular how contemporary ideals of intimacy are played out and used in the interactions between parents and their children. Her main interest is in the everyday activities of care and affect, especially understandings of emotional and bodily intimacy. It is through these activities, she argues, that families are 'materialised'. But the care and raising of children (especially infants), and other kinds of 'messiness' beyond emotions for example, are not her central focus.

Research on childcare has mainly been framed by interests in the gendered division of labour, its relation to mothering and fathering identities (eg. Miller 2005, Dermott 2008, Henwood et al. 2011, Miller 2011). While these are crucial (and I discuss these at length in this thesis), studies don't attend to the practices of care beyond, for instance, differences in the kind of activities that mothers and fathers engage in, the time devoted to childcare, the balance between home and work and temporal dimensions of

parenting which inform fathers' involvement. Research with couples (Hochschild 1989, Dienhart 1998, Doucet 2000, Gattrell 2004), as with mothers and fathers separately, has additionally examined their understandings of different types of family work – domestic chores, childcare, financial management and household maintenance – and emotional aspects of parenting surface here with reference to fairness, resentment, compromise, and conflict. And there has also been attention to the time spent by mothers compared with fathers on different childcare tasks (McBride et al. 2005, Craig 2006). But only rarely have the activities in childcare itself and in the raising of children been a focus of enquiry (exceptions include Brandth and Kvande 2003 and Doucet 2006). Even here, negotiation with partners is sometimes alluded to rather than directly studied such as when research is just with fathers so there is neglect of parents' accounts of how they try to manage the demands of a crying child or how they wean a baby, for example, and of how solutions are renegotiated over time.

Fourthly, the role of kin in supporting parents has been an important area of study and this has recently been widened to include issues of biography and intergenerational connection. But the links between these, that is the links between support from wider kin and questions of parental identity, have not been fully explored. Nor have questions about the significance of relationships with family compared with friends and peers.

Much research has documented the persistence of extended kin relations especially between women and these are of particular significance when adult children themselves become parents (Edwards and Gillies 2005, Charles et al. 2008). Emotional support (or lack of it) includes more subjective aspects of intergenerational relationships, such as questions of biographical and cultural inheritance (or its rejection). Intergenerational research has thrown new light on parenting by emphasising the interplay of biography, structural and cultural influences. This has shown how change and continuity is mediated within families through intergenerational legacies and creative responses to material circumstances. But the focus has been on mothers (Hollway et al. 2008, Thomson et al. 2011) or on fathers (Brannen and Nilsen 2006, Finn and Henwood 2009). Yet the kinship connections of each parent intersect and they are both likely to have implications for parenting practice and identities, for parents' self-confidence and their enjoyment of parenthood. These intersections have generally been overlooked. The role of friends, as well as family, in providing support has also been well documented but could benefit from a broader exploration of the distinctive way in which friends and other peers contribute to parents' expertise and parental identities.

With increasing fluidity, change and diversity in family relationships, it has become widely recognised that family is, as Morgan (2011) suggests, whatever families do that counts as family. But he also argues that this includes the distinctions people make between 'family' and other intimates. First-time parenthood is a key moment in the life course when these distinctions have particular resonance, as individuals and couples become new parents. The journey that couples make during this transition can throw light on the construction of family identities, those of new parents as individuals, as mothers and fathers and as parents with new connections to wider kin, friendship and other networks.

Thesis Structure

The first two chapters which follow this Introduction review recent literature on parenting and family life. Chapter Two argues that new parents are the focus of an intensive parenting culture which emphasises individualism but that they remain socially located within wider kinship relations. These relations are of immense importance to couples especially new mothers in helping them to negotiate both their personal journey into parenthood and contemporary cultural expectations. The chapter identifies some of the key elements of individualisation in personal and family life along with ways in which these are limited by the persistence of more traditional attitudes and social practices surrounding parenthood. It highlights biography and intergenerational connections and it considers the extent to which such connections are shaped or not by social class. The chapter then considers what I call 'Project Baby', its significance for 'the couple' in modernity and how this is manifest in the commercialisation of pregnancy and motherhood. Finally, I discuss intensive parenting culture and its relation to the project of the self, including the emphasis on professional expertise and the particular pressures on middle class parents in the raising of children.

Chapter Three discusses the gendered discourses which shape experiences of parenting. It examines how these inform the different ways in which women and men engage with pregnancy, birth and childcare. With reference to issues of embodiment and how parents manage both care and paid work, it explores the construction of mothering and fathering identities. It argues that mothers' own expertise is undermined by the judgements of others, while fathers' involvement is undermined by feelings of exclusion as well as gendered understandings of the care that mothers and fathers can

provide. The chapter examines the social construction of motherhood including the cultural theme of individual choice, and the implications of age and social class. The chapter also considers the formation of fathering identities. I explore understandings of the 'good' father and what it means to be 'involved', including intergenerational (dis)identifications. It concludes with reference to the moral dimensions of fathering and the influence of social practice on fathers' involvement.

Chapter Four argues for a qualitative longitudinal approach in order to address the research questions identified earlier in this Introduction. Rather than examining mothers and fathers in isolation, my focus is on the parents as individuals within a couple and thus their interrelationship. The chapter outlines my research strategy, explaining the importance of qualitative longitudinal data collection for this study, and details sampling and the recruitment of participants. The chapter then outlines the process of data generation with discussion on reflexivity, mixing methods and the principal emphasis on interviews. I describe practicalities of conducting the research, ethical issues and how positive research relationships grew out of this longitudinal fieldwork. The chapter then shows the value of interviewing couples together, with particular reference to connectedness and co-construction. It concludes by describing the process of data reduction and analysis, with thoughts on dissemination.

Chapter Five, the first empirical chapter, explores expectations and experiences of pregnancy, birth and infant feeding, identifying sources of empowerment and disempowerment for both women and men. I show how expectant and new parents feel supported or undermined by specialists (different health professionals, the NCT), arguing that what is crucial to positive experience is recognition of various kinds. The chapter begins with understandings of 'natural' birth and feeding, views on medical expertise and the importance attached by couples to planning. It particularly examines questions of agency/disempowerment in birth and considers the difficulties mothers experience with breastfeeding. It concludes with discussion of fathers' roles in feeding and mothers' views on this.

Chapter Six examines ideals of sharing parenthood along with the development and impact of the division of labour/care, arguing that this is partly an outcome of the strategies couples use to involve fathers. It explores shared interpretations of involved fathering and obstacles to this especially those arising from employment. Using both interview and photo diary data, the chapter then discusses the division of labour, couples' shared views about the gendering of tasks, the ways in which they manage or

seek to manage emergent tensions over the course of the year and the implications for involvement when fathers are in 'sole charge'. The chapter concludes with discussion of mothers' return to work, the importance attributed to this and views about childcare with both partners employed.

New parents struggle not just with commitments to current ideals of sharing care but also with anxieties about how to raise a child and tensions in doing so. Chapter Seven charts that process, that is the development of parental expertise and parental identities. It argues that while the pressures of intensive parenting culture are felt by both mothers and fathers, they are also resisted. The chapter begins with couples' expectations about how becoming parents will affect their lives, the problems and pleasures they anticipate. It then discusses their parenting in practice. In examining how couples respond to pressures on the 'right way to parent', the chapter considers the constraints of putting a baby first and their selective approach to parenting advice. The chapter concludes with the implications of intensive parenting for new parents themselves. I discuss how they manage commitments to the baby while preserving activities of their own or as a couple and how they see the development of their relationship over the year.

Chapter Eight builds on discussion in the previous chapter about growing parental self-confidence. This final empirical chapter explores the crucial role in this of friends and family, including the tensions experienced especially around parenting advice. I argue that the emotional and practical support received, along with the way in which tensions are managed, is a key part of couples' developing parental identities. I argue too that while friends and wider kin are both of immense importance, it is intergenerational connections that are of particular significance in couples' identifications as a family.

The conclusion to the thesis, Chapter Nine, begins by summarising my principal research findings, identifying similarities and differences with other recent studies. I then discuss the key findings more broadly, highlighting the empirical and conceptual contribution the thesis makes to knowledge on intimacy, on parental identities and on professional advice and everyday parenting. In reflecting on the methodology, I reassess the use of couple interviews and their relation to issues of connectedness and

to questions of disclosure. I also consider strategies for dissemination and ideas for extending the research. The chapter concludes by briefly discussing the policy implications of the study.

2 THE COUPLE, CONNECTIONS AND PARENTING CULTURE

The transition of a couple to first-time parenthood in the early 21st century is shaped by social change and continuity. While couples, even heterosexual couples, epitomise the pure relationship of late modernity, the anticipation and arrival of a baby mark a turning point in both individual development and family formation. This chapter argues that new parents are the focus of an intensive parenting culture which emphasises individualism but that they remain socially located within wider kinship relations. These relations are of immense importance to couples especially new mothers in helping them to negotiate both their personal journey into parenthood and contemporary cultural expectations.

The first part of the chapter identifies some of the key elements of individualisation in personal and family life along with ways in which these are limited by the persistence of more traditional attitudes and social practices surrounding parenthood. It highlights biography and intergenerational connections, in particular their role in the development of maternal identities and in practical support for families, and it considers the extent to which such connections are shaped or not by social class. But individualisation is more evident in wider cultural attitudes to children. The second part of the chapter considers what I call 'Project Baby', its significance for 'the couple' in modernity and how this is manifest in the commercialisation of pregnancy and motherhood. The final part of the chapter discusses intensive parenting culture and its relation to the project of the self, including the emphasis on professional expertise and the particular pressures on middle class parents in the raising of children. And it examines in some detail contemporary approaches to childcare and the different 'intensive' philosophies that underpin them. The chapter draws principally on published sources, both theoretical and empirical but this final part also draws on my own background research on media and childcare advice.

The Individualisation Thesis

While industrialisation was associated with the nuclear family as a unit of consumption rather than production, more recent historical changes have seen rising rates of divorce, unmarried cohabitation, lone parenting, the acceptance of sexual diversity and families of choice (Giddens 1992, Weeks 2007, Morgan 2011). But the extent and meaning of such changes and their implications are disputed. Following a brief outline

of the individualisation thesis, I consider empirical evidence drawn on by both its supporters and its critics.

For Giddens (1992), as for others, changes in family life have been associated with specific developments such as the growth of women's economic and social independence, legal reforms, social movements, secularisation, contraception and reproductive technologies. But they are also part of what he calls a wider transformation of intimacy in which pre-given life trajectories have been replaced by a reflexive project of the self emphasising individual fulfilment and personal development. Romantic love and its association with permanence through marriage has been replaced by confluent love and the pure relationship:

[A] social relation ... entered into for its own sake, for what can be derived by each person from a sustained association with another; and which is continued only in so far as it is thought by both parties to deliver enough satisfactions for each individual to stay within it

(1992: 58).

Although recognising that structural constraints on autonomy, choice and equality such as class and particularly gender have far from disappeared, he considers that their influence, along with that of religion and absolute moral codes, is weakening. Interpersonal crises, male violence and other problems are partly symptoms of wider change which unsettles old certainties. So his account is mainly optimistic, viewing the democratisation of relationships as progressive. Others have been more pessimistic about the growth of sexual pluralism, lifestyle choice and the weakened ties of kinship, among them Bauman (2003) who highlights individual alienation and a breakdown in social commitment with the cultural emphasis on care of the self.

Beck and Beck-Gernsheim also draw more attention to negative aspects of individualisation, for example where self-reliance and the requirements on individuals to create their own lives and seek self-satisfaction bring problematic tensions:

The couple's attempt to arrange everything individually, putting aside the demands of the world outside and creating their own world out of their love for one another, transforms the inherent incongruities into personal difficulties

(1995: 3).

However, it is in this context, they argue, that children become of special significance. While children's economic role has long declined, they have acquired a unique status as a solution to issues of identity and longing:

[T]raditional bonds [now] play only a minor role and the love between men and women has likewise proved vulnerable and prone to failure. What remains is the child. It promises a tie which is more elemental, profound and durable than any other in society. The more other relationships become interchangeable and revocable, the more a child can become the focus of new hopes – it is the ultimate guarantee of permanence, providing an anchor for one's life

(1995: 73).

This helps to explain key features of parenting in contemporary culture, as I discuss below (Project Baby). It is of particular relevance for couples embarking on first-time parenthood. However, the extent of individualisation in the structure of family life and relationships has been exaggerated. The persistence of kinship ties is also of great relevance to new parents who are located within wider family connections, as I shall show. These connections are part of a family landscape that is, as Duncan and Phillips put it, as much recentred as decentred (2008: 26). This becomes clear once empirical data is scrutinised.

The changing structure of the family is – at first sight – evident in some statistical indicators of social trends. For example, in 2005 unmarried cohabiting couples accounted for 25% of adults under 60, double the proportion in 1986, while 43% of births were outside marriage, compared to just 12% in 1980 (cited in Duncan and Phillips 2008: 2). Of families with a three-year old in 2005, just 29% had a male breadwinner and stay-at-home mother and 17% were lone parent households (Dex and Ward 2007). There has also been a shift in views and attitudes attaching importance to less traditional ways of living. Data from the 2006 British Social Attitudes Survey show that weddings are seen as celebratory rather than a sign of life-long commitment, that social independence for partners is widely valued, that divorce is seen as normal, even beneficial, especially if there is marital conflict or violence, and that step parenting is widely seen as a 'good enough' alternative to biological parenting (Duncan and Phillips 2008). However, Duncan and Phillips' analysis of this large scale survey data indicates as much, if not more, continuity as change in social attitudes. They suggest that marriage is practised informally in both cohabitation and reconstituted second families following separation or divorce, evidence of commitment in relationships. And greater tolerance of sexual freedom and diversity in adult relationships does not, they suggest,

fully extend to parenting since a substantial proportion of the population believe that married (heterosexual) couples make better parents (see also Duncan and Smith 2006).

In addition, there is complexity in contemporary understandings of the family, something especially evident in qualitative research. Gabb's (2008) study exploring intimacy 'behind closed doors' shows that the new ideals of the non-traditional family are widely endorsed and in some respects actually practised. Successful families are identified as those which are close and emotionally caring. Examples include democratic interpersonal relationships, the value of negotiation and the couple regarding each other as 'best friends'. But Gabb also observes that these ideals and values may coexist with instrumental or strategic goals such as the use made by parents of open communication in order to control teenagers. Social inequalities too endure in many contemporary families, especially with evidence that domestic abuse is more widespread and persistent than advocates of individualisation acknowledge. Jamieson (1998), for instance, emphasises inequalities of class and ethnicity but in particular the very considerable impact of gender inequalities on intimate relations and parent-child relationships. Gabb's (2005) research on lesbian families showed how they create new understandings but are also framed by older ones. Their children, for example, tend to be relaxed about their family composition, but birth mothers often remain the primary carer, with other mothers the main breadwinner. Ideas about the significance of biological parenthood are unlikely to disappear simply with recent extensions to parenting rights through civil partnerships.

Other issues are emphasised in empirically grounded studies of personal life which at the same time argue that intimate relationships - and commitments - extend much more widely than believed by individualisation theorists who highlight its negative features. For Jamieson (1998), there are different types of intimacy – embodied, emotional and disclosing, the latter being an intimacy of the self. Others too emphasise forms of intimacy beyond heterosexual relationships (Roseneil 2005) or intimacy with non-humans such as pets and things, which are not premised on sameness (Gabb 2011). Chosen, rather than given, families have many positive features and diverse significant others are important. Smart argues that the individualisation thesis paints a distorted portrait of contemporary family life as it is lived, 'extract[ing] the person from their embeddedness in history, traditions, biography and relationships' (2007: 187). She argues instead for a 'connectedness thesis' encompassing the many varied forms of family within a field of personal life which 'incorporates...all sorts of relationships and

intimacies, diverse sexualities, friendships and acquaintanceships' (ibid.: 188). There is a strong emphasis in her work on relationships not based on biological kinship or marriage.

However, as Morgan (2011) notes, studies such as these often downplay the significance of family ties by exploring *other* intimate and personal relationships. So they ignore many specific questions about contemporary *family* practices. Morgan suggests that these include the ways in which intimacy in families is distinctive, such as the intermingling of embodied and emotional intimacy (Gabb 2008), the 'density' of relationships and the ways in which family members distinguish themselves from others, that is the boundaries that are drawn around intimate relationships (Jamieson 2005). As Allan (2005) notes, kin relations involve both shared knowledge and control, in contrast to the equality that underpins friendship. For Morgan, family practices also include private/public interconnections and the relationship of care to state, economic and other institutions. These are arguably of particular significance in understanding the transition to parenthood. Health professionals have a key role but so, indirectly, do corporations who market parenting products, as discussed below. Nevertheless, as Smart and Morgan both note, questions of biography and memory are a helpful way of examining the social relationships and connections in which personal lives are embedded.

Biography and Intergenerational Connections

Memory shapes biographies, playing an important role in 'creat[ing] a sense of self, identity and social connectedness.' (Smart 2007: 184). This is no more evident than at major moments of life course transition especially birth and death. When anyone has a baby they draw on memories of their childhood and are likely to have a changed perspective on their own parents. This, in turn, can result in the influence (explicit or implicit) of their parents on their own approach to parenting. Cowan and Cowan, in a 10-year longitudinal study of what happens when partners become parents, found that 'couples...made it clear that their own parents have bequeathed legacies to their children and grandchildren that are powerful and often invisible (2000: 137). And even if a new mother does not feel in any way close to her own mother, or a new father close to his own father, by choosing to reject their past, they are still, in some way, making connections to that past. Decisions about childrearing, for example, conscious or otherwise, are not made in isolation. As men approach first-time fatherhood, current

social discourses about the value of doing fatherhood differently from their own fathers' generation, by being 'involved', are very powerful and, related as they are to (changing) gender roles, are discussed in Chapter Three. My discussion of family connections begins with those between women when daughters become mothers and mothers, grandmothers. As Thomson et al. put it:

[b]ecoming a mother has always been a profound moment of personal change which ties us to the past, the future and to each other
(2008a).

Mother-Daughter Relations

[A]lthough many of the young women are increasingly individualised, self-reflexive actors seeking to make sense of intimate relations and kinship in an ontologically insecure world, kin networks, especially female kinship continue to play a pivotal role in their lives – practically, socially and emotionally. Indeed female kinship is closely interwoven with their self-identity as a caring and capable mother

(Mitchell and Green 2002: 1).

young women stand at the centre of familial dramas...and birth tends to be a collective affair involving mothers and friends as well as partners

(Thomson et al. 2008b: 7).

Both these quotations are about young working class mothers, but the themes they express – intergenerational identity work and the role of kin and others in supporting parents – are to some extent shared by all mothers, albeit in different ways.

It was Oakley's (1979) classic research which perhaps first highlighted how women experience greater closeness with their mothers through the shared experience of giving birth and raising a child. Many of those she interviewed referred to the ways in which they now identified more with their own mothers than they had in the past, felt more sympathy and were keen to maintain regular contact (1979: 265). As well as emotional closeness, a connection was also apparent through embodied practices such as giving birth or breastfeeding. The significance of these daughter-mother identifications has been confirmed and further explored in subsequent research, most recently in two studies which formed part of the ESRC programme on *Social Identities*, those of Thomson et al. (2011) and Hollway et al. (2008). Embodied connections have

particular importance in mothers' experience of pregnancy and birth so are discussed in Chapter Three, with attention here to wider issues of change and continuity.

Thomson et al.'s findings on intergenerational relations arise principally from interviews with 62 expectant mothers (from a wider questionnaire sample of 144) and case studies undertaken over the first year with 12 of these which included other family members (mainly their own mothers and grandmothers). The women were all well aware of the changes in circumstance between the generations and the grandmothers generally viewed these as positive. These included the involvement of fathers and the 'increasingly sociable, public and material enactment of mothering [evident] in baby massage, support groups and labour-saving products' (2011: 111). But there was also ambivalence among grandmothers about growing commercialisation (new 'needs' and 'stuff'), about the loss of resilience and about the intensification of motherhood due to maternal employment and the emphasis on attachment and parenting activities (see also Fox et al. 2009). The implications of these for the pressures faced by new parents themselves are explored later in this chapter (in Project Baby), but I first pay attention to Thomson et al.'s insights into the impact of transition on daughters' understanding of their own mothers' experiences.

Intergenerational work, they argue, is 'central to the project of new motherhood', that is central to new mothers' development of their own maternal identities (Thomson et al. 2011: 119). Changes in schooling and the labour market meant that 'biographical inheritance' was not easy but in some cases there was 'intergenerational recuperation...where women understood their biographies as extensions of those of their mothers – realising thwarted ambitions for education or career, or repairing the isolation or hardship that their mothers endured' (2011: 118). A parallel aspiration emerged among the 19 working class and middle class women interviewed by Hollway et al. (2008). What Thomson et al. call 'cultural inheritance' is more common, namely shared values about parenting. But while they found that some women developed much greater appreciation of their mother's experience and views, others rejected their mother's advice as irrelevant because of upward mobility, disapproval of her approach, a poor relationship or anxieties about reproducing this. Full identification or outright rejection was rare; more typical were 'partial identifications' and moments of connection *and* disconnection, each often intense. Both identification and disidentification were also common for Hollway et al.'s mothers.

As noted earlier, young working class mothers may have especially close relationships with their own mothers, but this is often reinforced by their single status. Social class differences can be overstated. For example, several in Bailey's (1999) sample of 30 middle class women described closer links with their family on account of first-time motherhood and stronger relationships in particular with both partners and mothers. Yet while Darvill et al.'s (2010) well educated new mothers felt that they had learnt how to approach pregnancy, birth and motherhood from their own mothers, they distanced themselves after the birth as part of establishing self, partner and infant as a new family unit.

Wider Social Connections

Intergenerational connections are not, however, just about maternal identities. Or rather, these are embedded in the wider reconfiguration of family and other close relationships that is prompted by new motherhood. Thomson et al. (2011, also Kehily and Thomson 2011) use two cases to illustrate the interplay of biography and structural influences in the realignment of couple relationships. One is an unpartnered teenager whose mother becomes the co-parent with wider kin support, arising from current and past socio-economic circumstances, her own personal and family history. The other is an older first-time mother whose creation of a tight, distinct family unit with her husband and child, isolated from family and friends, is shaped by the death of her own mother and positive memories of her closely bounded childhood as well as their economic position.

Thomson et al. are interested in mother and daughter biographies, with particular reference to the emotional traces of the past, the relationship of intergenerational legacies to parenting practice. This informs some work on fathers too (Brannen and Nilsen 2006, Colthart and Henwood 2012), discussed in the following chapter. Other more conventional research has highlighted broader dimensions of relational networks. For example, Charles et al. (2008), comparing families in 2002 with those they studied fifty years ago, have shown that, although partnerships are more fluid and kin are more chosen (in the sense of with whom and when contact is made), the character of support over the life course is strikingly similar. But in emphasising that intergenerational solidarity becomes stronger with the birth of children, they also emphasise that it is part of a more generalised reciprocity between kin – the giving and receiving of care and support, of different kinds and at different times, reflecting shifts

in the balance of dependence and independence. Greater working class family contact is related to geographical proximity (see also Park and Roberts 2002, Edwards and Gillies 2004, 2005) and lack of mobility for education and work. And for low-income families grandparent care of pre-school children has been a key factor in making it possible for mothers to return to employment and to work longer hours than in the past (Gray 2005). But class differences can be overstated and many of the tensions that can arise from these intergenerational relationships are widely shared, irrespective of class background. While those who care for sick or elderly dependents often find this stressful (Finch and Mason 1993), so too grandparents, especially grandmothers, can feel overwhelmed at times (Park and Roberts 2002). Newly retired adult parents may resent the way in which their free time is jeopardised by becoming grandparents (Cowan and Cowan 2000). And although relationships with families and in-laws intensify when adults become new parents, couples themselves experience additional strain if those relationships were previously poor or ambivalent since the baby's arrival rarely changes this (*ibid.*). The influence of individual and family biography (Brannen and Nilsen 2006, Thomson et al. 2011) is likely to be crucial.

Connections with friends and other significant others in the lives of parents are more influenced by social class difference, at least in some respects. The role of friends as a source of emotional and practical support is very widespread (though of particular importance for non-heterosexual partners: Pahl and Spencer 2002). Indeed, Edwards and Gillies (2004 and 2005) found that friends matter more, in practice, than extended family (there is a gap between ideals and reality), though their large scale survey sample was of parents of 8-12 year olds who did report having received greater family support when children were much younger. Yet middle class parents are especially likely to identify friends and peers, as well as some professionals, as important sources of advice on education and health (*ibid.*). Vincent et al. (2008) observed similar issues in class differences in childcare. They also found that middle class mothers who stayed at home to care for children have wider support networks among friends, while working class mothers had – aside from kin – few contacts, especially with others who had young children. Edwards and Gillies (2005), whose research addresses policy concerns about the role of social capital in parenting, also observe broader social class differences in social networks. Those of working class parents are dense, involving day-to-day reciprocal exchange and solidarity in dealing with disadvantage. In contrast, the social capital of middle class parents is more individualised, instrumental and aspirational, conferring wider social benefits and reproducing class privilege.

These wider issues are not the subject of this thesis but there are links here with social class differences in engagement with intensive parenting and hence the pressures faced by new parents, discussed below. But the role of professional advice in early motherhood – for middle class as for working class women – may be less important than that of family and/or friends. Miller's new mothers, all themselves in professional or managerial occupations, valued their own mothers' support much more than they valued that of experts, grounded as it was in personal experience (2005: 116).

So connections with family and friends are crucial to the social location of new parents. This is of particular significance for new mothers, for whom it is relationships with women that have been found to matter most. Thomson et al. add that fathers (and brothers) were rarely present in new mothers' narratives, unless their own mothers had died or remarried, and that even very supportive grandfathers were often 'in the background', 'two-dimensional figures in the wider family landscape' (2011: 119-120). However this finding is based on interviews with mainly mothers and grandmothers (with fathers in only half their case study families). Premberg et al.'s (2008) Swedish study showed that men's relations with both parents and their wider family increased during the transition to first-time fatherhood. As noted earlier, new fathers' relations with their own fathers are considered in Chapter Three, and my own research also includes the perspectives of both parents. But I turn now to other aspects of parenting in contemporary culture that highlight issues of individualism.

Project Baby

Having a child, looking after it and providing for it can give life new meaning and significance, it can in fact become the very core of one's private existence...a child provides one with a chance to find a firm footing and a home

(Beck and Beck Gernsheim 1995: 107).

Yet this project is not just one for the individual self. For a couple, it is a *shared* project. Two biographies come together, redefining themselves as a new family unit but embedded in wider connections:

Decorating and equipping a nursery was key to marking the shift from couple to family, creating a 'special place within the home for the new baby', surrounding the child with things of importance to their future and wider family

(Thomson et al. 2011: 229).

In the western world, the arrival of children can largely be chosen and planned for (due to contraception and reproductive technologies), but children bring financial burdens and responsibility rather than economic benefit in the workplace or practical help in the home. Indeed, as Beck and Beck-Gernsheim (1995) point out, the motives for having children no longer include material advantages. Rather, as noted earlier, parenthood has become a marker or signifier of commitment in the context of otherwise impermanent 'pure relationships'. Moreover, the child offers parents a chance to learn new skills or enhance aspects of their personalities, such as being 'patient, calm, solicitous and sensitive, affectionate, open and close' (Beck and Beck-Gernsheim 1995: 106). Parents interviewed by Gabb saw the investment they made in their children as 'something to be proud of...which made them feel positive about themselves' (2011: 108). Individuals also see parenthood as an opportunity to fulfil their own unrealised ambitions. Many of Hollway et al.'s (2008) mothers projected their own hopes and dreams onto their children.

Preparing for and raising a baby is, then, it could be argued, part of the project of the self, but it has acquired an extraordinary intensity in much contemporary western culture. Expectant parents consume – though not passively – an increasing array of material and visual products in anticipation of the baby's arrival, supposedly marketed to provide guidance in managing pregnancy, birth, infancy and child development. This section examines the ways in which consumption frames the project of the pregnant and birthing self. It draws on my own background research for this thesis, including collation of media resources and observation of documentaries, as well as on published sources.

A distinctive feature of Thomson et al.'s study *Making Modern Mothers* (2011) is the attention they devote to the consumption practices of expectant and new mothers, including a content analysis of specialist magazines and websites. This led them to observe that the focus appears to be 'the mobile couple of late modernity, living a version of the "pure relationship"' (2011: 127). There is little or no mention of grandmothers and fathers are marginalised. In addition, there are several ways in which the embodied experiences of pregnancy, birth and early motherhood, together with lived experiences, are neglected in favour of promoting consumption and display. The public celebration of pregnancy stands in stark contrast to the 'confinement' characteristic of previous eras. One aspect of this is the heightened visibility of the pregnant body-beautiful and the 'aestheticisation' of the bump. More than this, magazines normalise self-centredness, encouraging women to 'develop a narcissistic

relationship to their pregnant selves' (ibid.: 59). Women, they stress, are encouraged to pamper themselves as unique, at this special time, to care for the self and to use fashion to show off their bodies, control its appearance and restart the body project postnatally as soon as possible.

There are very considerable contradictions between such representations of pregnancy and women's experience, ranging from problems in finding fashionable clothes to the difficulties of dealing with physical experiences, often negative, and issues of identity prompted by a new sense of the body as both self and other. These are discussed in Chapter Three on gendered experience. My interest here is in documenting key elements of cultural representation.

Cultural representations of modern birth are, interestingly, more realistic, epitomised in television documentaries, though Thomson et al. argue that these tend to have happy endings. My own analysis of more recent programmes than those they accessed suggests rather more complexity. *One Born Every Minute* (Channel 4 2010-2012), currently in its third series, confirms their observations, but other documentaries cover risks more fully. These include *Twenty Three Week Babies: the Price of Life* (BBC 2012b), *My Child's Not Perfect* (ITV 2011) and *Born to be Different* (Channel 4 2003–2011). Nevertheless, programmes on parenting tend to paint expectant and new parents in a negative light - *Misbehaving Mums to Be* (BBC 2011b), *Underage and Pregnant* (BBC 2009 - 2011) and *Daddy Day Care* (Channel 4 2012b). What is more, programmes are often used for dramatic effect, using extreme cases to signify polarised positions in moral debates about child rearing and lifestyles more generally. One example, *Bringing up Baby* (Channel 4 2007a), has been widely criticised, as noted later in discussions of intensive parenting culture.

More generally, contemporary motherhood is marked by commercialisation. This begins in pregnancy with the distribution of 'educational packs' containing discount vouchers and adverts, a feature of NHS antenatal appointments since at least the 1970s. As Thomson et al. (2011) note, a growing number of private companies now offer specialised ultrasound scanning (for example for different stages of foetal development) and stem-cell retrieval/storage (from umbilical blood) which appeals to anxieties about the risk of incurable disease. As they further observe, magazine articles are 'saturated' with commodities and there is direct marketing through adverts, promotions, product guides and free gifts. Mothers are encouraged to purchase increasingly diverse products claimed as 'essential' for pregnancy, birth and babyhood.

Websites are sponsored commercially (for example BabyCentre by Johnson's® Baby) or by manufacturers of branded products such as disposable nappies (for example Pampers™, Huggies™). They also found that *Mumsnet* not only offers advice and mothers' forums but 'DryNite® nappies; camp sites and tents; Ford Galaxy™ summer cinema tickets; recipes; BHS® back-to-school vouchers' (2011: 146). The blurred boundaries between information, advice and product placement are also clear in Sky's channel dedicated to baby care and shopping tips (Hardyment 2007).

However, dominant cultural representations of pregnancy and motherhood are to some extent contested, evident in rivalry between 'yummy' and 'slummy' mummies. The former signify glamour, supported by substantial spending power and, as Hardyment (2007) notes, confidence from a decade or more of employment experience. Guides such as Fraser's *The Yummy Mummy's Survival Guide* (2007) include a detailed list of designer shops, spas and salons, encouraging mothers not to 'let yourself go'. Celebrities, the epitome of yummy mummies, are shown checking into the Portland hospital, wearing skinny jeans just days after birth. But there are now guides advising how to reject such aspirations, among them Calman's *Confessions of a Bad Mother* (2009). An accompanying on-line website (Calman 2012) has been described as a place where 'frustrated mothers could air their grievances at the "perfect" mothers marching the streets with their Bugaboo™ baby buggies and organic ewe's milk for their babies' (Cavendish 2010). The site advertises itself as a place to 'learn how...to do a bit less parenting and a bit more *living* [and] get absolutely no ideas whatsoever on how to be a better mother' (Calman 2012) (their emphasis).

Thomson et al. note that media advice is targeted at women in the 26-35 age group who are experienced consumers, well used to choice and taste and 'keen to integrate motherhood into a biographical project of self...[and] maternal identities' (2011: 155). But their interviewees, most of whom could simply not afford many of the products promoted, 'distance[d] themselves from...celebrity-endorsed luxury items', emphasising practical essentials. Women invested a great deal personally in the choices they made, but the research also notes that gift exchange remains important with 'hand-me-downs' and family heirlooms a form of practice that express 'the web of relationships and obligations' between extended family and friends (ibid.: 213). While grandparents often establish connection by buying a key item such as cot or buggy, peer identifications are expressed for those using NCT sales or exchange.

'Things' as Thomson et al. note, then, do not just signify incorporation into consumer culture or individualism but forms of social connection that are integral to maternal identity. The meanings attributed to possessions, whether purchased or exchanged, indicate, as Smart emphasises, embeddedness and relatedness (2007: 182). This does not, however, necessarily insulate new parents from other pressures in the contemporary culture of parenting.

Intensive Parenting Culture

Advice about how best to raise a child is historically very far from new (Hardyment 2007, Letherby 2009) but the last few decades have seen the proliferation of childcare manuals, together, most recently, with dedicated websites, magazines and television programmes. This alone has meant that new parents are presented with, if not overwhelmed by, a wealth of information. But there are more significant features of this development. The discussion below, as the previous section, draws on both published sources and my own background research, here including parenting manuals, websites and internet forums.

Contemporary approaches to childcare are not always dissimilar from those of the past but they are marketed as embodying advice based on the latest knowledge of health and education professionals as well as mothers' experience, so tend to vary from the guidance offered to their own mothers. Williams, in her *Guardian* column *antinatal* remembers an early Doctor Spock manual advising new mothers to 'try to relax while breastfeeding, perhaps with a beer or a cigarette' (2008). This example illustrates the impact of changing knowledge of risks but also risk consciousness has itself expanded (Beck 1992). Expectant mothers are increasingly exposed to questions of risk through medical concerns with foetal health and a corresponding emphasis on diet and lifestyle, leading to enhanced self-surveillance (Nicolson et al. 2010). More generally, a heightened risk culture has led to new levels of anxiety about parenting. McDermott (2007) believes that parents feel 'watched' and 'judged' and Furedi argues that constant reminders to parents about the 'grave consequences' of getting it wrong, have created a culture of 'paranoid parenting' (2002). He maintains that the term 'support' is often a euphemism for prescriptive advice about how parents should behave and that, despite the benign intentions of child professionals, the authority of parents is constantly questioned and undermined.

Expectant parents are also seen as increasingly in need of guidance – despite their ‘natural’ instincts and capabilities – because everything is new to them. This unfamiliarity is partly due to the fact that adults today have rarely experienced caring for siblings during their own childhood (Hardyment 2007). But it is also because the ‘unfamiliar terrain’ includes the couple’s own growth and development, a task for which parent educators are needed (LaRossa and Sinha 2006). Advice on parenting is therefore another manifestation of the project of the self.

Contemporary childcare advice is also based on changing philosophies of child development. Child rearing became in the 1970s and 1980s increasingly child-centred, following, as Hays put it, ‘not from what every parent knows (needs or wants) but what every baby knows (needs or wants)’ (1996: 51). Hays argues that this has been a major contributor to intensive motherhood since parenting is still assumed to be, and frequently is in practice, the domain of the mother. The ways in which men father may also be considered intensive, for example in the expectations they have been found to internalise about being providers (Ribbens McCarthy et al. 2000, Shirani et al. 2012). These issues and their gendered components are explored in depth in the following chapter, but other features of intensive parenting have to do less with who is thought best to undertake it than the kind of parenting that is provided.

Contemporary parents are held accountable for their child’s development and are expected to seek advice on every aspect. As Wollett and Phoenix argue, ‘the expertise claimed by the medical profession in pregnancy and childbirth has been extended to childcare’ (1991: 43, see also Marshall 1991). Parents deemed in need of support were once predominantly working class ‘problem’ families. These remain the target of much state intervention in the wake of government concern with social exclusion and policies identifying a ‘parenting deficit’ as contributing to social and economic disadvantage and barriers to social cohesion (Edwards and Gillies 2004, Gillies 2011). Working class families, especially mothers, are especially vulnerable to these pressures. However, there are different pressures in the raising of children to which middle class parents are especially subject. Active consumers of parenting advice are mostly middle class (Beck and Beck-Gernsheim, 1995) and research tends to confirm this (Hoffman 2010), partly because consumption requires financial resources and a good education (Faircloth and Lee 2010, Shirani et al. 2012). Class differences in attitudes to formal childcare also reflect these issues. Working class parents are anxious about the risks of physical abuse and neglect in unknown settings such as childminding and value the greater safety and professional expertise associated with nurseries, while middle class parents

worry about the care and attention their child will receive, that is risks to individual development, and this influences their preference for childminders or nannies for under-threes, although group care for older children is valued for the ways it is held to confer social and educational advantages (Vincent et al. 2008).

Vincent and Ball, who researched middle class parenting practices in London (with a sample of 59 families) noted a boom in commercially provided enrichment activities, for infants and pre-schoolers onwards, in the previous two decades (2007: 1063). Their purpose was to increase children's cultural capital through enhancing learning readiness and better preparing them in general for an increasingly competitive and risky world. One of many examples cited by Vincent and Ball is a newsletter for parents which advertises:

drama, dance, music, art,...singing, karate, yoga, gym, cooking, football, mixed sports, swimming, computing, French, basketball and pottery. The 2006 edition included life coaching and sewing (not together!)

(ibid.).

Their interviews reported on the value attached to such activities as part of nursery care from as young as two. My own background research confirms that enrichment activities for babies are also available from Baby Einstein™, part of the Disney® empire, which aims to 'provide parents with a variety of tools...to help babies explore the world around them'. These include CDs and DVDs, recommended for three months and upwards, to encourage an appreciation of Beethoven and Mozart. They also provide a '100% happiness guarantee' with the products (Baby Einstein 2012), although the original guarantee promised 'brainy' babies, a claim the company was forced to retract along with offering refunds (Lewin 2009).

Attempts to 'formulate the beginnings of a CV for the child' (Vincent and Ball 2007: 1072) may therefore start very young indeed. Their own examples, and the others used here, illustrate how the child is both project of the adult self and also a subject for his or her own potential self development. More generally, the idea of the parent has changed from something you *are* to something you *do*. There is a powerful moral imperative that adults should put the needs of children first (Ribbens McCarthy et al. 2000) and responsible parents are expected to expend a large amount of energy and money on

raising their children appropriately. The Intensive Parenting Culture Network define 'parenting' as:

not just a word for child rearing [but] ...a specific skill-set: a certain level of expertise about children and their care, based on the latest research on child-development, and an affiliation to a certain way of raising a child

(Faircloth and Lee 2010).

New parents need to negotiate the cultural demands of this with the more immediate pressures of caring for and raising a child. The information and advice offered in child care manuals and associated websites is immensely detailed but it is also far from uniform.

Childcare Manuals

Hays (1996) conducted an analysis of the three manuals most popular up to that point (as indicated by sales) – Dr Spock's *Baby and Child Care* (1985), T. Berry Brazelton's *What Every Baby Knows* (1988) and Penelope Leach's *Your Baby and Child* (1988). She found that despite some differences, they all recommended intensive methods of childcare. These included the need for affection, that the care be child-centred, a knowledge of each developmental stage, interpretation of a child's behaviour and needs, and the understanding that all children are unique (Hays 1996: 54-9).

This final point could be interpreted as helping parents to avoid being overwhelmed by prescriptive advice, able to 'pick and choose' what is relevant, raising her child, as Leach suggests, 'not "by the book" but "by the baby" ' (Leach 1986: 16, cited in Hays 1996: 59). Leach also encouraged mothers to listen to themselves as well as their babies. While Brazelton and Spock gave advice based on their knowledge and experience as paediatricians, Leach, a social psychologist, suggested that women could be empowered through informed decisions based on what children want and need. Spock's manual began with the words 'Trust yourself, you know more than you think you do'. Hays' own interviewees found this refreshing and comforting in contrast to the more regimented war-era approach of Truby King. But Hays notes that further advice included fostering a child's self discipline, modelling good behaviour and setting limits, pointing out that 'proper disciplinary techniques are emotionally absorbing as well as labor-intensive' (1996: 61).

The current approach which most adheres to a baby-led approach is that of attachment parenting which involves heightening one's sensitivity and taking cues from a baby. 'Attachment mothers speak of a *flow* between themselves and their babies, a flow of thought and feelings...the connected pair *mirrors* each other's feelings' (Sears and Sears 2005, *Baby Book*, cited in Hardyment 2007: 307). The manual sets out a set of 'attachment tools' which include bonding, breastfeeding, babywearing, co-sleeping and a 'belief in the language value of your baby's cry'. Another tool – to 'beware of baby trainers' indicates the importance of following a baby-led, permissive approach, rather than one more parent-led which, they argue, is for 'convenience'. They state, in a web version of their approach:

Attachment parenting teaches you how to be discerning of advice, especially those rigid and extreme parenting styles that teach you how to watch a clock or schedule instead of your baby; you know, the cry-it-out crowd...These more restrained styles of parenting create a distance between you and your baby and keep you from becoming an expert in your child

(Sears and Sears 2011).

As in other manuals, parents are reassured that there is 'no such thing as one best way to parent a baby'. However, child-centred approaches are, as Hays notes, emotionally and labour-intensive - some particularly so. The EC (Elimination Communication) technique (DiaperFreeBaby 2011) demands that a parent constantly watches their child for signs that they might need the toilet but, since the child is not in nappies (from soon after birth), the energy required is considerable.

In contrast to the permissive approaches, parent-led, routine-based methods are also available, welcomed by many new mothers who find it much more compatible with their return to work (Hardyment 2007). The most well-known model is offered by Gina Ford, a former maternity nurse. Her methods, similar to those of Truby King, have the main aim of helping parents get their child to sleep through the night as soon as possible, and Ford states that her manual was intended as an 'antidote to the chaos of motherhood' (*Guardian* interview 2003, cited in Hardyment 2007: 309). She advises a strict routine to help structure the feeding and sleeping through the day with routines changing ten times during the first year as the baby develops (Ford 2006). Her

methods, however, are less rigid and more adaptable than often portrayed:

By following the guidelines I have laid out in this book, and adjusting the routines if need be to suit your baby's own particular needs, he will sleep the longest spell at night as soon as he is physically and mentally capable of doing so

(Ford 2012).

But she does advocate strict adherence. She suggests avoiding eye contact with a baby during evening feeds so as to be clear that it is not 'play time' and also has strict guidelines about how to handle a new baby – a far cry from attachment parenting:

Babies need lots of cuddling but it should always be done when your baby needs it, not when you need it. A baby needs energy to grow, so it is important that you do not overhandle his small body and exhaust him. While all babies need to be nurtured, they are not toys

(Ford 2012).

In addition to the two main models outlined, there are other childcare manuals and commentaries. One by Hogg puts emphasis on the baby's needs as well as the mother's needs - 'Treating your baby with the respect she deserves must be combined with not allowing her to take over the household' (Hogg and Blau 2005: 14). Many recognise problems with the volume of alternative advice. Hardyment recommends using manuals as 'temporary crutches not eternal verities' (2007: xi). Yet, in encouraging parents to trust themselves, some offer contradictory support: 'Be firm – You're the expert on your child', followed by 'Try quoting experts such as your GP' to ward off unwelcome advice (BBC 2012a).

There are often alternative books based on personal experience, sometimes humorous such as Williams (2010 and 2012). One of the most recent is a critical response to intensive parenting culture as a whole and the micro management of children's lives that overwhelms parents (Druckerman 2012). It argues for the need to foster resilience in children rather than overprotection.

Parents may reject advice. Ford's methods have polarised opinion. While helping some new parents feel 'in control', others have found her strict routines unmanageable, at odds with flexibility of any kind including attempts to socialise. *Mumsnet* saw the biggest campaign against her with one mother writing that she 'straps babies to rockets and fires them into Lebanon' (Moorhead 2007), leading Ford to take *Mumsnet* to court.

She continues to be a controversial figure (Channel 4 2007b). When middle class couples were interviewed by La Rossa and Sinha on their experiences of parenting classes, one said of a “mission statement’ or vision for the new family’, which they were asked to write, “We just wanted to lose ours”...[with her partner adding] “I don’t think we should raise our child off a sheet of paper” (2006: 453).

It has been suggested that fathers find it easier than mothers to resist the pressures of intensive parenting culture (Dermott 2008, Shirani et al. 2012) – their confidence in autonomous decision-making helps them to resist expert advice and they define their involvement and responsibility differently, though the pressures of financial provision are also intense. Chapter Two examines research on the ways in which parents manage the gendered components of parenting in relation to both cultural expectations and social practice. The empirical chapters of the thesis explore the ways in which new parents negotiate the expectations of both gender and the wider issues of caring for and raising a child.

Conclusion

The couple can be said to epitomise intimate relationships in late modernity with an emphasis on individual fulfilment, equality and impermanence. And family structure too has changed, with increasingly diverse forms of personal life and parenthood. But many traditional attitudes and family practices persist, as do social inequalities, especially those of gender. And, in becoming parents, couples are much more embedded in traditional family connections than the individualisation thesis suggests. These links are of particular importance for maternal identities with strong mother/daughter relationships generally transcending differences of social class. Kin also provide vital practical and emotional support in early childhood, for middle as well as working class mothers. For fathers too there are significant intergenerational connections although there is less research on these, something my empirical data will later address in Chapter Eight.

While new parents are located within wider social networks of family (and friends), their experiences are informed by a social emphasis on intimate couple and family relationships. This is likely to inform their practices of intimacy and the ways in which they develop their parental identities in relation to their wider family. They are also the focus of an intensive parenting culture that emphasises individualism. A new baby for a

couple becomes – importantly – a shared and mutual project, but the cultural preoccupation with consumption and with children’s individual development frames a project of the self for both parent and child. Commercialisation is directed at all expectant and new mothers, from media representations of pregnancy to the marketing of specialised products, though there are social class differences in uptake, in view of costs, for example. It is also evident in enrichment activities, for babies as for older children, engaged in by middle class parents in particular.

Using my own background research as well as published sources, the chapter has shown how parental investment in what I call ‘project baby’ is also framed by strong moral imperatives and notions of risk, encouraging reliance on professional guidance. This is especially so with childcare advice. Comparing permissive and routine-based approaches, I have highlighted the tension between exhortations to both trust one’s instincts and to rely on professional expertise (an issue that will be explored empirically in Chapter Seven). I also argue that the proliferation of advice – from magazines and television programmes to manuals and websites – should not be equated with passive acceptance since although some advice is welcomed, other advice is resisted. Yet mothers may be more vulnerable than fathers to intensive parenting culture since the models of good parenting are so profoundly gendered and that of the ‘good mother’ is especially powerful. These, together with notions of ‘good fathering’, are the subject of the next chapter.

3 MOTHERS, FATHERS AND PARENTING

This chapter discusses the gendered discourses which shape experiences of parenting. It examines how these inform the different ways in which women and men engage with pregnancy, birth and childcare. With reference to issues of embodiment and how parents manage both care and paid work, it explores the construction of mothering and fathering identities. It further discusses issues opened up in the previous chapter, in particular intergenerational connections (here including those for fathers), and the role of professional advice. It argues that mothers' own expertise is undermined by the judgements of others, while fathers' involvement is undermined by feelings of exclusion as well as gendered understandings of the care that mothers and fathers can provide.

The first part of the chapter examines the social construction of motherhood including the cultural theme of individual choice, and the implications of age and social class. I pay particular attention to the emphasis on expert advice, especially medical, as well as on the 'natural' aspects of pregnancy and birth. In turning to embodied experience, I highlight the contrast with expectations and sources of disempowerment including the moral script around breastfeeding. I also discuss issues of self-identity, intensive mothering and middle class mothers' return to employment. The second part of the chapter considers the formation of fathering identities. I explore understandings of the 'good' father and what it means to be 'involved', including intergenerational (dis)identifications. I then consider the tensions men encounter in the practice of doing involved fatherhood, of sharing parenting. I pay particular attention to expectant and new fathers' experiences of disembodiment, during pregnancy, birth and infancy, and the constraints of full-time employment. I discuss how these affect their role, as do gendered understandings of care. The chapter examines the meanings new fathers assign to particular tasks and to time and also how couples together make sense of shared parenting. It concludes with reference to the moral dimensions of fathering and the influence of social practice on fathers' involvement.

The chapter draws on qualitative research, mainly sociological¹. It provides brief details about sample size and social class composition where extensive use is made of particular studies.

Mothing

As women approach first-time motherhood, the experience of intergenerational interconnection with their own mothers, described in the previous chapter, takes an especially intense form in conversations about pregnancy and childbirth. Thomson et al. (2011) specifically asked interviewees about their own mother's birth or other family birth stories. Not all had knowledge, due to death or refusal to share which made connections painfully absent, but for most a shared awareness of embodiment was highly significant, whether this was positive or a source of anxiety. Daughters inherited legacies from their own mothers when they shared memories of their own birth stories, sometimes involving loss, depression or other emotionally or physically painful associations. 'Bodily inheritance', where women assumed affinities between their own embodiment and that of their mothers in areas such as infertility, ease or difficulty with birth and breastfeeding were also relatively common. Darvill et al. (2010) too found that new mothers valued their own mothers' embodied experience. For Oakley's mothers, emotional closeness was also apparent through embodied practices. But this was explored not simply with reference to the ease or difficulty with birth or breastfeeding, but the way in which sharing seemed to awaken deep memories. As Oakley put it, 'through the actions and emotions of oneself as a mother, the experience of *being* mothered is reawakened' (1979: 265). This echoes Rich:

'The experience of giving birth stirs deep reverberations of her mother in a daughter; women often dream of their mothers during pregnancy and labor. Alice Rossi suggests that in first breast-feeding her own child a woman may be stirred by the remembered smell of her own mother's milk'

(Rich 1977: 220).

However, first-time mothers' expectations and experience are powerfully shaped by the ways in which mothering and motherhood is socially constructed, beyond individual biography. The first part of this chapter explores key dimensions of this, including its implications for women's own experience of embodiment and its impact on mothers'

¹ There is a very considerable body of empirical literature within the disciplines of social psychology and family therapy, much of it quantitative and focused on individual attitudes. Some of this literature is qualitative but is less attentive to issues of social context and social process that are central to this thesis.

return to employment. But it begins with reference to the discourses that frame pregnancy, birth and early motherhood.

The 'Good' Mother

Women are constantly reminded of their natural desire to want children and their natural ability to bear children (Miller 1998, 2005, Letherby 2009). These powerful cultural expectations are reflected in the understandings of expectant mothers. For example, those interviewed by Bailey positively embraced pregnancy as a 'confirmation of adult womanhood' (Bailey 2001; 116) and as achievement of adult status, describing a sense of self-worth, fulfilment, maturity and, especially, responsibility (Bailey 1999: 339). But women's experience is also shaped by the ways in which this natural construct coexists with equally powerful cultural expectations of experts' involvement in motherhood. And both expectations and experience are also informed by age and social class.

Constructions of Pregnancy and Birth

The impact of societal and cultural beliefs about how to behave as 'proper' parents and how to raise healthy, happy children start from the moment of conception. Indeed the impact starts well before in view of the cultural emphasis on reproductive choices and the strong normative expectations about the optimum time to become a parent, especially about when to become a mother. Thomson et al.'s (2011) large and socially diverse interview sample (62 mothers who differed by age, class, ethnicity, sexuality and partnership status) is especially useful here. As they argue, 'conception stories are part of the identity work of new motherhood', moral tales which locate maternity and reproduction within expectant mothers' biography, family and other relationships, making pregnancy intelligible in socially acceptable ways' (2011: 49). So narratives reflect the weight of social norms around reproduction. For example, women justify the timing of first pregnancy in relation to being neither too young nor too old (culturally defined as problematic in different ways), with this a particular problem for those aware of the 'ticking body clock'. But there are also issues of 'readiness' in terms of their relationship, career or financial security and comparisons with peers or siblings. Such issues also apply to new fathers, most evident in their responses to delayed or unplanned pregnancy (Shirani and Henwood 2011). But the need for social approval, especially tricky for young, working class women (who are often single: Swann et al.

2003) and for lesbian mothers (Almack 2008), is also evident even when a pregnancy is planned by an established heterosexual couple.

Contemporary cultural representations of pregnancy emphasise the fertile body as fashion statement and object of consumption (part of the commercialisation discussed in Chapter Two). But as Thomson et al. (2011) highlight, this is out of kilter with how women experience pregnancy. The maternal body, they argue, is 'a carrier of meaning in relation to class, culture and community' not just an expression of individuality. Their own examples include the contrast between younger mothers, whose energy and bodily capital enabled their pregnancy to express their femininity, and older mothers who felt their bodies were vulnerable and might let them down. Feelings of respectability/shame were evident in the responses of all their interviewees both to images of celebrity mothers and others' responses to their visibly pregnant bodies, although it was young working class women who felt most exposed to judgement. Bailey's 30 professional/managerial, middle class expectant mothers engaged in active 'practices of the self', ranging from specialised classes to diet regimes, clothing choice and life-style changes, leading her to suggest that pregnancy is 'constituted as an art rather than merely a condition' (1999: 343). From interviews undertaken on two occasions, once in the third trimester and then at three to six months after the birth, it was evident that their 'professionalisation of pregnancy' also involved preparation through reading, acquiring knowledge to help them remain in control during birth and 'to mother effectively', but also that this was replaced in motherhood itself with reliance on intuition (2001: 66).

The need for experts has been promoted by the medicalisation of childbirth (Oakley 1979, Savage 1986, Oakley 1993, Johansen et al. 2002, Kitzinger 2006). And it has also been fostered by the increased proliferation of pregnancy and childcare advice which are part of the wider cultures of risk and parenting discussed in Chapter One (Lee 2007 and 2008, Nicolson et al. 2010). The contemporary transition to motherhood is thus a process involving:

interactions with experts and normative practices, as professional management, screening and monitoring increasingly become features of caring for women becoming mothers

(Miller 2003: 142).

For example, in addition to medical advice given to pregnant women not to drink or smoke, there are strict (ever changing) guidelines about what to eat when pregnant.

There are also assumptions about how best to prepare for labour and the arrival of a child, for example, to engage with health professionals at antenatal clinics and to make decisions in preparing for birth that prioritise the baby's health. Thompson et al. (2011) note that the notion of informed choice, which suggests options and agency, is now part of mainstream NHS advice with expectant mothers encouraged to reflect at length on the details of their personal birth plan.

Yet women who do not strictly adhere to professional advice are labelled as deviants, selfish and risk takers (Murphy 1999, Miller 2005 and 2007, Lee 2007 and 2008). Heightened perceptions of risk are reflected in mothers' accounts. Miller, who conducted research on the transition to and through first-time motherhood (with a professional, middle class sample of 17), found that '[s]tories of engagement with the experts...provided a central part of the plot in the women's anticipatory narratives' (2005: 70), thereby positioning themselves as taking the appropriate course of action and performing as 'good' mothers to be. She sees them as 'willing collaborators' with those who can provide expert knowledge and guidance (2004: 2). A recent study of 43 mothers spanning three generations (Nicolson et al. 2010, see also Fox et al. 2009) highlights contemporary medical and cultural surveillance of the maternal body but resistance too, though this was more likely among those able to draw on personal experience such as those having a second child.

Moral scripts of 'good mothering' also accompany long-held beliefs in the mother's *natural* ability to give birth and *instinctive capabilities* for mothering. Yet constructions of the 'natural' are very far from straightforward. Miller (2005 and 2007) found that women generally perceived hospital as the 'appropriate, "natural" setting for birth' (2005: 69), articulating their choice in terms of 'being the safest place to give birth...[thereby showing that they were taking] responsibility for...[their] unborn child' (ibid.). Those who opt for home births (which is statistically safe) need to take steps to refute claims that they are selfish. And indeed, home births are statistically abnormal, falling in the UK from 30 per cent in 1963 to just over four per cent in 1974 (Nove et al. 2008). By 2009 the proportion in England was under three per cent (NCT 2011). Additionally, Miller found that many of her mothers misinterpreted 'natural' as 'pain-free', leading to complications when this did not in fact transpire. There are contradictions too between wanting a 'natural' birth but recognising the need for pain relief in order to retain some control over the birth (Miller 2005 and 2007), while mothers who choose elective caesareans may need to manage criticism that they are 'too posh to push'. Yet in 2006/7 only 52 per cent of births were natural, with 24.3 per

cent of deliveries being C sections, 11.5 per cent instrumental and 20 per cent induced (NHS IC 2008)² , although the C section rate related to multiple births in assisted conception and is higher among older mothers (Thomson et al. 2011: 240).

Whether expectant mothers desire and expect a natural or medically assisted birth, there is, as Thomson et al. emphasise, a 'cultural construction of birth as a linear progressive process', fostered by both health professionals and popular magazines (2011: 247). Aside from the letters page in magazines, this underplays 'the messy, laborious, spiritual, emotive, euphoric, dramatic, violent – at times horrific and, for the fortunate few, orgasmic – experience of birth' and there are taboos on stillbirth, disability and – I would add – miscarriage. A more realistic representation of birth is presented by TV and internet documentaries (discussed in Chapter Two) which Thomson et al. found 'compelling if not compulsive viewing' for many expectant mothers (ibid.: 250).

Embodied Experience

Such accounts, medical and popular, understate the ways in which the 'messy' embodied experience of birth 'differs from the rational discourse of informed choice' and the ideal of planning articulated by women during pregnancy. But in particular they understate traumatic experiences, the 'unspeakable' aspects of birth, especially those arising from a breakdown in care and support (ibid.: 264). The feminist critique of medicalisation since the 1970s has fuelled resistance to medical intervention and technological procedures in the interests of control and empowerment, but, as Crossley notes, this "natural discourse" may create idealistic expectations...totally at odds with the reality of the actual birthing encounter' (2007: 543).

The experience of childbirth and the arrival of the baby are crucial moments in the transition to first-time parenthood since it is when expectation, that is all the hopes, dreams and fears, meets reality. The contrast is frequently acute for new parents, especially new mothers. This is when first feelings about having 'failed' emerge, for example in women's accounts about not having achieved a natural birth or about their experience of pain (Nicolson 1998, Gattrell 2004). For Miller, narratives of birth 'act...as

² The Department of Health review *Maternity Matters* defines 'normal birth' as birth without surgical intervention, instruments, induction, epidural, spinal or general anaesthetic (Dodwell and Newburn 2010).

a discursive turning point and underscore...the obduracy of some strands of dominant discourse' (2007: 337). The women she interviewed overwhelmingly felt they had been inadequately prepared and had only been exposed to optimistic accounts, even accusing Miller of betraying them by withholding the realities of birth. Some spoke of a 'conspiracy of silence' involving not only health professionals but friends and family too (2005: 90). The confusion of 'natural' birth with 'painless' birth produces intense shock, followed by immense feelings of failure about not having done it right.

However, the work done by midwives is of huge value (Oakley 1993, Edwards 2000, Leap 2000, Edwards 2005). This includes encouraging mothers to ask more questions prenatally, helping them to feel in control during labour and to continue breastfeeding in the event of difficulties. Midwives can also help mothers to 'embrace uncertainty together' which Leap argues is 'not about engendering a passive fatalism but more about enabling women to trust that they will cope with whatever comes their way (2000: 5).

While the safe arrival of a baby is cause for celebration, couples also struggle with the realities of living with a baby. Mothers in particular encounter a series of events where experience does not match expectation, so they may move very quickly to a wider experience of feeling like failures at parenting. Both Nicolson's (1998) and Miller's mothers managed to avoid being exposed to the judgement that they were not 'good' mothers mainly by keeping quiet until they emerged strong enough to articulate how things *had* been *now* that things had improved – thereby protecting themselves from potential scrutiny:

Timing is...important, and self-governance leads women to voice difficult experiences within the context of 'now being better'. Voicing experiences of not coping is perceived as too risky. Because mothering is largely taken to be a natural ability, to admit 'failure', to not coping, is to risk incurring moral sanction and a questioning of one's capacity as a woman

(Miller 2005: 100-1).

Among the experiences of early motherhood which all women share is that of infant feeding around which there is an extremely strong moral script. The mantra 'Breast is Best' is commonplace, reflecting the powerful discourse that it is natural for mothers, a natural, hence ideal, source of nutrition and also bonding so essential to the mother-child relationship. Thomson et al. found that the one subject discussed with their 62 mothers which produced consensus (though not in fact among young working class

women) was the desirability of breastfeeding, mainly for the baby's health or for psychological wellbeing. This was especially the case for their middle and older group of mothers, many of whom had encountered NCT materials and 'were open to medical advice premised on a recognition of *the natural*. Breastfeeding provided an opportunity to connect with the timeless biological miracle of pregnancy and birth' (2011: 79, their emphasis). Inability to breastfeed was experienced as deeply upsetting.

Women who choose to formula feed, for whatever reason, are perceived as deviants (Miller 1998, Lee 2007 and 2008). Murphy, who conducted research on 36 women (a third of whom were middle class) who had decided not to breast feed, found that each was 'aware that her decision is vulnerable to the charge of sanctionable deviance and her talk is constructed to defeat such a charge' (1999: 191). The women (interviewed up to six times by the time their babies were two), feeling judged not only by health professionals but also women in their family and peer network, needed to defend their decision through 'repair work' (1999: 194). Those who made a decision in advance could not 'claim that their good intentions had been overwhelmed by events', that they had struggled but been physically unable to manage breastfeeding. To avoid being labelled as 'bad' and 'selfish', they emphasised that their baby's needs took precedence. Some argued that formula would ensure a smooth transition for their baby when they returned to work, itself justified in terms of providing for the child financially, others that formula feeding would allow the father to be more involved – an ideal in raising a happy child. Some regarded formula as nutritionally equivalent or even better, thereby positioning themselves as not only 'good' but 'better' mothers than those who breastfeed. Murphy also found that women ignored the experts, trusting in their own 'maternal instincts'.

However, in very early first-time motherhood it is difficult to trust one's 'own instincts' when the experience is often so overwhelming. It is, as Ribbens found, very difficult to 'hear [one's] own voice amidst the multitude of voices' around mothering (1998: 24), many of which emphasise the risks to the child's health and development (Lee 2007 and 2008, Fox et al. 2009, Nicolson et al. 2010). Well educated middle class expectant mothers, for whom reliance on expert knowledge comes easy, may initially be suspicious of 'intuition' (Bailey 2001). Darvill et al. (2010), who interviewed 13 mainly middle class, well educated mothers, also found that a lack of self-confidence and vulnerability is associated with isolation from other mothers since they are often employed until late in pregnancy and health professional advice tends to focus on physical rather than emotional needs. It is perhaps no surprise that Miller's mothers

only emerged as experts in the care of their own child towards the end of the first year (2003: 142).

The experience of pregnancy and early motherhood is marked for all women by specific physical discomforts – such as tiredness if not exhaustion, sickness, indigestion, weight gain and leaky, ‘unruly’ bodies. And there is a more profound sense of dissolved body boundaries, with the body ‘invaded’ by the growing foetus/baby and also by others, including complete strangers, since expectant mothers find that their bodies are treated as public property, remarked on and physically touched (Bailey 1999, Thomson et al. 2011). These intrusions and lack of control over the body are found especially unwelcome by white middle class women such as those interviewed by Bailey (see also Gattrell 2004, Darvill et al. 2010). More generally, as Bailey notes (1999: 340), ‘the edges of the self become blurred, as the body no longer seems to operate as a physical marker of individuality’. Bailey (2001) also argues that there are many empowering aspects of embodiment in pregnancy and motherhood, especially ‘feeling more womanly’ in ways that enable them to resist the dominant consumerist emphasis on body image and display: her mothers asserted an alternative, positive femininity in which they saw their bodies in functional terms, able to produce and nurture a child . However, she also found that, following birth, women returned to their concerns with appearance, regretted a lost sense of their sexual selves and found the ‘wonder’ of breastfeeding challenged by experience in the workplace on their return to employment. Many expressed a need for control over their bodies from pregnancy through to early motherhood, both to avoid being ‘reduced to their bodies’ by others and to reassert their professional, working identities (2001: 117, 125-126).

Working Mothers

The notion of ‘intensive mothering’ (Hays 1996) implies that mothers should be able to do it all, that is, ‘expend a tremendous amount of time, energy, and money in raising their children’ (1996: 69). She describes how the reality of many women now being in paid work away from the home is a ‘cultural contradiction’ where women have to ‘juggle’ careers with motherhood. The immense complexities of managing this, as Thomson et al. (2011) note, are barely captured in debates on the work/life balance. They observed too that pregnancy magazines barely touch on the subject of working motherhood – they found just four articles in a two year period, other than features on ‘mumtrepreneurs’, home-based businesswomen who are presented as evidence that

women can 'have it all', neglecting the evidence that they take less maternity leave than others (2011: 159, 198). Only the letters page, as with pregnancy, reveal the dilemmas and difficulties actually experienced.

The differences for working class and middle class women are well documented, for example in relation to the costs of extended maternity leave or exit (given their qualifications, salaries, status, and the maternity package available) as well as the household resources available for stay-at-home options or paid child care (Dex and Ward 2007). Thomson et al. also note the difference made by age, with older mothers most able to make work fit around mothering rather than vice versa. And significant differences arise as well from the culture of particular workplaces. Public sector employment had, at time of their research, a greater sense of entitlements and women in the private sector felt a greater responsibility for potential disruption caused by pregnancy and leave. Nevertheless, the reactions of bosses and colleagues in supportive environments can also be problematic, a finding which echoes those of Bailey (2001) and Gattrell (2004) that mothers found physical indications of their maternal selves were unwelcome in the workplace. As Thomson et al. emphasise, employment has been feminised, as mothers continue to work, but 'in a particular way that does not include or involve the fertile female body or the lactating female subject' (2011: 193).

Bailey (2000) argues that the worlds of employment and mothering are less incompatible than often maintained. But the parallels she found between her mothers' descriptions of their mothering and their paid work (such as non-hierarchical elements, intrinsic interest and value, responsibility) are undoubtedly related to the occupations of her sample, most of whom were professionals in education or health. While maternity leave offered an opportunity which these mothers welcomed - a new space for self-development outside or beyond employment, an escape from corporate politics or a chance to acquire new skills - most experienced tension, if not conflict, between their mothering and their professional identities. Their return to work allowed a break from motherhood, which these women also welcomed since they were 'wary of being consumed by mothering', anxious to regain their adult identities, self esteem and recognition that work conveyed' (2000: 65-66). Accounts of loss were a 'critical theme' in the accounts of all 24 women interviewed by Nicolson (1998: 88). The transition to motherhood was experienced as loss of a very profound kind, of physical integrity, sexuality, occupational identity, status, autonomy and other aspects of life. Miller's mothers too conveyed the desire to return to work to avoid being submerged in intensive mothering, with the few who chose not to do so feeling the need to justify their

decision, some even experiencing guilt at remaining at home (2005: 109, 117). However, the power of intensive mothering ideology is such that it even informs the ways in which childcare is negotiated.

Childcare

The decision (if indeed there is a choice) to return to work is followed by the decision of which childcare to choose, with the options available to middle class parents generally much greater (Vincent and Ball 2006). In 2001, two thirds of mothers employed in managerial and professional occupations used formal childcare compared to less than one in ten of those in semi-skilled and unskilled occupations (Dex and Ward 2007). Paid childcare (whether it be nursery, childminder or nanny) brings with it tensions which parents - in particular mothers - must manage. Uttal observes that even the image of the 'employed supermom who does it all – job, self, and family' assumes that 'mothers are the primary adults responsible for child rearing and that they accomplish this enormous task alone' (1996: 292-3). She interviewed employed mothers about their understandings and interpretations of 'having others take care of their children' and found that '[t]hese meanings mediated the tension between the dominant cultural construction of motherhood and the reality of their lives as both mothers and wage earners' (1996: 291). She identified three models of care – custodial, surrogate and coordinated. Which model mothers saw their own situation as representing depended partly on 'how they defined the relationship between "child rearing" and "child care"' (ibid.), that is how much involvement they expected from their child carers and to what extent they acknowledged input from others in helping to raise their children. Uttal observed that mothers redefine ideologies of motherhood, for example challenging the assumption of full-time presence or the mother as the only significant carer. She suggests that these women are therefore redefining motherhood as a social not privatised responsibility. But there are also social class differences in the perceived risks and benefits associated with different types of childcare (Vincent et al. 2008) as noted in the previous chapter.

The hiring of nannies is an option open to a minority of parents, even middle class parents, in view of costs, but it throws interesting light on the ways in which shared childcare is negotiated. Macdonald found that mothers assign meanings to particular tasks to maintain the ideal of intensive mothering, showing how mothers and nannies work together to support this ideology by 'engineer[ing]...quality time' (1998: 40). This meant that nannies would frequently have the children fed, bathed, and with homework

completed, so that once the parents returned they could enjoy special time. Another way in which Macdonald's mothers reasserted their status as the primary carer was by labelling certain tasks as 'mother-only'. Aside from breastfeeding, mothers chose 'bathing, bed time rituals, or breakfast preparation as their designated tasks' (ibid.: 47). She also found that mothers 'simultaneously maximized and minimized the importance of their child's bonds with paid caregivers' (1998: 37) and that where nannies spent more time with children than did mothers, the mothers assigned more importance to their own tasks. In my own MSc study of nannies (West 2007), I explored how physical, temporal and emotional or role boundaries were understood and managed. Taking account of my own varied data (on handovers, quality time, mother/nanny boundaries, decision-making and monitoring/communication) I found, overall, less evidence of work to reinforce intensive mothering than did Macdonald. However, one reason for this may be that the nannies I interviewed were not live-in and only one worked full-time.

The negotiation of care between mothers and fathers (including those who cohabit) entails similar issues – understandings of time and the gendered designation of tasks. These are highly relevant to fathering and are also informed by contemporary discourse.

The Involved Father?

The current cultural emphasis on intimate relationships and mutuality, discussed in the previous chapter, has particular implications for fatherhood, both with respect to the ways in which fathers and mothers are now expected to share responsibilities and with respect to fathers' relationships with their children. The contemporary ideal of the 'good' father is understood to mean 'involved', 'hands on', and 'being there' as well as the more traditional role of 'provider' (Daly 1996, Dienhart 1998, Gray 2006, Miller 2011). One of the studies in the MAF research *Masculinities, Identities and Risk: Transition in the Lives of Men as Fathers* (Henwood et al. 2011), in this case on the first sample in the project, 30 first-time fathers interviewed three times over the first year³, found that men fully endorsed these societal expectations:

³ The 30 men were all interviewed in 2000 in late pregnancy, after the baby's birth and at 4-9 months. 19 were re-interviewed seven years later, in 2008, when a second sample of 15 fathers was also interviewed over the first year. The project includes a further study of 8 younger and older fathers. Most of the publications referred to here are based on the 2000 sample.

'Good fathers...are expected: to be *present* in the home and *involved* in their children's lives, to keep *contact* with and be *sensitive* to their child's needs...Good fathers are...involved in the routine *care* or *nurturing* of their child,...[are] *understanding*, *approachable* and supportive...[and] actively *participat[e]*...in domestic life,...having *shared* responsibilities and roles' [their emphases]

(Henwood and Procter 2003: 343).

Indeed, new fathers celebrate the pleasures of such engagement with their babies which validates their own desires for intimacy and connection as well as enhancing their social status (ibid.). However, the experience of pregnancy and birth, together with the demands of paid work, mean that managing to be a good father is problematic (see also Draper 1997, Doucet 2001, Draper 2002 and 2003, Doucet 2004, Featherstone 2009, Miller 2011). Additionally, there is continued investment in more traditional identifications, as shown by Dermott (2008) and in particular by MAF's longitudinal research (more details of all empirical studies above are given later).

When anticipating fatherhood, men draw on their own experiences of being fathered and many stress how they want to be able to ' "fit"...fathering and work together in ways...their own fathers' generation were not able (or willing) to do' (Miller 2011: 56, see also Dienhart 1998). Dermott observed the ways in which men linked to or rejected their own upbringing and the importance many attached to 'doing fatherhood' differently, for example by 'demonstrating openness' in contrast with their own fathers' 'remoteness and distance'. Most did not see this as a lack of care or dedication but where interviewees' fathers were positive role models it was because they had been 'very close' (2008: 73). Masciadrelli et al.'s (2006) US study found peer models much more influential. First-time fathers in Condon's (2006) Australian study, compared to women and their own mothers, were much less likely to want to emulate their own father in a relationship with their child and Condon observed that many men lack a role model of a 'good father'.

Research with an intergenerational interest, however, suggests more complexity. Brannen and Nilsen's (2006) study of three generations in 12 families found clear evidence of a move towards a new emphasis on fathers having closer relationships with children. But a principal focus on work remained strong among two groups of younger men, both professional/managerial fathers and also low skill men who needed long hours to secure a reasonable income. And 'hands-on' fathers were more common among the unskilled with no formal qualifications, several of whom cared for their children full-time while not employed. Brannen and Nilsen emphasise the impact of

economic change (the disappearance of low skill employment in recent decades) as well as biography on new fathering identities. The MAF studies too have found complexity in men's identifications, an 'interplay' between 'motherly' and 'virtuous' fathering identities, a coexistence of new and traditional values (Finn and Henwood 2009, Colthard and Henwood 2012). Men, they found, often share with their own fathers a commitment to imparting attributes such as self-reliance, courage and discipline in their children, while rejecting authoritarian and distant fathering. Moreover there is ambivalence about involvement, evident in tensions new fathers experience in living up to the contemporary ideal (Henwood and Procter 2003), on which I comment further below.

Fathers' intergenerational connections are strong, contributing to the ways in which they themselves hope to father and the models of care they wish to emulate – or not. But unlike expectant mothers they are unable to draw on a directly shared history of embodiment. This affects their participation in pregnancy and birth.

(Dis)embodiment

The increased presence of fathers in the labour room (98 per cent in the UK in the 1990s compared to less than 10 per cent in the 1950s: Dermott 2008: 66) has helped to involve fathers at this early stage. Yet experiences are not straightforward and their roles are ambiguous (Miller 2011). Unlike with mothers, much of the research on fathers' relationship with health professionals tends to focus on the perspective of midwives (Lavender 1997, Lee and Schmied 2001). Bartells (1999), reviewing the relatively scant literature then available on men's experience of childbirth, found that expectant fathers were marginalised through negative feelings of helplessness and seeing their partner in pain but also by feeling excluded and inhibited from participation, especially by insufficient explanations from medical staff and midwives' neglect of their own emotional needs (rather than for food or sleep).

However, Draper's (2003) study and other research shows how marginalisation runs far deeper than this because women's embodied experience, to which men are only indirectly connected, both excludes them from vital, 'privileged' knowledge and also 'troubles' men's masculinity. Based largely on in-depth interviews before and after birth with 18 mainly middle class fathers (six of them novices), Draper highlights the very different ways in which women and men respond to the altered body of pregnancy and labour. Both partners may feel uneasy or worse about the pregnant body's challenge to

conventional ideals of slenderness but gender difference is most marked in response to blurred and broken body boundaries. The 'two yet one body' challenges the woman's autonomous self, as already discussed, but it also conceals the 'elusive' self of the growing child (Draper 2003: 751). Early bonding with the foetus has been found important in the process of becoming a family unit (Darvill et al. 2010) yet men feel remote from this. Because expectant fathers lack direct, first-hand experience, they especially value what Draper calls 'body-mediated moments' such as sharing the pregnancy test, scans, feeling foetal movements and being at the birth (see also Condon 2006). This engagement helps to overcome their feelings of distance and 'redundancy' but it is mediated by the partners' body, her accounts and also technology – and it is not continuous. While it gives men 'entry into the physical dimension' from which they are excluded, it is 'authoritative' scientific knowledge to which they more easily relate (Draper 2002: 568).

Draper also discusses more unsettling aspects of men's disembodied experience. Men are 'directly rather than symbolically confronted with women's reproductive capacity' which 'repositions men as vulnerable and marginal', [which] although not recognised by the men in these terms, was at the heart of their accounts' (2003: 751). The leaky female body also challenges patriarchal constructs of matter 'out of place'. Draper suggests that men's spatial location in labour, in relation to their partner's body, is a way to manage discomfort and establish a boundary to contain the dangerous and polluting elements of birth (ibid.: 760). These insights help to make sense of other research findings such as some women's reports of their partner's lack of support in pregnancy (Darvill et al. 2010), some men's ambivalence, if not resistance, to presence in childbirth, and also some fathers' ambivalence about breast-feeding (Barclay and Lupton 1999) which also blurs body boundaries. Draper, drawing on studies conducted by Moran-Ellis (1989) and Babitz (1979), observed that 'the different roles and responsibilities adopted by men in the labour room included decision making, information gathering, supporting their partners with massage...[and] coaching...and 'a gate-keeping role, helping to maintain the mother's control (although the men were unsure how to do this)' (1997: 135).

A more positive account of birth came from some of the 17 middle class men in Miller's (2011) longitudinal study (interviewed three times over the first year and in some cases later too). Many described the birth as 'surreal' and felt older and more responsible (2011: 87, 57). Just like Miller's (2005) mothers had found birth to be a turning point, so

did these fathers:

Whilst the embodied physicality of pregnancy experienced by women can leave men feeling marginal and detached from the process of becoming a parent, the act of birth can change everything. Birth experiences, which are often different to what has been planned for and expected, set the scene for the early weeks and months of new fatherhood as men come to terms with what, in practice, 'being there', sharing care and doing fathering will involve

(2011: 83).

Yet Miller also shows how these new understandings remained framed by gendered expectations regarding men's relationship to paid work. And although emotions are typically intense, and some fathers feel 'teary' or experience a 'sense of an *immediate* 'overwhelming' attachment' (2011: 91), there is also tension with appropriate codes of masculine behaviour.

Expectant fathers felt confident that they would be able to bond with their baby but did not assume that their capacity to care would be innate, while their partners were 'naturally' expected to experience this bond and 'instinctively know how to mother' (2011: 56). Men found this reassuring but at the same time it underscored how their anticipation and preparation for fatherhood was 'largely mediated by others particularly *through* and in relation to partners'. This included what to do and what to read (2011: 55). Expectant fathers' engagement with pregnancy is, as Draper has observed, not only mediated but discontinuous. The absence of constant physical reminders may enable men to choose when to engage or not. But this is a source of frustration, even sadness, as the MAF research, like Draper, notes.

Men who have had a previously equitable role with partners find the 'stark gender distinctions' associated with the embodied experiences of pregnancy, birth and early infant care especially difficult to manage (Shirani and Henwood 2010: 13). Feelings of exclusion and outsider status are very common. However, this MAF study shows how barriers to involvement are more complex than this, illustrated by two telling cases from those fathers additionally interviewed some years later. In one, a father reinterpreted pregnancy 'as a relatively short phase of exclusion which could be redeemed through involvement at a later date' (Shirani and Henwood 2010: 6). But he subsequently felt 'disempowered' by his infant daughter's spell in special care and her dependence on her mother while breastfed. Yet seven years later he also looked forward to a period when his now two children would need him less. Another father's experience is also used to show the importance of a future-oriented strategy when emotional interaction would replace dependency. In an Australian study by Barclay and Lupton (1999), 15

first-time fathers had expectations of 'being there' for the child and being a 'nurturer' but were frustrated by infants' unanticipated lack of social responsiveness. They too adjusted their expectations by anticipating that the desired emotional involvement would come later.

Shirani and Henwood highlight fathers' emphasis on emotional rather than practical involvement and they argue that involvement is postponed to the future at *every* stage. The reasons, discussed in this and other MAF work, are several. They include discomfort about being a 'motherly' father, continued commitment to more traditional masculine identities and conflict between fathers' caring and provider roles. The fathers interviewed when their children were aged eight looked forward to an element of 'redundancy', seeking not detachment but relief from the pressures of responsibility (Shirani and Henwood 2010). Even earlier, they reasserted the value of autonomy and free time over a wholly child-centred approach, but tensions especially occurred because 'the singular value' placed on men's domestic role 'obscured the difficulties and frustrations of combining work within and outside the home' (Henwood and Procter 2003: 346). New fathers do not see breadwinning as an ideal, but it is still a core element of men's identity as fathers. Providing financially, giving a child the 'best start', is understood as 'non-negotiable', even during the financial downturn (Henwood et al. 2010).

Working Fathers: Shared Parenting

As we have seen, the practice of 'good' fathering is problematic for men during pregnancy, labour and the early days, but men's return to work, after the UK statutory two week paternity leave period, brings with it new difficulties – the problem, as Miller's fathers put it, of ' "fitting fathering in" and achieving a "work-life balance"' (2011: 70). Men are faced with conflicting demands and priorities and their time is squeezed (see also Daly 1996). The fathers in the MAF research managed the tensions with varying degrees of success, but one particular case showed how a father rose to the challenge, with a positive outlook on the situation, whereby '*juggling* work and home tasks...became a source of achievement and pleasure, since this led to daily child care being seen not as a *chore* but as a *privilege*' (their emphasis) (Henwood and Procter 2003: 346). Yet, other men struggled and feared being seen as a 'bad' father, concerned about 'being hated and resented' (ibid.).

At the same time as fathers have to return to work, their partners begin to become more competent carers (Miller 2011: 96) and the MAF research found that working fathers who were physically absent 'felt uninvolved in family decisions...[feeling a] relative lack of power and influence in the home' (Henwood and Procter 2003: 349). They also observed that 'the gendered division of labour...can leave women not just with more responsibility but greater power and authority over child care and domestic tasks' (2003: 348). Not only do partners often mediate the experiences of new fathers, they may also exercise maternal gatekeeping. McBride et al., for example, found that mothers may play an active role in 'encouraging or discouraging fathers to act on their feelings of investment in the paternal role' (2005: 370, see also Doucet 2006). This is reinforced by gendered understandings of care.

Dermott's 25 middle class fathers of primary school age children, including those pursuing an egalitarian approach to domestic work, believed that motherhood entails a special bond, rooted in biology or psychology. This was usually explained with reference to 'natural' or 'normal' gender differences or the specific experience of childbirth (2008: 84). Fathers who rejected such views explained a conventional division of labour in terms of personality differences, the impact of employment commitments or the different amounts and kinds of time parents spend with children – about which they were generally happy. Above all, though, fathers saw their own role not in terms of biological or psychological 'imperatives' but as more flexible, a matter of choice. Dermott shows how these explanations of difference between mothers and fathers rationalise both mothers' greater practical investment in caring work and fathers' emphasis on their individual relationship with their children.

The fathers in Dermott's study did not see time as a helpful criterion of involvement and the less time-committed in her sample did not feel guilty about that. She argues that men are not frustrated by or dissatisfied with the work/life balance unless they work extremely long hours. In line with research by Daly (1996) and Gray (2006), Dermott found that time was not irrelevant but that fathers downplayed the significance of routine child care and domestic tasks, instead valuing family time with both parents, passive presence at activities involving a child ('being there') and intensive time involving one-to-one communication such as play, reading, listening and talking with a child (2008: 62). Fathers valued time that developed a strong individual parent-child *relationship*. When fatherhood was achieved principally through the public world of work this did not mean fathers lacked an emotional relationship. Indeed, as Brannen and Nilsen (2006) observe, 'family men' in the 1960s did not interpret activities like

coaching a son in sport as 'care' which was understood as women's work. What's new, Dermott argues, is that 'good fatherhood' requires that an emotional relationship be demonstrated - 'performed' - through openness, 'emotional closeness'. Her fathers emphasised the verbal and physical expression of feeling (by themselves and their children), that is disclosure and mutuality as 'intrinsic qualities' of the individual relationship between father and child (2008: 75). Significantly, this does not imply practical care, nor require physical proximity, justifying a focus on more enjoyable aspects of parenting.

Fatherhood was not understood by Dermott's interviewees as secondary to mothering, but it does not necessarily translate into a commitment to equality, and, above all, "intimate fatherhood" does not challenge the primacy of the mother-child bond' (2008: 93). This was managed by emphasising fatherhood as centred on a 'negotiated', individual relationship between father and child, that is quite distinct from that of mothers.

Further light on the ways in which the tensions of shared parenting are addressed is provided in earlier research by Hochschild and Dienhart who also, more unusually, undertook research with couples rather than fathers or mothers alone. Hochschild's (1989) seminal study *The Second Shift* explores, through interviews and intensive observation of couples, the steps they took to define or present themselves as 'equals' in the face of conflicting evidence. She describes how they negotiated discrepancies between what she calls 'surface ideologies' (how individuals imagine they *should* feel or behave) and reality. Discrepancies might be between a belief in equal commitment to paid work and admission that this was not true, or 'irresolvable conflict over the distribution of work at home'. These conflicts were managed using emotion work and 'gender strategies' such as the creation of 'family myths', 'versions of reality that obscure a core truth in order to manage a family tension' (1989:19). One couple in her sample explained how they had divided the house into two sections, upstairs and downstairs, and taken respective responsibility for these domains when in fact the downstairs consisted of the garage, the car and the dog and the upstairs being the rest of the house and their child:

It allowed...[the wife] to continue thinking of herself as the sort of woman whose husband didn't abuse her...and it avoided the hard truth that...[he] had refused to share...This outer cover to their family life, this family myth, was jointly devised. It was an attempt to agree that there was no conflict between their versions of manhood and womanhood

(1989: 46-7).

Dienhart (1998), like Dermott, argues that a commitment to shared parenting does not have to mean 'equal' parenting. She shows how couples redefined it with reference to alternative discourses and re-interpreted or created new parenting ideologies. She discusses her participants' 'commitment to a shared goal – generally, that most taken-for-granted notion of raising their children well' (1998: 101). Despite the different meanings which could be assigned to the term 'well' (Gubrium and Holstein 2006)⁴, Dienhart's 18 US couples co-constructed their definitions and were happy with how they understood their parenting roles and day-to-day activities. Couples practised shared parenting in diverse ways, such as splitting childcare and housework fifty-fifty or assigning tasks according to their specialities or preference. She acknowledged the 'multiple realities of parenthood for men and women' (1998: 35) and also explained how 'fatherhood and motherhood are intricately interwoven, and...changes in men's approaches to father involvement affect women in their approaches to mothering, and vice versa' (ibid.).

Much research on fathers, as noted above, shows that men define shared parenting in terms that are compatible with some aspects of conventional masculinity. The ideal of the involved father rejects male dominance and confers legitimacy, but it does not require equality and coexists with aspects of traditional fathering. The MAF work adds that becoming a father enhances men's profile within the family and at work, indicating the continued importance of status and influence (Finn and Henwood 2009). However, Doucet's research shows that the 'moral dimension' of parenting remains very powerful, that is how fathers – like mothers – 'feel they "ought" to enact their mothering and fathering practices' (2001: 29). She, like others (see also Ribbens McCarthy et al. 2000) recognises the immense pressures on men to be earners.

In addition, understandings are not just a function of discourse or even choice, but develop in and through social practices. Premberg et al. found that fathers felt positive about displaying independence from their partners:

Mastering gave satisfaction and included different situations such as to succeed with putting the baby to sleep or to comfort a frightened child. To be able to handle the child without the woman seemed vital...Another part of the

⁴ Gubrium and Holstein themselves observe that 'while any two parents might describe good parenting as a matter of raising happy and successful children, the meanings they assign to "happy and successful" can be as different as night and day (2006: xvi).

mastery was to deal with new feelings and to develop unknown sides of the personality

(2008: 59).

The importance of practice and opportunities to care is very clear in both Doucet's research (2004 and 2006) and that of Brandth and Kvande (2003). Doucet's work is a powerful reminder that embodiment remains a barrier to involvement beyond the early days. Men may have a disembodied experience of pregnancy and birth but they have a very embodied, yet nevertheless gendered, experience of child care and relationships with children – and this too is a source of exclusion or marginalisation. Men's embodiment is both about self-protection and sensitivity to vulnerability (Henwood et al. 2012). Doucet's study of 118 Canadian primary caregivers, mainly single and stay-at-home fathers, shows how fathers' care entails male embodiment with men *speaking* as embodied *subjects*. In 'interactional' care, fathers are aware of mother's embodiment not only in 'pregnancy, birth, breast-feeding and post-birth recovery... [but in the qualities of] a *mother's hug* ("longer"/"tighter"/"deeper")' (2006: 711). And they themselves tend to emphasise physical activities, outdoor sports and risk-taking. But in 'relational care' there is extensive networking with other parents and children, yet most networks and venues (from playgroups to schools and homes) are dominated by mothers and perceived as 'estrogen filled worlds' (2006: 704). Additionally, fathers are exposed to moral judgements and suspicions about appropriate physical contact between men and children, especially girls. Men are aware of their own presence as disruptive and experience awkwardness and embarrassment. Gabb (2008) too has shown how concerns about abuse inhibit fathers' physical intimacy with children. As Doucet and Merla (2007) observe, fathers are often keen to do care differently from mothers for all these reasons – awareness of gendered embodiment and exclusion which reinforce traditional masculine values. But the nurturing practice of those who are primary carers also leads to an appreciation of the practicalities in childcare as well as emotional responsibility.

Brandth and Kvande (2003) studied 30 Norwegian couples where fathers took their paternity leave in two different ways. Fathers who used their quota when mothers were also at home for whatever reason stressed the mother's 'natural' closeness with children and need for time to recover from pregnancy and birth, but they also felt 'visitors in the mother's domain', doing things on her terms since mother-child intimacy had been established through early routines. They defined their 'father project' in terms of giving their child attention. 'Unable to take responsibility, they failed to develop self-confidence or awareness of the demands and time-consuming nature of care'

(2003:71). But, in contrast, those fathers who cared for their child/ren at home alone when their partner returned to full-time work gained experience of 'slow time', dictated by a child's needs. These fathers *experienced in practice* that care requires not just quality time but 'quantitative' time and they articulated the value of multitasking in getting to know their child (2003: 68).

Conclusion

While Chapter Two discussed the kind of care that parents are under pressure to provide, this chapter has focused on who provides (or 'should' provide) care, that is mothers and/or fathers. It has explored the construction of mothering and fathering identities with reference to gendered parenting discourse.

In contrasting the social construction of pregnancy and birth with women's embodied experiences, the chapter has compared the cultural emphasis on individual choice and celebration of the fertile body with lack of control, especially in birth, and the bodily discomforts of pregnancy and breastfeeding. It has discussed ways in which professional advice and moral scripts of good mothering can shape vulnerability, lack of self-confidence and mothers' difficulties in trusting their own instincts. For expectant and new mothers, there are also issues of self in relation to body boundaries, and tensions between mothering and individual identities, especially for middle class professional women.

For fathers, being a 'good' father principally means being involved and 'hands-on' – yet something many men struggle with from the outset in view of their disembodied experiences of pregnancy, birth and breastfeeding. The chapter has discussed the influence of this disembodiment – along with more traditional gendered ideals (including financial provision), maternal gatekeeping and also men's own embodiment – on the meanings that fathers assign to activities, showing how their commitment to 'quality time' and emotional intimacy rather than practical care helps them to feel involved and to perform 'good' parenting. But the chapter has additionally highlighted issues that are less often directly studied, namely the importance of practice rather than discourse alone in shaping fathers' involvement, that is the significance of opportunities to spend quantity time with children and its effect on their understanding.

In noting differences between equality and shared parenting, the chapter has also considered the strategies that couples are found to use in attempting to reconcile these ideological commitments, the ways in which partners together make sense of parenting. A focus on both partners in heterosexual families is fairly unusual, since most research studies either mothers or fathers, but it is central to this thesis. I explore the impact of gendered discourse through new parents' experiences of embodiment (in Chapter Five) and their experiences of shared parenting and the division of labour (in Chapter Six). But I first discuss, in the chapter that follows, the methodological rationale for my study and the way in which I carried it out.

4 METHODS

This study explores the formation of parental identities - as mothers, fathers and parents together. It examines how new parents manage the transition, the difficulties encountered and the pleasures they experience.

The research questions the project addresses are:

1. Through what practices and social relations do parental identities come to be formed? How do they position themselves in relation to contemporary discourses of parenting? How are identities shaped through their relationship with each other, with significant others and their parenting practices?
2. What informs the couple's decisions (such as birth and early feeding plans, how to attend to the baby's immediate needs and how to raise their child)? How are disagreements resolved and tensions managed (if indeed they are)? How do they juggle conflicting agendas about the 'right' way to parent?
3. What support do expectant and new parents value and how does this change over the year? How does this support (or lack of it) translate into parents' practice of parenting and their enjoyment of first-time parenthood?

The chapter argues for a qualitative longitudinal approach in order to address these questions. What is more, rather than examining mothers and fathers in isolation, the focus here is on the parents as individuals within a couple and thus their interrelationship.

The chapter begins by outlining a research strategy and explaining the importance of qualitative longitudinal data collection for this study. It provides information on the case studies, details of sampling and the recruitment of participants. Next the chapter outlines the process of data generation with discussion on reflexivity, mixing methods and the principal emphasis on interviews. I describe practicalities of conducting the research, ethical issues and how positive research relationships grew out of this longitudinal fieldwork. The chapter then shows the value of interviewing couples together, with particular reference to connectedness and co-construction. It explains additional methods of data collection which were employed to supplement in-depth

interviews – observation, concentric circle diagrams, audio diaries and photo diaries. I show how the use of lego in the final interview, at the end of the year of fieldwork, added a further dimension to understanding couple relationships, transition and the formation of parenting identities. The chapter concludes by detailing the process of data reduction and analysis, followed by some thoughts on dissemination.

Strategy: Qualitative Longitudinal Research

[P]eople's knowledge, views, understanding, interpretations, experiences and interactions' are the main 'meaningful properties of the social reality' (Mason 2002: 63) which the research was designed to investigate. This interpretivist ontology, as well as the relatively uncharted nature of the research questions, required qualitative study which could explore perceptions.

In order to capture new parents' journey to and through this period, a longitudinal approach was also required. Circumstances, and therefore understandings, emotions and strategies change and fluctuate, especially in response to key events, such as the arrival of a baby, each parent's possible return to work and key developmental stages.

QL research enables an exploration of complex timescapes or flows of time – eg. the pace of change; the nature of critical moments in an unpredictable life journey

(Neale et al 2012: 5).

Qualitative longitudinal research (QLLR) is especially relevant in studying personal life trajectories (Henwood and Procter 2003, Miller 2005, Timescapes 2007-2012, McLeod and Thomson 2009, Henwood et al 2011, Miller 2011, Thomson et al 2011). Where change involves (particular) projects of the self and the construction of identities, it allows for understanding the dynamic relation of context and subjectivity, structure and agency. Meaning making and sense making is explored as process rather than simply captured in 'snapshots'. So, routes in and *through* new roles and statuses can be traced and the process of getting there is also identified.

It is only through time that we can discern how the personal and social, agency and structure, the micro and macro dimensions of experience are interconnected and how they come to be transformed

Neale (2012).

As Miller (2005 and 2011) and Henwood and Shirani (in press) emphasise, QLLR allows us to explore how individuals engage with powerful discourses of parenting and in *different ways*, at *different times* in transition. It actively encourages reflexivity, comparing anticipation and later reflections (in follow-up interviews). The method is 'distinguished by the deliberate way in which temporality is designed into the research process making change and continuity over time a central focus of analytic attention and a conceptual driver' (Holland 2011). Gabb (2011) found that mixing methods within QLLR, more of which I discuss later, was especially useful in 'weaving together' the 'vertical and horizontal' axes of different relational threads'. Using QLLR in this study reveals interconnectedness, multi-layered portraits together with multiple accounts and presentations of self, all explored in the empirical chapters. As Gabb also found, the inconsistencies and complexity of 'ordinary parenting' and the 'messiness of everyday life' can best be captured using this approach.

Semi-structured interviews were conducted four times during the year in order to chart these key periods. As Mason (2002: 64) emphasises, accounts generated in interviews are 'not a direct reflection of understandings "already existing" outside the interview interaction'. They are 'constructed or reconstructed' experiences (ibid.). In addition, understandings alone may not reveal all aspects of negotiated parenting, especially where alternative interpretations exist. Observation is also valuable in supplementing interview accounts but other methods are useful in enhancing and complementing the quality of the interview data. The following sections detail steps that were taken at each stage and the ethical issues encountered in relation to sampling, recruitment, and the methods of data generation employed.

Data Sources

Sampling: Case Studies

The research used seven case studies, made up of a mother, father and their baby:

Case	Mother	Father	Baby
1	Elodie	Oliver	William
2	Rosie	Zane	Heath
3	Viv	Bob	Amber
4	Sophie	Tyler	Bob
5	Belinda	Leroy	Lottie
6	Jill	Jack	Timothy
7	Layla	Dylan	Robert

Table 1: Sample Information

To preserve anonymity, all names have been changed – participants chose their own pseudonyms.

Participants' ages ranged from 27 to 35 years old. All respondents were White British, except for one who identified themselves as White European. Couples had been together for an average time of seven and a half years, at the time of the first interview.

Controls were placed on the sample. First, that the couple be first-time parents since this ensured that the experience of becoming a parent was entirely new to both partners in the relationship. Second, that they be heterosexual, allowing for exploration of mothering and fathering together (and gender issues within these relationships). Finally, that they lived together in the same household (in order to examine topics such as shared tasks relating to child rearing).

As explained below, parents-to-be were recruited through National Childbirth Trust (NCT) antenatal classes. Since the NCT is extremely popular, with 100,000 members in the UK in 2009 (NCT 2012), and it is specifically aimed at couples, recruitment through this organisation seemed likely to be the most productive, maximising access to data sources (Blaikie 2000: 28). Since classes are privately paid for (outside of NHS provision), all couples were middle class, indeed they were all in professional

occupations. However, a representative sample of first-time parents in the UK was neither necessary nor appropriate and social homogeneity was valuable for two reasons. First, the parenting practices of professionals are subject to less scrutiny by the state and these are the parents about whom there is much debate on juggling work and family time. Second, it allowed a focus on the couple relationship, including gender, and their changing experience over time. As Ritchie et al. observe, this is a form of criterion-based sampling, where the (homogenous) 'sample units are chosen because they have particular features...which...enable detailed exploration and understanding of the central themes and puzzles' of research interest (2003: 78). This too has informed other studies of parenting, for example that of Bailey who was interested in a sample of mothers to 'illustrate, or isolate, particular forces and tendencies which, in the real world, co-exist with a multitude of others' (1999: 43) or Dermott's study (2008) of middle class fathers.

The case study method was chosen to allow access to the 'multiplicity of perspectives which are rooted in a specific context' (Lewis 2003: 52). There were particular advantages to this connectedness, in that one research aim was to explore negotiation and interactions. Mothers and fathers would have different perceptions and joint and private accounts were explored through interviewing the couples together but also collecting individual audio diary data, as later explained.

The integration of different perspectives on the context or interaction means that case study designs can build up very detailed in-depth understanding. They are used where no single perspective can provide a full account or explanation of the research issue, and where understanding needs to be holistic, comprehensive and contextualised

(Lewis 2003: 52).

And as Beitin notes, 'multiple perspectives which are rich and valuable could be missed when hearing the perspective of only one member of the family. Interviews with the whole family or multiple members allows for process and development to emerge' (2008: 50). This small-scale research using seven cases provided a data-rich study enabling 'many hundreds of "bites" of information' to be generated (Ritchie et al 2003: 83-4). Particular research projects also inspired my use of case studies, such as the Men as Fathers Project (Henwood et al 2011), Making of Modern Motherhood (Thomson et al 2011) and Negotiating Family Responsibilities (Finch and Mason 1993). Couples were interviewed together, rather than apart, but the benefits, practicalities and ethics of this are discussed later in this chapter.

Recruitment

The recruitment of these seven cases took place relatively unproblematically. I was initially told, by an NCT Administrator, that my flyer (Appendix A) could be sent out in NCT welcome packs to 100 homes for the cost of £15. Near blanket coverage would be combined with directly distributing flyers, even if ignored, in potential respondents' homes rather than relying on them seeing a leaflet and picking it up. However, it later became clear that, since the NCT is so oversubscribed, expectant couples register as members (and therefore receive the welcome pack) very early in pregnancy. This would have meant approaching expectant couples due in five months' time – both delaying the start of fieldwork and also running the risk of an unsuccessful pregnancy outcome due to less established pregnancies. Happily, the NCT agreed to provide contact details for all the antenatal teachers working in and around Bristol, Bath and Cardiff. 24 NCT teachers were then contacted personally (via e-mail) (Appendix B) and the majority were very positive. Some acted as gatekeepers and were either wary or refused to help. I offered to meet apprehensive teachers in the hope this might alleviate concerns but this was unsuccessful and, in one case where a teacher agreed to help and have flyers delivered in person, she peered round the door and grabbed the flyers before promptly closing it! At the other end of the spectrum, one very enthusiastic teacher asked me round for coffee and a chat. She invited me to attend a class so that I could meet potential participants in person⁵ and also put me in touch with the editor of the Bristol NCT newsletter and the Bristol Homebirth Group Co-ordinator who both agreed to distribute my flyer with their newsletters. I returned the favour by helping this teacher to laminate her teaching materials.

In total, three hundred flyers were distributed over a period of four months. I was contacted by eleven couples (two of whom pulled out due to time constraints before the baby was due) and two who contacted me after their babies had arrived (so, too late to take part). The original target had been eight couples but the final pair withdrew before the first interview due to time pressures and by then it was too late to recruit another. However, by then I was also confident that the other participants were likely to stay on board for the rest of the research process – good research relationships had been

⁵ Unfortunately this was not possible as I had a chest infection at the time of classes and did not want to pass on germs.

established and participants reported enjoying being part of the study (while couple 7, and the planned 8, were part of a later cohort, with their babies due almost 6 months later than the rest). This initial rapport also suggested that attrition would be minimised (as proved to be the case) while also avoiding an unmanageably large sample given the complexity of data being sought.

The recruitment process (after initial contact with NCT Teachers) took place over a relatively short period. Couples generally attend classes two to three months before their due date. Once interested couples (in every case the expectant mother) contacted me to express interest (via e-mail in all but one case who phoned), I then replied with a personal letter (Appendix C), participant information sheet (Appendix D) and consent forms (Appendix E) (to be signed at the first interview). The wording in the flyer, letters and forms was appropriately sensitive. Enough information was given to draw people in and honestly convey what the research would involve but positive language was needed. Prospective parents were likely to experience some level of anxiety and it was important not to add to this. Couples generally responded within a week to confirm their interest in taking part. This method of recruitment turned out to be very advantageous in that it resulted in meeting up with couples very close to their due date so I was able to see the last stages of preparation - birth plans were in place (even a birth pool waiting to be inflated in the corner of one couple's living room), maternity leave had started in some cases, hospital bags were packed and we were surrounded by piles of flat-pack furniture, freshly laundered baby clothes and the latest purchased (or inherited) gadgets. Couples with planned C-sections also knew their dates so, in every instance, the anticipated arrival of the baby was palpable. Many of the men commented that it had only just begun to feel 'real', confirming that with an earlier first interview, much of these useful data would have been missed. However, the timing also ran the risk of the baby arriving before we had had a chance to meet for the interview – thankfully this never happened. The first six couples signed up within a relatively short space of one another which raised ethical issues. Two couples attended the same NCT class and, given the timings of births and geographical proximity, they might have attended the same NHS antenatal classes, breastfeeding support groups or baby groups. So, the need to preserve anonymity and confidentiality was paramount. All the data were stored using pseudonyms chosen by the participants. I also sent different 'new baby' cards (so that parents would not spot them on each others' mantelpieces) and used different knitted hat patterns for the babies whose parents attended the same NCT class. For these reasons, snowball sampling was also discounted as an option despite two participants reporting friends being interested in taking part.

Data Generation

Social data is generated rather than collected (Henwood and Pigeon 1992), hence the importance of qualitative interviews. These are designed to have a fluid and flexible structure, and to allow researcher and interviewee(s) to develop unexpected themes (Mason 2002: 62). Lewis also sees this as a 'key strength of qualitative research' (2003: 47). What is more, this method enables the co-construction of data:

[M]eanings and understandings are created in interaction, which is effectively a co-production, involving researcher and interviewees. Qualitative interviewing therefore tends to be seen as involving the construction or reconstruction of knowledge more than the excavation of it

(Mason 2002:63).

This takes on particular significance when interviewing couples together, as will be seen later.

Reflexivity

In preparing for fieldwork, it was important to locate the different selves I brought to the research (Reinharz 1997), in order to be aware of how my own experience could affect my interaction with respondents and hence the data generated. As Mason observes, the researcher should 'conceptualise...[themselves] as active and reflexive in the process of data generation, rather than as a neutral data collector' (2006: 41). My level of disclosure regarding my background was also important in establishing rapport and in potentially helping interviewees feel less vulnerable about discussing their own experiences. For example, my employment as a nanny led to my role as a potential advice giver but, because I am not a parent myself, it is possible respondents regarded me as less of a threat (that is, by not having done things differently and possibly 'better' in my eyes).

Looking after myself was also important. Lee-Treweek and Linkogle identify 'four key areas of danger: physical, emotional, ethical and professional' (2000: 8) for which preparation is invaluable. My capacity for sensitive and ethical research in this field was assisted by my extensive work experience in nurseries and as a nanny, attendance at a birth and regular contact with newborns and their parents. Doctoral supervisions were

a way of continually reflecting on the research process and my role within it, and to share anxieties. Writing a detailed fieldwork diary, to which I refer later, was also very helpful.

As Bondi argues, 'emotion work' is integral to research relationships, with the emotions expected of researchers ranging 'from the passionate immersion associated with the 'drive' needed to conduct research to the cool contemplation associated with the capacity to 'stand back' and reflect critically on one's own ideas' (2005: 232). On hearing one respondent express a racist opinion, I had to quietly ignore this since any other reaction would have been inappropriate. On another occasion, I made initial judgments about what I perceived to be a 'useless' father (in a particular situation) and had to keep these thoughts in check. In fact, a reflection of this emotional response was helpful in kickstarting some analysis around parenting roles.

Parenting is also a profoundly moral issue where behaviour alone is not the only consideration – people want to present themselves in a certain way. Reflexive attention to this and to my own position in relation to my participants was needed throughout the research process. Both public and private accounts are needed to tap understandings of ideologies and pressures on the one hand and also personal experiences and aspirations (Cornwell 1984). Data analysis specifically addresses this.

Interviews: Mixed Methods

Interviews were the main method of data collection since they engage participants' constructions and understandings of their social worlds in a way that questionnaires cannot. Structured questionnaires are heavily based on pre-conceived ideas and 'the survey approach fails to provide sufficient insight into the internal dynamics of a network' (Hansen 2005: 13). In-depth, semi-structured interviews allowed respondents to explain their experiences in their own terms while ensuring certain topics were covered. These were carried out at regular intervals, so as to capture key stages in the first year of parenthood⁶. The first two interviews were conducted as close to the birth as possible without being too intrusive (Henwood and Proctor 2003). The first, planned for six-eight weeks prenatally but in practice a fortnight, in fact proved beneficial, as

⁶ The 'first year' is actually just over a year, running from just before the baby arrives to shortly after the first birthday.

previously explained. The second was at six-eight weeks postnatally. The third interview took place when the baby was around six months, since this is a critical phase in the first year with developments such as teething and weaning. The fourth and final interview was planned to take place at ten months, when routines are likely to be more established and with some mothers potentially having returned to work (statutory maternity leave had recently been extended to nine months). The timing of this was also extended to within a few months following the baby's first birthday.

Different techniques were employed within each interview according to the stage and also to elicit different types of data. Mixing qualitative methods 'help us to gain insights into particular elements, dimensions, and layers of the social and material world and the lived experience' Emmel and Clark (2009) and 'to think creatively and "outside the box", to theorise beyond the micro-macro divide, and to enhance and extend the logic of qualitative explanation' (Mason 2006: 9). The different methods here comprised concentric circle diagrams and lego identity work. Participants were also asked to complete a series of tasks in between each interview. These were audio diaries and photo diaries. With the exception of audio diaries (private to their author), these other data sources were also drawn on in subsequent interviews. Interviews were piloted at every stage, with a selection of acquaintances who were expecting or had recently had a baby, in order to check the clarity and coherence of questions and their ordering (Van Teijlingen and Hundley 2001).

It was anticipated that interviewees might feel less exposed when discussing sensitive issues if vignettes were used. As Barter and Renold (1999) observe, they are 'often viewed...as...less threatening...[and] provide the opportunity for participants to have greater control over the interaction by enabling them to determine at what stage, if at all, they introduce their own experiences to illuminate their abstract responses'. In fact, helped by a good research relationship, interviewees seemed relaxed and open if choosing to discuss sensitive topics. It was decided that stories participants did not wish to share, were best left private. Therefore, vignettes were not used.

Practicalities

Interviews, lasting approximately two hours, were conducted at a time convenient to the participants and held in their own homes. Consent forms (Appendix E) were signed by myself, the mother and the father. Participants were invited to ask any further

questions before signing the form and were then reminded that they were free to refrain from answering any questions which made them feel uncomfortable or that they did not wish to answer and that no explanation was necessary. Fortunately, this never occurred. They were also reminded that they were free to stop the interview at any time, for a break or because they no longer wished to continue. No-one asked me to terminate the interview because they felt uncomfortable and, in one case, a couple urged me to stay on (so I could look at more of their photos). Participants did, however, signal it was time to wrap up, if I had not yet indicated we were approaching the end, by going off to check on food or state it was time for the child's bath. There were breaks in the interviews in order to attend to the baby's needs (although, in some instances, one parent would exit to change a nappy, leaving the other to talk). It was made clear that everything said during the interview was strictly confidential and that their details would be anonymised. This was particularly important after the first interview since a consent form was not signed at the start of each visit.

Ethics

The research governance was formally reviewed by the University SREC (School Research Ethics Committee). Multiple steps were taken to protect respondents and data security and these are discussed below. Since all the respondents were highly educated, it did alleviate some concerns about how data may be used.

Participation in research should be entirely voluntary but it is easy for potential interviewees to feel under pressure. As Mason points out, one 'should acknowledge the persuasive influences which operate' (2002: 80). It is possible expectant fathers might have felt obliged when their partners signed up – in every case, it was the mother who responded to my flyer and much of the time it was they who had printed off the information sheets and consent forms e-mailed in advance of the interview and they who had read it through with some fathers looking initially quite blank. One mother-to-be who expressed interest told how her husband might not want to take part but asked if we could progress anyhow. When I explained why this was not possible, they both agreed but later withdrew due to time constraints – understandable given the imminence of their baby's arrival along with house renovation, but it is possible that the father's reluctance was also a major factor.

Additionally, participants may understand their right to withdraw at any time and to choose not to answer certain questions, but they may not appreciate how the data will be used, nor the 'academic...conventions needed to understand issues...[and] principles of analysis' (Mason 2002: 81). There are emotional costs in allowing a researcher into people's lives (Lee and Renzetti 1993: 4) and in letting a researcher into your relationship. Participants are also unable to anticipate what the future holds, which is particularly true for the first-year of parenthood (Miller 2010).

[T]he idea of the domestic sphere as a fundamentally private place means that information about what goes on in it is regarded as a sensitive area of disclosure (Brannen 1998)

(cited in Edwards 2003: 181).

Ethical considerations were particularly important given the sensitivity of the topic and the possibility of major crises, such as special care, the death of a baby, and postnatal depression or separation. None of these occurred or, in the case of depression, seemed to. Nevertheless, I still needed to be prepared for this. Even without the occurrence of a crisis, there was every risk that couples might feel exposed during the research process, while others, or the same couple at other times, might have welcomed the opportunity for reflection and treated the interview as a therapeutic encounter (Birch and Miller 2000) (see below). I conducted interviews sensitively (for example, very gentle probing or words of encouragement) and watched for signs of distress. I also attended interviews equipped with information for appropriate signposting, such as helplines and websites that might be of assistance although this was never required. Fortunately, at no point in the research did I suspect any harm being caused to either the baby or a research partner. Interviews (in Appendices F, J, L and M) covered sensitive subjects such as the couple's experience of the birth, views on 'proper parenting' and relationships with in-laws. I discuss later, in more detail, the topics explored at each stage of the fieldwork. Participants were given space in interviews to say as much about these issues, or as little, as they felt comfortable with.

The Research Relationship

Given the longitudinal nature of the research and the regular changes in circumstance over the year, keeping in touch with respondents was paramount, but this also actively developed the research relationship and helped to keep couples committed. Tasks that respondents completed in between interviews (audio diaries and photo diaries)

required regular interaction via e-mail or text message and participants would occasionally text me with brief updates in addition to these. New parents notified me once the baby had arrived, prompting a congratulatory card. Fortunately, there were no major complications (such as the need for special care, death of a baby or couple separation) but sensitivity to these possibilities had to be borne in mind. Messages to participants were carefully worded, so saying 'Hope this message finds you well' instead of 'Hope you are enjoying him/her' or 'Hope X is thriving', which risked new parents feeling bad if things were not going so well.

As the research relationship grew, the participants seemed very interested to hear how the study was coming along – for example in terms of whether other babies had arrived and whether other mothers had yet gone back to work – but also to see how I was finding the research process⁷. My role as a researcher changed. Parents occasionally solicited advice on feeding and sleeping. One mother added me as friend on Facebook (which I politely declined) and another couple sent me a link to their YouTube site with videos of their son together with occasional photos.

Participants had agreed to take part in this study before their baby had arrived and had no way of knowing how they would feel over the year, as already noted, so I was continually sensitive to their potentially changing frames of mind, for example, not turning up at the second interview excited about their baby since they might have been suffering from depression. Participants' involvement was also constantly renegotiated (France et al 2000, Saldaña 2003). I did this on each occasion and they would often e-mail or text to say they were really looking forward to the next interview so I was reassured their answer would likely be positive. Interviews were designed to capture aspects of parenting unique to each stage (such as the birth, weaning and paid childcare). But they were also designed to chart parents' changing perceptions of their experience, for example with discussions around anticipation and reflection.

⁷ Since one respondent was currently finishing a long-term research project he regularly stated he knew about the struggles of writing and offered me advice. Others referred to their previous university experience.

Interviewing Couples Together – Connectedness and Co-Construction

While it is likely that interviewees may have felt more comfortable discussing certain topics, for example the birth experience, by themselves rather than as a couple, it was important not to create tensions by causing offence through interviewing them separately. For example, a new mother might have felt threatened by a young, female researcher asking the father, her partner, about intimacy issues or a father might have worried about what was being said about him (for example, his level of involvement). In order to minimise distress, all interviews were conducted with both members of the couple present at all times⁸.

It was crucial to give each participant space to speak, especially at times when women may be more likely to answer than the men, for example when discussing pregnancy, birth or breast feeding. For one participant, English was his second language which might have affected his level of input. And some were naturally chattier than their partners, a not uncommon problem (Beitin 2008: 50) so this needed to be carefully managed, for example by addressing questions to specific participants allowing them the chance to speak first.

Interviewing couples at the same time involved logistical challenges but there were additional benefits. The interviews had to be held in the evenings once fathers (or mothers if they had returned to work) were home. Since interviews lasted up to two hours, this was an extra demand: parents were tired and babies more likely to be cranky at this time. However, parents might have been feeling trapped and exhausted by long evenings with a fussy baby especially in the second interview when the baby was six-eight weeks old, so my presence was a distraction or additional entertainment for the baby. Many participants reflected that research interviews provided a welcome chance for them to sit down and talk.

To conduct some interviews separately and some together would have been ideal but this was not possible due to time constraints and the amount of unmanageable data this would have created. However, couple interviews, together with audio diaries,

⁸ There were times when one partner left the room, for example to attend to the baby's needs or answer the door.

proved very successful and, as Ritchie observes, joint interviews ‘provide an opportunity for individual depth of focus [and] also allow participants to reflect on, and draw comparisons with, what they hear from others. This can be of particular value...where two people form a naturally occurring unit (for example, partners)’ (2003: 37).

Allan too (1980: 205) found that spouses’ interaction could lead to fuller accounts and Beitin found that couple interviews ‘allow...for people to interact around a question and create meaning or supplement each others’ answers’ (2008: 49). Meanings were also created through co-construction in the interviews. As Dienhart observes:

I believe humans are constantly making meanings of their experiences...[and] these meanings are interpretations constructed in social interaction...Each person constructs his or her meanings against the intricately woven meaning space or her or his personal, interpersonal, and socio-cultural experience

(Dienhart 1998: xi).

However, this process entails complex implications. Parents have different perspectives and experiences – in these joint interviews, they were co-constructing not only the data but their experiences for themselves by exchanging different and, at times, potentially conflicting perceptions. Often topics discussed by one partner would be ‘news’ to the other. There will be processes of negotiation when discussing what *actually* happened in the retelling of a story but there is a danger of exposing tensions:

What starts out as light-hearted banter between a couple over a disputed event or activity can rapidly deteriorate into a full-blown conflict, with the interviewer caught in the crossfire, effectively being called upon to adjudicate over who is right. In this way, the interview process can accidentally expose tensions in the relationship between household members, creating an ethical minefield for the interviewer, in which they need to strike a delicate balance by extricating themselves from the discussion without taking sides or leaving one or other respondent in a ‘vulnerable’ position

(Valentine 1999: 70).

The very fact that couples agreed to take part in my study indicates that they are likely to have considered their relationship to be sufficiently strong to share elements of it with a researcher. They were unlikely to be unhappy together or feeling uncertain about their future. But this does not preclude divergent or contradictory experience. Nevertheless, in my interviews there were many instances of positive ‘revelations’, for

example where a father's enjoyment of time as a family unit had not been previously expressed. Joint interviews aided participants in reflecting on how their relationship was changing over the year, also helping them to negotiate their new identities, both as individuals and together within the couple. This can be illustrated by two types of what I call 'conversational episodes' which became evident through analysis of couple talk. Partners co-constructed new understandings of their roles, discovering ways in which they often shared ideas and values but also attempting to work through disagreements and manage tensions.

'It's good to see we're on the same page'

Participants often remarked how interviews, together with the additional tools I used enabled them to reflect on issues, from thoughts about how to raise their children to feelings about changing relationships. Most striking was the level of consensus between the partners in my sample – although this will in part be due to the type of couples who signed up for the study, as already noted. Expectant mothers and fathers talked about some of their shared hopes and dreams for their children and nodded in agreement about ideas around parenting strategies. Their experiences as new parents did differ, as will be shown in my analysis. However, it was the level of agreement when answering my questions that was more pronounced. It is important to recognise that a couple might present themselves in interviews as a 'unit' with entirely shared ideas. But each and every person acknowledged, early on in the study, that there had been arguments since the arrival of the baby so there was no attempt to present an idyllic situation.

Many participants expressed how it was 'good to see we're on the same page' in response to questions about things they might not have considered or explicitly discussed before. In some cases, it appeared that couples were completely 'in sync', as if telling a well-rehearsed story. This was particularly apparent when recounting how they had arrived at the decision to have a baby or how they had practically prepared for their baby's arrival. Body language was also a clear indicator of a couple's closeness with hand holding, gentle back rubbing or the stroking of a partner's hair.

Two couples illustrated especially strong connectedness. Oliver and Elodie explained how they had never really discussed their ideas about how to raise William but were confident of an implicit agreement. They seemed very calm and at ease with one

another both before and after becoming parents. Bob and Viv also seemed very close but in a different way. They are both talkative and were equally animated throughout the interviews, even when talking about a topic which might affect the other partner more. What was particularly interesting about their conversations, was how regularly they finished each other's sentences. Words in square brackets below (just one example from their interviews) show simultaneous speaking:

Viv: God! We've had such a year, haven't we, [actually]?

Bob: [It has] been, [yeah].

Viv: [Um] (.), we had a CVS...test,...we had an...OSCAR scan. That's what you call it, isn't it? [Yeah].

Bob: [It came] up as [quite high risk].

Viv: [and it came up as] we've got high-risk for [downs]

Bob: [downs, yeah].

Viv: And [I think we both]

Bob: [I think] we needed that for peace of mind.

...

Viv: [There's] no point having the test if you're not [gonna]

Bob: [Well, exactly]. Yeah, exactly.

This synchronicity extended to their concentric circle diagrams where they discovered that they had filled them out in very similar ways:

Bob: [I've put you as number one, as well, baby!]

Viv: [Um, [laughs]] Oh, so we *match* so far, that's [good].

...

Bob: Yeah, mine's not that *different*, really [laughs].

...

Viv: Yeah, see how similar we are?

(Interview 1)

But other participants as well had very similar concentric circle diagrams in terms of where they had placed each other, their parents, in-laws and close (shared) friends, as will be noted in Chapter Eight, and they too were relieved and pleased to see common ground.

Connectedness helped couples to manage the practical and emotional difficulties of becoming parents but reduced tension was atypical, as will be discussed in chapters Six and Seven along with the strategies couples used to deal with new pressures. The case of one particular couple, Belinda and Leroy, additionally highlights the use of the interview itself to negotiate conflict within their shared project of parenthood.

'Reaching a disagreement'

Belinda and Leroy held different opinions about the practicalities of *how* to parent, as explained in Chapter Seven. They used the interviews to report conflict arising from their different approaches to parenting in an open and articulate way. But not only did they share these views with me, they tried to work out their tensions during interviews, attempting to understand each other's point of view in a new light in response to my questioning. A particular strategy – controlled crying – not unexpectedly produced markedly different responses. They repeatedly described each other's accounts of things as 'unfair' and there were regular moments of palpable tension in the interviews. For example, on one occasion, Leroy explained to Belinda 'You can tell by my *thinly-veiled irritation* that we would change a plan I thought we had, er, we had *agreed on*'. Later in the interview, Leroy discussed how he avoided drawing attention to his tiredness so as not to aggravate Belinda. My role was important here in attempting to break the tension:

Leroy: It's an area that I think, *I* try and steer away from, conversationally, and sometimes realise that I've strayed into it and

[*Belinda laughs*]

NW: By yawning.

Belinda: [*laughs*] Yeah! [*Shouts in a joking way*] 'What was that yawn?!'

Leroy: Exactly.

Belinda: How dare you!

Leroy: And, I mean, that's a *massive* strain 'cause it's *bloody* difficult to, er,

Belinda: But I *want* to talk about it

Leroy: Yeah, exactly.

Belinda: because I want you to recognise and constantly go 'You poor thing!'

Leroy: Yeah, and when I try and empathise and say 'Yeah, it's awful, isn't it?' you go 'What do you *mean* it's awful?' [*laughs*].

Belinda: 'You have *no* idea'

Leroy: *Exactly*, so, that is, that's *fucking* difficult because...it *really* is eggshells...and I'm tired...and not able to be as rational and sensitive as I would be.

(Interview 3)

Later still, Leroy discussed how he was '*pretty fucking annoyed*' that Belinda had seemed to renege on their plan of action. I asked if they had always been like this, implying their reported difference in personalities, with Belinda promptly asking 'Oh, what? Bickering?' Then followed a great deal of laughter and the tension was broken. Leroy (in the following interview) summarised their management of the situation perfectly when he said 'We discuss X and we discuss Y and then we reach a disagreement'.

I believe that the data above support the value of conducting interviews with couples, not only for understanding the views, experiences and practices of both partners in their shared project of parenthood but also for insight into their negotiation of this project.

Observation

Interviewing couples together and with their baby required detailed observation and rich fieldwork notes. On leaving the interview, I would speak into a dictaphone in my car rather than wait until I was home so as to capture as much as possible. Notes included thoughts on how the interview had gone in general, interaction that had taken place before and after recording (such as being introduced to a baby for the first time, couples preparing food for later or bottles for the baby's visit to nursery the next day) as well as any interruptions and specific body language between the couples while particular tales were being recounted (for example, eyes rolling, smirks, back stroking or hands placed affectionately on the other's knee). Body language and behaviour with their baby was also noted. So, a father having outstretched hands to take the baby once they had finished breast feeding, in order to burp them, or parents taking it in turns to entertain the baby or respond to its cries. These fieldnotes are, of course, data (Allan 1980: 205).

Observation provided an insight into what could not be articulated or recounted (Mason 2002: 85). And, as Ritchie notes, it is a helpful form of triangulation within the qualitative paradigm (2003: 37-8). Had there been time, it would have been valuable to visit families on separate occasions from the interviews, purely for observational purposes. As mentioned later, I was invited to lunch with one couple and to observe a bedtime routine with another but I considered it important to treat all couples equally. As Mason (2002) argues, this experience as observer would have epistemologically privileged my understanding, but just of these couples. Ethically speaking, whether or not such observation might have been less or more intrusive than interviews is unclear.

A Year in the Field

Fieldwork was managed through spreadsheets in order to keep organised (for example, an overall timetable, when to text audio diary reminders, due dates and exact birth dates and pseudonyms). Research was staggered since respondents had been contacted, and then replied, at different times. So, each of the four rounds of fieldwork took place over a period of two months, with a seventh couple running six months behind. Conducting fieldwork in this way meant organisation was key since couples were going through the same stage at slightly different times.

In this next section, I detail how the phases of fieldwork were carried out. I explain what interview schedules were designed to explore and the methods employed at what stage, and I consider how the research relationship developed over the year.

Rather than use focus groups to help formulate questions through providing a preliminary foray into the issues involved (Ritchie 2003: 37-8), my interview schedules were informed by the research questions (formulated by existing literature and gaps in research) and my own experience as both an employed nanny and informally with many expectant parents, newborns and babies. The design and the conduct of research is an iterative process – perhaps more so in qualitative studies, since they are ‘characteristically exploratory, fluid and flexible, data-driven and context-sensitive’ and so ‘it is both inimical and impossible to write an entire advance blueprint’ (Mason 2002: 24). Therefore interview schedules and methods employed over the year were not only revised after piloting but also in light of what emerged from some of the research interviews.

Expectant Parents

As explained, the first meeting and interview took place not, as initially planned, at six to eight weeks before the baby was due but just one or two weeks before the baby was born. Advantages included the pregnancy feeling more real, fathers reporting feeling more engaged and the palpable sense of the baby's arrival.

The purpose of this first interview was to meet the couple before the baby arrived, to get a sense of them as couple *without* a baby, albeit expecting one. Meeting the couples after their baby had arrived would have risked reflections being clouded by the recent birth since new parents regularly report not being able to remember a time before the baby. We had had very little contact before meeting face-to-face. In some cases, I had spoken to the expectant mothers to answer their questions about the research process or confirm interview times but, in most cases, this was done via e-mail or text message and it had always been the women to get in touch. All the participants seemed friendly and welcoming, offering me a drink and asking if I had easily found their home. One couple offered me lunch since I had travelled 'so far' (in their eyes) but I politely declined. While it would have been a great opportunity to get to know the couple better and talk to them 'off dictaphone' (so, less formally), I wanted to follow the same procedures with all respondents and was also concerned that, if thoughts were shared over lunch, they would not be shared during the interview and therefore not captured in the recording (only in my detailed fieldnotes). While we waited for kettles to boil or an expectant father to change out of his work clothes (most of the expectant mothers were already on maternity leave), we chatted about their homes and how long they had lived there.

I thanked participants and, once consent forms were signed and confidentiality had been confirmed, respondents were asked questions to provide demographic data - essential to the study but also helpful in establishing initial rapport. The first interview schedule (Appendix F), was designed to explore couples' reflections on the pregnancy, their parenting ideals and birth plan. I wanted to ascertain whether the couple had had previous infertility or miscarriages and whether the pregnancy was planned (because this would affect their experience of parenthood) but it was important to be sensitive. Asking if couples had had a straightforward pregnancy allowed couples to share that, in all but one instance, the pregnancy had been planned as well as discussing health concerns. A core research question on couples' relational networks was explored through the use of concentric circle diagrams, which I outline below.

Concentric Circle Diagrams

These were a tool to aid participants in mapping their support networks, similar to the 'ecomap' commonly used in social work practice (Vodde and Giddings 2000). They were presented with a blank diagram (Appendix G) and encouraged to think about all the advice and support they had drawn on during the pregnancy and to whom they had gone, for example, their own parents or in-laws, pregnancy manuals, websites or health professionals. I explained how I had not provided an example diagram since there was no right or wrong way to complete these. This seemed to reassure some participants who initially looked slightly daunted. They sat quietly while filling them out and would occasionally peer at their partner's. The completed diagrams were then discussed in the interview, aiding discussion around support. This technique was successful in all but one case with an expectant father explaining he could not possibly think in this way and that every name on the diagram would require detailed case notes. Respondents reported feeling reassured that their diagrams were similar to each other's or that they were happy to see themselves appearing in their partner's 'inner circle'. Example diagrams, and their subsequent analysis, can be seen in Chapter Eight. At the end of the interview, participants were asked if they would be prepared to complete a task in between this and the next interview, namely audio diaries.

Audio Diaries

As explained earlier, in relation to couple interviews, audio diaries were used as a tool to access private accounts including any thoughts participants might not have wished to share during the interview. This method was also crucial in enabling me to follow participants at times surrounding the birth when it would have been too intrusive to conduct an interview. When explaining audio diaries, I was careful to use the word 'individual' rather than 'private' since it was important not to cause tension about privacy in the relationship. I had initially planned to give each participant a dictaphone of their own. But this was too expensive to justify. I also considered a free-phone number (with an answer machine) but was unable to source a machine with enough memory to allow for the possibility of participants talking for a long time. Leaving a message on a machine might have minimised tensions between couples since the data would only be accessible to me and they would not be under an obligation to share their 'private' thoughts with their partner. I decided on supplying each couple with a

tape dictaphone (cheaper than digital) and each individual within a couple with their own set of tapes. As in Monrouxe's study (2009: 86), participants recorded entries in different ways. One couple told me the expectant mother had held the dictaphone while the father-to-be had recorded his thoughts from up a ladder while decorating the house! Another couple chose to do the first audio diary entry like an interview with one asking the questions, the other answering and vice versa. Once the baby had arrived, they then recorded their accounts by themselves. Even if couples recorded entries in private, they may have felt obliged to share their recorded data with each other but having their own tapes was a more private option than a digital shared dictaphone. This system also allowed respondents to retrieve their own data thereby giving them greater ownership, although it carried the risk that they listened back and re-recorded, producing a less spontaneous account (one father did in fact do this).

Participants received text message reminders which helped me to stay in touch. All but one couple reported that these reminders had been very helpful and that they did not find them intrusive. Appendix H shows the audio diary sets I prepared for respondents and Appendix I shows the accompanying guidelines which were given to each of the couples.

Audio diaries were hugely successful with respondents each recording an average of thirty minutes of data. All participants but one reported enjoying completing them and were looking forward to receiving copies of their accounts. One respondent opted out explaining he hadn't felt comfortable speaking into a dictaphone. I was pleased he had felt able to refuse but it was a shame not to capture his thoughts on the early days of fatherhood in this way. Some couples did not complete all entries and sometimes did not record them at the exact time they had said they would (not surprising given the arrival of a baby). They were very apologetic but I was just appreciative they had done it at all!

Participants let me know when the baby had arrived. Most added me to their announcement list and I would receive a text in the early hours of the morning or an e-mail with pictures stating the happy news. In one case, I did not hear from a couple. It was crucial to be sensitive in the event that something had gone wrong so I waited a few weeks and sent a message checking all was ok. I immediately got a response saying they were sorry they had missed me off the list and not to worry, they had been recording all their audio diary entries without my reminders. It was a great relief to send

congratulatory cards to all of the sample though some mothers and babies needed to stay on in hospital.

As audio diaries were used to seek access to private accounts, it was crucial to consider their privacy – or at least assume they were recorded in private, even if I was later told this was not the case. Therefore, their content could not be referred to, by me, in the interview itself. So as to not offend participants, it was important to acknowledge that they had spent a long time recording their thoughts. I thanked them but explained we would not be discussing them in the interview since they were 'individual'. I apologised if there was any repetition such as the birth story, but all participants seemed happy to explain the past few weeks and not assume I had any prior knowledge from the tapes. This posed problems when writing up in that it was possible respondents would recognise themselves or their partners in the data even if many details were anonymised and it was important not to lose too much authenticity by removing the context, for example (Harden et al 2010). In fact, no information was disclosed in the audio diaries that was not then discussed in subsequent couple interviews. It is possible that participants held back from disclosure given that they were sharing audio diary kits even though they had separate tapes. My Masters experience (West 2007) of researching linked lives, through conducting interviews on nanny and parent care, was useful here. It had been particularly important that respondents trusted that what we had discussed was confidential since nannies expressed anxiety about discussing their employers and parents were sometimes reserved about discussing their views on their employees.

Early Days

The next interview took place six to eight weeks after the birth and was the first time I was introduced to the new babies. Despite regular contact since our first meeting (with announcements of the birth and audio diary reminders and responses), it was important to bear in mind that the couple might have experienced a difficult time with the possibility of postnatal depression. About half of the respondents greeted me with delight, so excited to show off their new baby. Others seemed pleased to see me but were quieter about the event, seeming happy but tired. I presented each of the couples

with a hat I had knitted for the baby which was gratefully received⁹. One couple sent me photos the following week of their son wearing it and, on one occasion, I bumped into a mother having interviewed her the previous evening, and when I peered into the pram I was thrilled to see her son wearing his hat. This was especially validating.

This second interview involved the challenge of interviewing with a baby present. Some mostly slept through while others gurgled or cried. While at times this was distracting (with the level of noise sometimes making subsequent transcription difficult), it provided a great opportunity to observe couple interaction with each other and with the baby and field notes became increasingly detailed. The need to breastfeed a baby during the interview or my chance to have a cuddle while the parents discussed the birth added to the level of intimacy, also strengthening the research relationship.

The interview schedule (Appendix J) was designed to explore the participants' experiences of life with a baby, the birth, the father's return to work and relationships with each other, their baby and others. Although planned, no concentric circle diagrams were possible in these interviews. Discussions around the birth, together with interruptions to attend to the baby's needs, took up considerable time. While the question topics were slightly more sensitive, more sensitive behaviour, on my part, was also required given tired and hormonal new parents. At the end of the interview, participants were asked to complete a photo diary for the third interview and were told they would receive e-mail instructions in due course. Below I outline why and how this method was employed.

Photo Diaries

Originally, photo elicitation, using carefully selected images to portray ideas, struggles and tensions, was planned to help evoke memories and emotions that might not otherwise have been expressed (Harper 2002, Henwood et al. 2008). Subsequently, only participants' own photographs were used since there was not enough time in the interviews to refer to both. This method was participant led, the value of which is noted by Prosser and Loxley (2008). It 'brings the researcher closer to collaborating 'with'

⁹ I often knit hats for friends' babies and it is a quick and cheap, but much appreciated, gift. Since I was unable to pay my respondents, this small gesture seemed appropriate.

respondents and seeing them as experts in their own lives...that encourages greater co-operation with respondents and working 'alongside' them'. The first couple suggested using their own digital camera and creating a folder on their laptop to show me at the next interview. The remaining respondents were then given a choice and all opted to use their own digital cameras. Photo diaries were used to capture 'a day in the life' of new parents and to explore what parents considered important or relevant in their everyday parenting. Visual methodology has particular merits in this regard (Prosser 1998, Back 2007).

The use of photo diaries is discussed below (with photo diary guidelines in Appendix K). Before the next meeting, Christmas cards were sent and two couples added me to their Christmas e-card mailing list.

As with the audio diaries, participants reported really enjoying this task and the results were very productive in Chapter Seven. Participants (in all cases the mothers) then showed me the photos while the three of us sat around the laptop. Some fathers had taken photos or, instead, featured heavily in them, with mothers having decided what photos to take. Respondents described why they had taken the photographs and, in some cases, explained that photos represented particular times in the past months, for example a father on a sofa with a glass of wine represented reclaiming their evenings. Photos tended to include their baby while others featured objects, such as a sink full of bottles or a bottle of medicine. Some photos captured events (bath time, story time, swimming, father returning from work) and others focussed on specific times, for example a 4am teething episode.

Consent forms (presented at the start of the research) had included the use of images. Some couples were happy to transfer all images to a data stick but agreed I would just show photos of objects in presentations. Some parents were keen for me to include photos of their children in the presentations. Others would only let me take object photos away but I could see child images on their computer screen. Some photos included others' babies (with parents explaining they had asked their friends and family for permission to show me these). One couple (who had previously sent me a link to their YouTube site) asked me to stay on and look at other photos they had taken over the first year. They even put a 'best of' album on my data stick. They showed me professional photographs (some quite intimate with bare parents holding a naked child) and explained how, although they wouldn't put these photos on the wall for friends to see they were keen to show me. This was a particularly strong indication of good

rapport but, by this point, the research relationship with all couples, had become much stronger with parents greeting me warmly at the door.

The Half-Way Point

This third interview took place when the babies were six months old. Apart from correspondence regarding the photo diaries, there had been less contact during this period and no meeting for approximately four months so there was a great deal to catch up on. Due to illness, I had been unable to meet several of the couples until a few weeks later than planned but this was in fact fortuitous since some mothers had just returned to work and others' babies had just entered a newly difficult stage. All but one of the babies were awake and very much present in the interview with their chattering featuring largely on the recordings. Despite crying newborns, this stage was more challenging still, with children requiring more attention during the interviews, but it was never a problem to cover all of the questions and interviews again lasted approximately two hours. In one case, I was invited to observe or help with the bedtime routine but, as with the earlier lunch invitation, I wanted to treat participants equally. I had worried this child would then be asleep when I arrived but she was still babbling in her cot and her father was keen to bring her back out and let me have a cuddle.

The interview schedule (Appendix L) was designed to include how things had been in these past few months and if, and/or how, they felt relationships had changed. Before the final interview, babies turned one so birthday cards were sent and, in some cases, e-mails with pictures of children at their first birthday parties were sent to me.

One Year On

This fourth and final meeting took place shortly after the research babies' first birthdays. The main aims of this interview were to reflect on the year (see Appendix M for schedule) and to employ innovative methods to facilitate discussion of more sensitive subjects of embodiment and relationships – namely through the use of lego identity work, which I discuss below. I had also planned to use emotion maps (Gabb 2008) but, unfortunately, there was insufficient time to incorporate this. Concentric circle diagrams were also used (and then presented alongside their ones drawn in the first interview) to explore if and how support networks and relationships had changed. This discussion was also facilitated by presenting respondents with excerpts from their

first interview and discussions around anticipation of the baby's arrival, expectations, hopes and fears. This final interview also provided a chance to ask the parents if, looking back, either had felt they had experienced 'baby blues' (a less threatening or intrusive term than postnatal depression) but giving them the opportunity to discuss either or both. To ask about this in the context of looking back, was safer since parents would hopefully have survived the experience. As Miller found in her study of first-time motherhood:

[t]iming is...important, and self-governance leads women to voice difficult experiences within the context of '*now* being better'. Voicing experiences of not coping is perceived as too risky. Because mothering is largely taken to be a natural ability, to admit 'failure', to not coping, is to risk incurring moral sanction and a questioning of one's capacity as a woman

(2005: 100-1).

This will be explored more fully in the analysis chapters. Reflection also carried a potential ethical risk reminding participants of tough times.

LEGO® Identity Work

In order to explore particularly sensitive topics, especially issues of embodiment, I employed an innovative method which uses lego. The idea was that respondents might be better able to articulate feelings (or ideas) which they might otherwise have had difficulty expressing. The act of building a lego structure also potentially generates different data because people think in a different way when using their hands (Gauntlett 2006 and 2007). In addition, Gauntlett explains how '[t]his creative reflective method provides insights into how individuals present themselves, understand their own life story and connect with the social world' (2007).

Participants were each presented with a pile of lego to create their scenes:



Figure 1 – Lego Scene 1



Figure 2 – Lego Scene 2

Using Gauntlett's (2008) guidelines from his lego play video on YouTube, I asked respondents to build a garden, familiarising them with the pieces available to them and hopefully putting them at ease. They were then asked to build a scene which represented how they were feeling about Christmas, which was not far away at the time of this round of interviews. The next tasks were to build scenes representing how participants viewed parenthood in general, their relationship before the baby and directly after and their relationship now. The aim was to 'establish a different way of gathering knowledge – an approach which allows participants to spend *time* applying their playful or creative *attention* to the act of making something symbolic or metaphorical and then *reflecting* on it' (Gauntlett 2007). Lego proved very productive and helped to elicit accounts that identified shifts in relationships, even for those couples whose mostly positive experiences were continuous. Examples and analysis of participants' lego scenes are discussed in Chapter Seven.

All those participants who took part in the lego task seemingly enjoyed it and there was lots of laughter as well as serious contemplation. Two couples did not build with lego since there was no time in their final interview. Duplo toys were taken along so that babies, if awake, could join in the fun. This proved successful:



Figure 3: Babies' Involvement in Lego Scenes

Moving on

I had initially planned to conduct an end of research questionnaire to explore participants' experiences of taking part in the study but, by the time the fieldwork had ended, I felt there was more than enough data to manage and analyse and this did not seem a crucial component of the project.

I was careful not to emphasise the finality of the research project. As Lewis explains,

[i]nterviews can have a certain seductive quality: participants may appear comfortable and may disclose information apparently willingly during an interview, but may later regret having been so open

(2003: 68).

As mentioned earlier, some respondents might have treated the interview as a therapeutic encounter (Finch 1995, Birch and Miller 2000) and it is possible that some of the issues discussed would not have been considered before and that new understandings arose out of the interview experience. As Lewis also notes '[t]hey may also be left with feelings and thoughts stirred up by the interview long after the researcher has moved on' (2003: 68).

Shortly after the final interview, participants were e-mailed to thank them for their participation and to explain I would be in touch to provide copies of recorded interviews and audio diaries, which many respondents showed an interest in. I left space to contact the participants again by explaining that I might revisit the data further down the line or even undertake a follow up study. I therefore ensured that all respondents had my contact details, should they wish to revisit the discussion or ask any further questions. A year later, I was invited to attend some of the babies' second birthdays and one couple asked me to babysit.

At the time of writing, almost three years after the first research interview, I continue to receive e-mails or text messages whenever one of the couples have had another baby – to date, three of the seven couples have gone on to have a second and a fourth are expecting their second in six months.

Data Reduction and Analysis

Data Reduction

The volume of data generated, as with many qualitative studies, was large. Nvivo was used as a tool to initially manage this. Cases were assigned to each participant and each family – so, a mother, a father and their baby - was also assigned a case. I also planned to use a complex coding frame but quickly decided to revert to the traditional ‘cut and paste’ method to organise the data. This manual method of organisation helped me to immerse myself more fully in the data. I referred back to the interview schedules, revisited research questions and returned to the spoken data, as well as transcripts, to explore what was emerging from the data. In other words, what participants were articulating about their experiences of first-time parenthood, what they paid attention to, the words they used and the themes they explored. This then informed the thematic analysis, which I discuss later in this section.

Given the longitudinal nature of the research, transcription and data analysis was a continual process. Interviews, audio diary recordings, observations, field notes, and all correspondence between myself and the participants was considered as data. Recordings were transcribed verbatim, by me, since to outsource would have meant someone else making decisions about what to attend to, such as laughter, intakes of breath and tone, thus affecting the analysis. Transcriptions were anonymised, as were field notes (which had been written, or recorded and then transcribed).

Analysis

Analysis begins at the very start of the research process (Riessman 1993, Coffey and Atkinson 1996, Silverman 2004). Choices are made about what phenomena to investigate and what methods to employ. In an interview, the researcher actively listens and participates, carrying out informal analysis in their head about what question to ask next and at what point to clarify or probe (Mauthner and Doucet 1998: 124). As mentioned above, analysis also takes place when transcribing in terms of what information, other than the speech, to pay attention to. One of the most important aspects of analysis was listening to the data and then constantly returning to it, while making notes. So, listening to the participants’ narratives, to their stories about the

experience of first-time parenthood:

Telling stories is far from unusual in everyday conversation and it is apparently no more unusual for interviewees to respond to questions with narratives if they are given some room to speak

(Mishler 1986:69).

Having attended a training workshop on analysing qualitative data in November 2010, run by Jennifer Mason and Brian Heaphy, I learned about creative approaches to analysis. Listening while doing something else was described as a way to listen differently and to access different meanings in the data. So, I transferred my interview data onto an iPod and listened to interviews while driving or knitting and kept a journal of thoughts. Another important factor in listening to and interpreting the data was time. It was only after repeated listening that I developed a new understanding of the fourth and final interview of one of the couples. At the time of the interview, as a result of my expectations, I did not feel there had been any change in terms of the struggles the couple had been facing the last time we met. My fieldnotes, dictated in the car outside the participants' house immediately after the interview, reflected this. It was only once I had stepped away from the data, written about other couples and other issues and then re-visited the interview that I realised there had been a transition in the couples' management of a situation and in the way they related to each other.

In addition to repeated listenings, I also printed out sections of transcripts and used different coloured pens to chart different themes. I created mind maps, which helped with the 'processes of beginning to think with and through the material, using...visual ability to spot patterns, shapes and connections as a form of analysis' (Reason 2010).

The Voice-Centred Relational Method

The Voice-Centred Relational Method (developed by Brown, Gilligan and colleagues (1993)) involves four readings of a transcript, each time reading for a different voice, concept or theme within the narrative. As is evident from the title of this approach, it 'holds at its core the idea of a *relational ontology*' (Mauthner and Doucet 1998: 125). Although there was not enough time to conduct the entire method, I still wanted to use it as I believed it was helpful in identifying discursive positioning and exploring how participants managed (or not) when ideals of parenting conflicted with the practice of parenting.

'We find this listening for the voice of the other to be crucial. It brings us into relationship with that person,...in part by discovering how she speaks of herself before we speak of her'

(Brown and Gilligan 1993: 16).

In this method, each instance where interviewees speak about themselves, using the personal pronouns 'I', 'we' and 'you', is highlighted. Mauthner, who conducted research on postnatal depression, found this reading 'particularly valuable...[since it pointed to the fact that] women seemed to be caught between two 'voices' which articulated opposing positions, different viewpoints or ways of assessing their situation' (Mauthner and Doucet 1998: 128). Voices 'reflect...[interviewees'] expectations of...[themselves], and...[their] interpretations of cultural norms and values surrounding parenthood. The second voice, seen as 'I', reflects *actual* experiences (ibid.). When experiences match those cultural ideologies of parenthood, interviewees use the personal pronoun 'you'. Mauthner and Doucet explain that the process of the second reading 'highlights where the respondent might be emotionally or intellectually struggling to say something' (1998: 128). This reading is thus particularly crucial to the analysis of distinct public and private accounts. I draw attention to instances of participants' discursive positioning throughout the analysis chapters on occasions where this particularly aids interpretation.

Dissemination

Participants received copies of audio diary recordings and interviews, which they had excitedly anticipated. These were accompanied by thank you letters. Reflections on the research process, methods used and wider dissemination are discussed in the concluding chapter.

5 EMBODIMENT

This chapter explores expectations and experiences of pregnancy, birth and infant feeding, identifying sources of empowerment and disempowerment for both women and men. I look at the impact of the often overwhelming physical experiences of motherhood, including loss of control as individuals, something felt acutely by middle class professional women. I show how expectant and new parents feel supported or undermined by specialists (different health professionals, the NCT), arguing that what is crucial to positive experience is recognition of various kinds. In discussing the marginalisation of fathers, I pay particular attention to exclusion from women's bodily experience and the implications of their role in infant feeding for their involvement.

The chapter begins with understandings of 'natural' birth and feeding, views on medical expertise and the importance attached by couples to planning. It particularly examines questions of agency/disempowerment in birth, making extended use here of three illustrative cases as well as wider cross-sectional data. Following discussion of post-birth recovery, the chapter considers the difficulties mothers experience with breastfeeding, again using two extended examples. And it concludes with discussion of fathers' role in feeding and mothers' views on this.

'I want it to be natural': Birth and Feeding Plans

Powerful discourses prevail about childbirth as a natural event despite increased medicalisation, as discussed in Chapter Three (Miller 1998 and 2005, Crossley 2007, Letherby 2009). Every expectant mother in this study used the term 'natural' in relation to hoping for a vaginal birth and hopes of managing without drugs were also high. However, none was adamantly opposed to an epidural and mothers here, in contrast to Miller's (2007), did not mistake 'natural' for 'pain free'. All but one couple planned a hospital birth but, in keeping with the desire to labour naturally without obstetric intervention, had booked into midwife-led birthing suites. These sentiments are summed up by Rosie:

I've always thought of birth being as natural as possible...childbirth is a natural activity that women go through all the time and I'm not, at the moment, scared of it and thinking 'God, it's gonna be all really unmanageable' and [my straightforward pregnancy]...suggests that hopefully it would be all...plain sailing...if I can go with the pain for the birth

then that's, kind of, it sounds a bit wanky to say but it's kind of...I don't wanna make a big deal of it...but I'm aware of, through the midwife and through the advice you get and through everything you find out about pain relief and what's available, I know that if I am struggling I can just move up to the next building block...I'm in the right place.

Belinda and Leroy hoped to have a home birth but, unlike Miller (2005), I did not find that they had to defend their choice as safe. In fact, many couples found that in NCT classes they had to assert the desire for a hospital birth since they found the teachers tended to 'push' what they saw as an 'earth mother' approach. As one couple explained:

Viv: [The class] was a little bit, [pause] er... like go back to your yurt and eat some mung beans [*laughs*]...[S]he was lovely as a person, it's just she didn't...take into account any of the views in the class.

Bob: Yeah, everyone was having a hospital birth and she was really shoving the home birth [*pause*] massively.

Women who resist prevailing expert advice are vulnerable to accusations of irresponsibility (eg. Murphy 1999, Lee 2008), but the data here suggest that women are positioned differently in relation to risk according to the kind of expertise they value. Two couples were booked for C-Sections since the babies were breach and they too used the term 'natural' to describe what they were missing. They both explained their disappointment but appeared to manage this by focussing on the positives. Viv explained how they had chosen to learn the sex of their baby after so many difficulties during the pregnancy - 'We had such an up and down year...and we were so distressed by it all, we just wanted to find out'. Her partner Bob stated that having a fixed date meant 'we can manically get everything ready before it' and added 'there's no choice on that really so that's fine'. Because the decision had been made for them, there was no guilt involved. And Jill explained:

[It was] a bit of shock...[to discover a C-Section was needed as] I got the distinct impression things were going to be very normal...It would have been nice to have a natural birth but, at the same time, I'm quite nervous about that option anyway [*laughs*].

Both couples agreed it was far better to have a planned rather than an emergency C-Section and they had come to terms with it.

The desire to breastfeed because it is 'natural' (Miller 1998, Lee 2007 and 2008) was also very strong. As Belinda put it, the benefits were that it is 'normal,

natural...free...healthier...just better'. Talk around breastfeeding clearly showed parents aligning themselves with the societal ideal that 'breast is best' (Miller 1998 and 2005, Lee 2007 and 2008, Murphy 1999, Thomson et al. 2011), reflecting more generally the cultural emphasis on risks in parenting discussed in Chapter Two and maternal responsibility for dealing with this (Nicolson et al. 2010). Elodie emphasised how 'you're aware of the health benefits' and, when Jill learned that she might not be able to because of the medication she was taking, she told me '[t]hat's just what you do. So, it was...almost heart wrenching to be told that you couldn't'. Rosie explained 'your body is designed to do it'. However, many of the women acknowledged that they might struggle. Rosie added:

I don't imagine [breastfeeding] is gonna be the easiest thing in the world...[so I just want a bit of space to] do it wrong and cry about it [*laughs*]...and...[visitors] can all come when it's all working wonderfully. [They'll say] 'Oh, aren't you a great mum?' 'I know!' [*laughs*].

Pregnancy

At the point of the first interview, on average two weeks before the birth, most of the pregnancies had gone smoothly. For expectant fathers this meant that they had not really been aware of their partners being pregnant and this made it less tangible. However, as Zane explained:

What did make it real was a few things along the way. It's easy to slip into forgetting about it but certainly the scans that we had, particularly the first one, brought it all to life, this moving baby...and then actually the movement that you can feel through Rosie's tummy. So, there were plenty of things that made me think 'crikey, this is real'. Because Rosie's been so well, you can forget.

This echoes Draper's observations (2002) about the ways in which expectant fathers can engage with the pregnancy (see also Barclay and Lupton 1999, Draper 2003, Condon 2006, Darvill et al. 2010, Shirani and Henwood 2010, Miller 2011). The two less straightforward pregnancies (resulting in planned C-Sections) had meant regular hospital visits for both couples and these too made the pregnancy seem a good deal more real, especially for the expectant fathers. Since most of the pregnancies had gone better than expected, it was only in the final few weeks that the women had felt

less physically capable. All of the expectant mothers spoke of finding it hard to slow down and Jill was finding it particularly tough:

I find it quite humiliating actually...I have to recognise that I've got this limited ability at the moment but I'm so not used to being like that [and] I've actually found that quite difficult to deal with.

Expectant mothers can be overwhelmed by the blurred body boundaries of pregnancy (Thomson et al. 2011), but the stories in my study were largely positive and many women felt lucky. Elodie explained 'So much is how you benchmark yourself against other people...to some extent you just feel so lucky in comparison'. The women had prepared themselves for more sickness and more discomfort and the men were relieved that their partners had been 'less hormonal' (resulting in fewer arguments) than anticipated. These experiences led participants to hope that birth and the early days of parenthood would also be positive though Leroy had another strategy, stating '[d]on't anticipate any hardships. Just go into it with eyes closed and hope for the best'.

All couples reported feeling 'as ready as you can ever be' and they all appeared very prepared. They maintained that parenting manuals, the NCT classes and simply talking to others had helped them to feel very informed – about both the positive and the tough times ahead. Some felt they had gained insights from being around friends' and relatives' babies and Oliver and Elodie had consciously practised by having Elodie's 2-yr-old nephew to stay. The social aspect of the NCT (missing from NHS classes) was especially helpful for both partners (an issue further discussed in Chapter Eight) and couples' accounts were extremely positive. Expectant fathers could not in any case attend NHS classes since, held during the day, they clashed with work, and fathers value the space provided by the NCT for questions and discussion (Shirani et al. 2009). Designed for both expectant parents, NCT experience is likely to enhance the mutuality and shared knowledge so central to ideals of couple intimacy (Jamieson 1998). NCT sessions were highly regarded by both partners for learning, as Belinda put it, 'what you don't know you don't know', and they included role play. Jack and Jill found them 'invaluable', with Jill adding:

[I]f I hadn't done the classes I would have been so ill-prepared. I would have been probably well out of my depth. And...I'm not a control freak but I like to feel in control of what I need to know...so I can prepare myself. You know, it's part of being organised.

And Dylan, talking of his concern that he and Layla had not yet decided on a name, explained:

I feel like I need a plan for everything and, if we don't have a plan, then when the baby arrives...it's all gonna fall apart...I just feel that we should have a definite plan of action which we currently don't.

More generally, parents' desire to plan for everything and to be organised was an important feature. This extended to their ideas on parenting and on mothers' return to work, discussed in Chapters Seven and Six, but here I explore new parents' experiences of birth and initial feeding for both of which planning had been especially important to all couples. However, I argue that issues of control go beyond the question of whether or not birth and feeding go according to plan.

Birth

Five out of the seven births went to plan and four of those couples described it as a 'positive experience' and far better than expected, with many participants seeing themselves as lucky:

Tyler: It wasn't horrendous was it?

Sophie: He just thought there would be a lot more screaming over a lot more hours.

Layla: It was good. It was a very special time and things went well. When I hear other people's birth stories I think we were really fortunate

Cultural representations of pregnancy and birth, and even those in NHS classes, are, as discussed in Chapters Two and Three, misleading in several ways. There is an emphasis on rational choice and linear progress, with messy, embodied experience only partially recognised (Thomson et al. 2011). But expectant mothers may find other sources of information and advice. Many mothers in this study, unlike those in a number of others (Nicolson 1998, Gattrell 2004, Miller 2007), did not find the experience a shock and attributed this in particular to their NCT classes which had helped to inform them realistically about the overwhelming physical and emotional sensations they would encounter and had aided their decision making.

Those women who delivered vaginally also saw benefits in medical assistance. Sophie was happy to be induced after midwives explained it was necessary following a small bleed. Having learned about this possibility in an NCT class, she was further reassured. She was, however, anxious that the induction would result in the need to have an epidural and was relieved that this was not the case, but she described her very quick (four and a half hour) labour as 'four and a half hours of pain'. She later added 'It was painful [*pause*] but it was manageable'. Elodie, too, was able to deliver vaginally although plans for a water birth had to be abandoned since contractions were slowing. She explained:

I was completely doolally...I went to the loo...[and] refused to move...[and] William was born [in the toilet bowl]...Poor thing...It's a good story that we won't tell him [*laughs*]...I tried to deliver the placenta naturally then got bored with it...[I] just wanted it over.

In contrast, medical intervention was not experienced so positively when there was a radical departure from the birth plan, as was the case with an emergency C-Section for Rosie and a home birth being abandoned in favour of hospital for Belinda. Both couples described the events as 'terrifying' and 'incredibly traumatic' and audio diaries were particularly helpful in capturing experiences very soon afterwards. Belinda described the shock of complications given her 'textbook pregnancy' and explained '[b]irth is much more difficult and much more intense than I expected...*Incredibly stressful*...You don't do what you plan to'. Belinda's use of the third person helps her come to terms with the conflict between expectation and reality. But her negative experience is due to more than an abandoned birth plan, as discussed below.

Rosie's need for an emergency C-Section also posed a dilemma. She required an induction since she was two weeks overdue. She and Zane agreed it was a shame that he would not receive the anticipated call to rush home from work but Rosie was pleased that they would leave with a baby rather than, for example, being sent home after experiencing false labour. This focus on the positive appeared to help Rosie come to terms with unanticipated intervention yet it became apparent that her definition of 'natural' included some pain relief but did not extend to an epidural and, that having been induced, she hoped to continue to labour naturally. As her birth progressed, she nevertheless opted for an epidural, speaking at times in the third person to help her

manage the dilemma:

[I wanted] a more natural experience I suppose. But, at the end of the day, why would you put yourself through something when there's an alternative?...I had an epidural, which was great. Very happy with that.

However, following the need for an emergency C-Section, Rosie lost a great deal of blood and Zane was instructed to leave the operating theatre with their new baby, Heath. It was his audio diary account which indicated the main trauma of the labour:

The day of Heath's birth is both the best day, but also the worst day, of my life...Both fantastic and traumatic...[Being made to leave the room was] the scariest moment. I had to wait...No-one told me anything...[Heath and I] were both comforting each other...He was good therapy...[I] went through the worst thoughts imaginable...Being reunited after an hour and a half wasn't enjoyable...[Just a] huge relief.

The disconnection which Zane felt is an issue of particular significance for fathers in view of their mediated disembodied physical experience of pregnancy and labour (Draper 1997, Barclay and Lupton 1999, Bartels 1999, Draper 2002 and 2003, Condon 2006, Darvill et al. 2010, Shirani and Henwood 2010, Miller 2011). This was also the case for Jack when Jill had a planned C-Section. Both had been invited to look around the operating theatre but while his partner was prepared for the procedure on the day he had been concerned at the length of time being taken and was 'left waiting', 'not knowing anything' – he felt 'ignored'. Jill herself was additionally familiar with many of the specialists as a result of her pre-existing health concerns and many previous hospital visits and, as already noted, had come to terms with the impossibility of a natural birth and felt adequately prepared. She also described being very well supported throughout the operation. But paralleling many fathers' sense of disconnection, her own partly mediated experience of birth affected her initial link with her baby. As she explained, '[b]ecause [I] didn't see Timothy come out of my stomach, [it was] difficult to connect. Felt quite weird'.

Experiences of disconnection for fathers were heightened by their exclusion from hospital wards following birth except during restricted visiting hours and this is discussed in Chapter Six along with the implications of paternity leave. But another key factor influencing the experience of birth itself, whether it goes to plan or not, is a sense of control, especially for mothers (Nicolson 1998, Gattrell 2004, Miller 2005 and 2007). This is illustrated in three very different cases.

The first of these, Viv and Bob, like the other couple with a planned C-Section, accepted its desirability in the circumstances. And Bob was pleased with the outcome:

I preferred it to be honest. You just felt more in control and you knew what was going on...Walk in, walk out...I know it's not natural but, from a man's, a bloke's point of view, I preferred it [*laughs*].

But, for Viv, control was what she lacked, on account of unsupportive and, in her view, inept medical intervention. It involved an encounter with a doctor for which she could not have prepared. She described how he had been incompetent at putting her on a drip and had subsequently arrived in the theatre to perform her C-Section:

[T]his doctor came in, um, and basically he was obviously very busy...and he basically missed my vein and put it into the tissue...and it just bled [*pause*] *everywhere*...and he was just very unapologetic...and he just didn't have any bedside manner...and then I went to go into the C-Section, um, and everybody was lovely...and they were all really reassuring, really great and...I was...pretty high from all the drugs and...then in walks the *same* doctor and I was like 'I don't want *him!* I don't want him!' and everyone was like 'No, no, no, it'll be fine'. I was like 'I don't want him, I don't want him, look at my arm' and like literally everyone was like 'No, no, it's ok'...And then they literally just pulled up the curtain and just turned up the drugs and...then they did it and it was fine, it was absolutely fine...You're completely in the hands of someone else, it is very strange but then about a minute later they give you a baby and then you forget about it all [*laughs*].

Although there is little or no scope for any woman to make decisions in such a highly medicalised situation, Viv's account shows that her sense of lacking control was heightened because she felt completely ignored. Moreover, her experience did not improve after the birth since she also felt the midwives did not listen to her when she struggled to establish breastfeeding, which I discuss below.

In the second case, Belinda also had a traumatic experience, as indicated earlier, and both she and Leroy felt 'bullied' by the doctors involved leaving Belinda feeling 'completely out of control'. Their hopes for a home birth having been dashed, Belinda worked hard to fight induction. Her audio diary (recorded a few weeks after the birth) recounted the scene:

It was incredibly stressful. There was a lot of pressure to be induced...The doctors were so patronising...so forceful...Someone came in with arms crossed, legs apart, barring the door saying 'You will be induced now'. We said 'No, no, no, give us space'...[It was] incredibly stressful, not conducive at all to going into full-on labour.

Belinda clearly still felt traumatised by her birth experience when I went to see them eight weeks later when she expanded on how she felt they had been treated:

Belinda: [B]asically [pause] they were horrible. [long pause] I shouldn't say that...Everyone else was nice [except] the two doctors...[who] were...just quite aggressive, the second one...we had to ask her to leave the room and she stormed out [laughs].

NW: Why did you ask her to leave the room?

Belinda: 'Cause she was telling me I was wasting time [about deciding on induction]...[T]here had obviously been an emergency, so they sort of left us for a while and they kept telling me I wasn't in labour which I, at the time, I was like 'What?!' but now I would say to them [shouts] 'If *this* isn't labour, I'm seriously *ill* [laughs] because it *hurts*...'Ooh, no, no that's not labour' and I'm like 'It *is*. I'm sorry if it's not your clinical term for labour but something was happening...I was very, very tired and in a lot of pain and constantly being told I wasn't progressing...They kept putting monitors and, this woman, it pissed her off that I took the monitor off [pause] in front of her...I was like 'Can I take it off?' and she was like 'No, we *strongly* advise you not to' and so I was like 'But it really hurts' and so I took it off...We didn't see her again thank goodness [under her breath] evil lady [laughs]...Yeah, and then at the end they lost the heartbeat and me and Leroy thought she'd died, we genuinely, even though we were told...'Sometimes when we monitor you, they're gonna lose the heartbeat' but just the panic in them and she called another midwife in and I kept saying 'Is she ok?' and they were like 'Yep [pause] yep' and I'm thinking 'She isn't...They didn't sound genuine...So, when they gave her to me...I was just thinking 'She's alive. [pause] What now?' [laughs]...After she was born I was like 'Right, I've gotta go home now' and they were saying 'No, you've gotta stay in because your waters broke more than twenty-four hours before' and I was fighting it and then mum said 'Belinda just stay for a night'...and I was like 'Oh, ok, stop fighting [laughs] you've won'...I didn't have to be induced and that was my big battle.

Belinda later added that her confidence in 'knowing my own body', together with knowledge from having attended NCT classes, had really helped to ensure that they were not 'pushed around' to a greater extent, saying 'I do feel like we weren't railroaded too much'. But it was the midwives for whom they both had praise. Belinda described them as 'lovely' and Leroy's audio diary confirms a shared view:

We had...ten medical professionals over the twenty-five hours, eight of whom were fantastic and two or three were a total pain in the arse and made things very difficult for us...One in particular, who saw us through to the end was absolutely, unbelievably amazing. It restored any lost faith I might have had in the NHS and the midwifery profession.

The midwives' important role in labour (Oakley 1993, Edwards 2000, Leap 2000, Edwards 2005) was vital - helping to empower Belinda and offer support to the couple. Belinda had also been advised by the community midwives, when she bled in early labour, to go into hospital but to resist induction – a choice Belinda had made when

writing her birth plan and which she was later able to negotiate, albeit with some difficulty.

The third case, that of Sophie, mirrors these negative experiences, that is, what helped her to feel very positive is the opposite of what disempowered Viv and Belinda. Sophie felt listened to and described a constant dialogue between herself and the midwife about what she would like to do. For example, she had wanted to try being 'on all fours' and the midwife agreed this was a good plan. Sophie was told by the midwives not to push but she had felt like pushing. She told how 'the senior midwife said "Yes, you can push" and as soon as she said "Oh, you're ready to have your baby now, I was like "Oh, ok, fine"...The midwife had...paid attention to my birth plan...which was really good' [my emphasis]. The significance of this lies in 'attention', that is in the recognition Sophie received from the midwife. It was partly this that appears to have reconciled her to a degree of medical intervention (induction) which she had not anticipated and may also have contributed to her assessment, noted earlier, that the pain was 'manageable'.

These cases suggest that it is the quality of support offered by individual professionals which can be critical (Nicolson 1998). Medical intervention is experienced differently but not simply because it is provided by midwives rather than doctors since perceptions of midwives, for example, differed. As Anderson (2000), herself a critical midwife, argues, labouring women's need for a sense of control even when events mean they are not, is about being 'an active subject rather than passive object of the event', being seen as an individual, confident in her ability (2000: 95). Mothers' experience of labour and childbirth can be more fully understood with reference to Sayer's (2011) work on the fundamentals of human dignity. He argues that 'not being listened to or taken seriously are all affronts to our dignity because they suppress our agency and refuse us recognition' (2011: 197). Dignity is crucial to human wellbeing and our sense of autonomy so maintaining it and being treated in a way that respects it matters greatly. For Sayer, dignity depends on recognition, on how others treat a person, especially when their capacity for self-control or composure is weakened. Vulnerabilities need to be acknowledged, not ignored.

The issue of recognition can be just as central in mothers' experience of professional support, or lack of it, for breastfeeding. But there are other aspects of birth which were especially relevant to new mothers' sense of control which I consider first.

Reclaiming the Body

While the experience of pregnancy had generally been better than anticipated, and for many this was also true of labour, the physical recovery from birth was a shock. At the first interview, Elodie had described how she was looking forward to reclaiming her body:

[I'm looking forward to] some things with the baby and some things without...You feel a bit guilty for concentrating on things without but, you know, I'm looking forward to starting running again...Just after such a long time of not having your body you look forward to...getting [it] back.

However, she later reflected on how, the day after giving birth, had been a '[p]hysical surprise...[with her] belly floppy,...breathlessness, sore stitches [and] limited mobility...[being] a bit of a shock'. Most women simply described it as a surprise but did not blame themselves for their inability to recover more quickly. But Belinda felt differently. While Miller's mothers (2007) blamed others for not warning of the difficulty and pain in childbirth, Belinda blamed others for not adequately informing her about recovery. She also blamed herself and, thirteen weeks after the birth, she stated:

It took a lot longer than I expected to recover. Something I found very difficult. Still not better...Physically recovering now. I thought I'd be better straight away 'few days, I'll be alright'...I was so *angry* with *myself* for not recovering...[I was] told [it's] like a marathon [which Belinda had done]. [It's] not the same at all...It has really shocked me and I don't like it [*laughs*]...It really hurts, it makes sex really difficult...and you don't recover that quickly.

Jill, who had also had a C-Section, explained that 'the shock of not being able to move was quite something...[and she was] still not recovered [eight weeks post birth]'. In contrast Viv, who had also had a C-Section, was 'less incapable' than she had expected but, despite having gained less weight during pregnancy than anticipated, was frustrated at the time it was taking to shift:

Viv: I'm a bit pissed off because I'm still a stone overweight. I think for a long time I was 'Oh, I've just had a baby' but then that doesn't really wash at eight months...I have actually found that quite [difficult]. Especially because I've been doing some work days, if I work with thin people who are snappy and on the ball and I'm leaking milk and fat and trailing behind [*laughs*].

Bob: You look fine [and] you're still a new mum babes.

Viv: I know but eight months isn't a new mum.

Bob: Most people have a year off work.

Viv: I can just see myself letting it slide and 'Oh, yeah, yeah, just had a baby' [*laughs*].

Bob: In Heat Magazine, it's always like six weeks after having a baby and they're in a crop top.

[I tell them I have heard celebrities get a tummy tuck at the same time as a C-Section].

Viv: What?! I had a C-Section, why didn't I have that? [*laughs*].

These disappointments and frustrations reflect glamourised representations of recovery and broader cultural ideals of the attractive female body (Nicolson 1998, Nicolson et al. 2010, Thomson et al. 2011). And middle class professional women are used to presenting themselves in public as they wish and asserting identities independent of motherhood (Bailey 2001, Darvill et al. 2010), so their lack of control over bodily functions and body image is problematic. There are elements here of self blame (Belinda), negative comparisons with others and embarrassment (Viv), but also a desire to reclaim the 'non-maternal' self (Elodie), an issue further explored in Chapter Six. Lack of bodily self-confidence was also an issue in breastfeeding.

Feeding

The desire to breastfeed was very strong, as noted earlier, and talk of breastfeeding in early interviews often involved new mothers describing its very positive effects on their relationship with their child:

I love the fact that breastfeeding's been possible and it is such a kind of togetherness experience and I look down and think "My body's feeding you" and it's just incredible...I'd always wanted to feed him for six months and hopefully will be able to do that. The more I continue with it the more I think "It's just so worth it"

Rosie.

It's very animal like having a baby...A lot of it feels like...a monkey, like, she is very like kind of like basic level stuff like the way that she kind of, I don't know, clings onto you and the way that she, like it is very sweet and it's very instinctive in a way and you just think "Of course that's what I do, of course" and once I got over the *trauma* of the first week, and you just kind of trust your own instincts a bit more, then it feels like this is what you've been training for all your life, almost

Viv.

Notwithstanding this strong sense of an 'instinctive' maternal capacity, Viv experienced considerable difficulties with breastfeeding, an experience that was shared by other new mothers, in common with those in other research (Miller 1998, Murphy 1999, Bailey 2001, Lee 2007 and 2008, Fox et al. 2009). Some anticipated problems, as their mothers had found. Women had mixed success with their own breastfeeding but even the majority, who found it generally unproblematic, described difficulties. These included 'feeling like a daisy cow' (Jill) and the problems posed by breastfeeding in public. A few of the mothers described their anxiety about this and had concerns that their behaviour might be offensive to others:

[It is] nerve wracking feeding in public. [I] was quite embarrassed about it [but it] felt good to do it...I'm worried of offending other people...There are always going to be people that find it offensive. Even though it's the most natural thing in the world

Jill.

Mothers talked about their tricks to help them be discreet and Jill explained, in a later interview, that it was no longer 'such a big deal' since she had grown in confidence.

But the biggest strain was expressing. Belinda was unusual in not wanting to express, explaining 'I've really surprised myself how much I don't wanna do it. I don't want to lose that bond'. However, most women had started expressing fairly early on in order to have some time to themselves although, in Jill's and Sophie's case, the primary reason was to enable the fathers, Jack and Tyler, to feel more involved (on which I comment later). In this study, breast milk was favoured but all women spoke of the logistical difficulties, such as finding the time to express enough in between feeds, and some reported pain.

'Feeding is not only the hardest thing about being a new parent. It's the hardest thing I've ever done'

Those who found breastfeeding difficult found that it posed particular problems. Two cases illustrate this. Sophie's own experience was especially challenging – the words above are hers. She managed to successfully breastfeed for six months but her journey was not straightforward and here I explore how Sophie, and Tyler too, negotiated this difficult process. She had anticipated needing help with feeding from

talking to friends who already had children and also from recognising herself to be a 'control freak'. Two days after the birth, Sophie transferred to a particular hospital known to provide extra support in the early days and found the midwives there to be 'fantastic' and the environment 'like a hotel'. She welcomed their advice and encouragement to help her feel successful at breastfeeding (Oakley 1993, Edwards 2000 and 2005). Once out of hospital, Sophie continued to draw on others for advice and support. She described her meetings with other mothers from her NCT class as 'therapy' and particularly welcomed the chance to talk with others 'in the same boat'. However, at the second interview, when her daughter Bobbi was six weeks old, Sophie told of the difficulties she had faced:

I really, really wanted to breastfeed. It was so important to me...I kept saying to people 'Well, why is it so hard? I don't understand. It's natural. If you're on a desert island you have to do it and my mum kept saying to me 'Well, it really hurts' and I said 'Yes, well they say if it hurts you're doing it wrong and it is just the single most difficult thing I've ever done [*pause*] and I did a...[*tough*] degree, I do a really stressful high-pressured job, how can something that's so natural be so hard?...But I *am* doing it. A lot of people say it gets better after six weeks so I'm just really hoping, 'cause a lot of people give up at six weeks...Whereas I'm that determined. I just think if I gave up I would feel like such a failure and...it would bother me forever...It's so tiring...You don't know how much they've had...It's the pain...I do feel at the end of it I should get a medal [*laughs*]. I will have a healthy...contented child.

So, here Sophie was struggling with the physical and emotional difficulties of doing what she believed was 'best' for her child (Lee 2007, Fox et al. 2009). As the year went on, it became clear that Tyler's opinion was another factor. When the baby was five weeks old, she began to express and they also introduced a formula feed into the routine. This helped Tyler to feel more involved (Murphy 1999) since he was able to administer feeds, which also enabled Sophie to catch up on much-needed sleep. However, in an e-mail after the final interview, Sophie explained how Tyler had also felt unhappy about her continued breastfeeding:

I didn't want to continue...breastfeeding...[up until one year] for three reasons. One, I was going back to work and didn't want to express. Two, I thought Bobbi might get a bit bigger or sleep better on formula. And three, Tyler did not want me to do it any longer (he was very unsupportive of my breastfeeding).

Sophie did not elaborate and I did not pursue this on ethical grounds.¹⁰ Nevertheless, whatever Tyler's reasons or Sophie's views about them, she added that she planned to do things differently with the next child:

In retrospect whilst I don't regret stopping when I did with Bobbi I might try for longer with the next one even if it's just doing an evening feed once I'm back at work (especially regarding point two as Bobbi is still tiny and I am now reassured this is her natural weight rather than linked to the "quality" of my milk!...[Also] I will not beat myself up over feeding with this one as I did with Bobbi, i.e. battling on despite being in pain and obsessing about how often or how long feeds take. Learning from my last experience (hopefully without rose tinted specs!) I will persevere with getting the right technique this time.

At the time of writing, Sophie has had her second baby.

Viv (the second case) also struggled and had trouble establishing breastfeeding. She was in hospital for seven days (instead of the three that normally follow a C-Section) since the baby was losing too much weight. She and Bob explained how Amber was 'borderline special care' and described how midwives only promoted the breast despite Viv's difficulties:

Bob: They were pretty good but they...vary so much...that's the thing 'cause we were there for such a long time I think we saw about twenty [*laughs*]...and some were better than others and some had more success than others.

Viv: And we ended up getting to the stage...because...they were so busy and...especially the younger girls who haven't got children themselves, they've been taught to, um, basically, like, they grab your boob...and basically bring the baby to the boob...But, because of the fact that it's quite a forceful thing, um, after them doing a week of this, she became phobic of anything to do with my so I couldn't even comfort her so...she'd see the boob and go...mental because so many people had tried to shove her head on and then I had a really experienced lady who said 'Get naked with her, lie in bed and just let her snuffle into your boob' and she was saying 'That's what I did with mine' and...she was just so much more experienced...and that worked a lot more and I thought 'If only I'd been taught that from the beginning when all these people, really nice, with the best possible intentions shoving her again and again and again and she was like 'rar'. Um, and then I'd be like 'rar'.

So, it was a nurse, rather than midwives, who helped Viv to gain confidence in her ability to breastfeed her daughter but she still did not find this easy and their baby

¹⁰ This exchange was not face-to-face and in any case all interviews had been with the couple together. Although audio diaries were exclusive to each individual, what they reported was what they chose and not in response to questions.

Amber continued to lose weight. It was the same nurse who then encouraged them to insist on the bottle (and who explained that midwives had targets and were not allowed to recommend this). But now, having been earlier at risk of their baby's admission to special care, they had to be quite forthright about getting Amber weighed and assessed so they could be discharged. Viv told staff 'I have to get out of here. It's literally driving me insane'. It was agreed that, if Amber was weighed at home on a daily basis by the midwife, they could leave but Viv continued to find the midwives unsupportive:

Um, it was dependent on which midwife you got I think. Um, I had one midwife that made me feel terrible...I think she's just very idealistic, um, and she was talking about breastfeeding and...I can't even remember what she said but basically she was just very, very, very pro breastfeeding and I ended up saying to her 'Look, I really, really tried. I'd like to see someone try more than I tried' and she said something like 'Oh, a week...isn't enough'...and I didn't want to have her again but she didn't come back so that was good...She was very nice...but just very set in her [views].

A later interview also revealed how Viv, in spite of the difficulties, had not found bonding to be a problem:

It doesn't take long for associations to build up and I didn't want her to start associating me with something that was horrible. I just couldn't get to grips with feeding...and didn't see how other women were also struggling with breastfeeding [as I wasn't on the main ward]...you just take it for granted that it's gonna be easy...it's been a nightmare. But all the things I was worried about, like bonding and stuff haven't been a nightmare at all [laughs]. So, swings and roundabouts. I'd rather have a problem feeding her than bonding with her...At first I was expressing *all* the milk...but it was too much so we started formula-ing...She still gets breast milk twice a day and I breast feed her as much as I can.

Viv appeared to manage the dilemma of not being able to exclusively breastfeed in a number of ways. Her voice aligned her with the ideology when she explained 'you just take it for granted' but her use of the first person singular displayed a personal choice, justified in terms of the equally important need to bond with her daughter, which she maintained was just as possible with formula. Additionally, the benefit of bottle feeding was that Bob could be involved and he described 'really enjoying' this. At an interview when Amber was eight months old, Viv added:

I had it completely out of proportion. It's not the end of the world, formula feeding...and at the time I wasn't even formula feeding. I was expressing but I still thought that was bad...[I'm] much less uptight about it than I was. I was obsessed by breast milk.

Viv also pointed out that recovering from an operation, coupled with Bob's absence from the ward at nights, exacerbated the problem:

You have this, you know, having a C-Section as well, you can't really walk properly and you're like...leaking milk everywhere and you're, like, crying [*laughs*], like, shuffling along.

Over the course of the year, most mothers switched to formula for a number of reasons including their return to work. It was also used to help the baby sleep at night. This might be seen as mothers putting their own needs, and those of their partners, first. However, since many couples explained that their babies seemed better after a good night's sleep, it was also a way of displaying 'good' parenting, as Murphy (1999) and Lee (2007 and 2008) found. Feeding is also intimately related to issues of routine, decision making, parenting strategies and the couple's self-confidence, issues explored in Chapter Seven.

Fathers and Early Feeding

Mothers' accounts of breastfeeding, discussed above, express the pleasures and pains of intimacy (Gabb 2008), complex feelings about 'maternal instinct' and bonding, physical joy as well as problems and loss of time for the self. But for fathers, their exclusion denies them an experience of embodied intimacy with their new baby. Bottle feeding was an important way in which fathers were able to feel more involved, even at a very early stage (Murphy 1999). Some mothers expressed breast milk so that their partners were able to give an occasional, or nightly, bottle. Others supplemented breastfeeding with formula. Fieldnotes also captured how men helped their partners while they breastfed during interviews – either by burping the baby after a feed or by fetching drinks since breastfeeding can be so dehydrating. In Bob's case, when Viv was having problems feeding early on, he took responsibility for researching solutions on the internet and shopping for different sized bottle teats and creams.

While the men saw their involvement in feeding as purely positive, there were, however, sometimes mixed emotions from the women's perspective. On the plus side, it meant that new mothers could have time away from their babies before they had been weaned, which was much welcomed (this is further explored in Chapter Six). It also provided some women with the chance to get more sleep. As Sophie explained, 'it's helped me out. I don't think I would be *alive* if I was still having to get up and feed

her every two hours'. However, for other women, the meanings they assigned to the experience of men being more involved in feeding were more complex. Two cases – and the changes over the course of the first year that were experienced – illustrate this.

For Belinda, her feelings about no longer exclusive breastfeeding were ambivalent. Once their baby turned one, Belinda and Leroy were still struggling to establish a routine. In the final interview, Leroy explained how the decision to drop Lottie's morning breastfeed had made a significant change to their daily life yet Belinda still mourned the loss of this intimate time and, while she agreed that it was a positive step for all three of them, was 'very sad' about this change.

In the case of Jack and Jill, it is maternal gatekeeping (McBride 2005) rather than loss of intimacy that is initially an issue. In the second interview, they described how his increased involvement in parenting, made possible by the introduction of expressed breast milk bottles, had mixed effects. Jack was pleased with the developments and Jill recognised that it would help Jack to be better able to understand their new baby's needs, without having to rely on her:

Jack: It was really good because, um, when Jill's doing midnight feeds and whatever I just feel so useless and ok, yeah, I can change nappies but the majority of the time is the actual feeding so it was nice to finally get involved and I know that's gonna become more of a, my part I can play more in feeding him as we express more and as we wean him off onto solids.

Jill: I think I'm more able to understand what Timothy wants than Jack is now...[And there are] other times that I can tell that he's gonna be sick or I can see that he's after something that Jack doesn't pick up on at the moment because I'm around him more....I mean, last night was an example because Jack hadn't been in the room with us for quite some time, he was saying 'Oh, well, perhaps that's what he wants'. I'm like 'No, I don't think so actually, I think he wants this' and I felt like I was telling him off and it wasn't that at all, it was just the fact that, because I'd been round him more...I know what he's trying to say. But, um, I'm used to doing it completely on my own and to have someone else actually getting involved was a bit odd as well.

Many fathers feel excluded or marginalised by female embodiment (Barclay and Lupton 1999, Draper 2003, Doucet 2006, Darvill et al. 2010, Shirani and Henwood 2010). This is directly expressed by Jack in his reference to the way in which it was feeding his baby, not changing nappies, that enabled him to 'finally get involved'. As he remarked, 'I just feel so useless' when breastfeeding absorbs 'the majority of the time'. This also enhances mothers' expertise because, as Jill notes, 'I'd been around him more', but this

itself creates the potential for displacing her partner – ‘I’m used to doing it completely on my own and to have someone else actually getting involved was a bit odd’.

Jill went on to explain that it made her feel anxious about whether she did actually know what was the right course of action and that she began questioning her own judgment. But Jack responded by stating that he would always, at this stage, take Jill’s lead since she spent much more time with the baby than he did:

Jill: I think over time...when he becomes less dependent, you know, when he’s weaned or not breastfeeding so much, you know, then you’ll have more time with him...’cause you’ll be able to feed him and do all those things which is part of the reason I wanted to try expressing.

Jack: And I think because you’re gonna be the parent that stays at home for that first year, you are, within that first year, you’re always gonna know a bit more about him than I am.

Jill: But then if you think about...how we grew up, we probably knew our mums more than our dads anyway...because both of our mums were full-time mums for some time.

Jack: Yes.

Here, postponing paternal involvement to the future – ‘when he becomes less dependent...then you’ll have more time with him’ – is not just a strategy adopted by fathers (Shirani and Henwood 2010), since Jill too anticipates a future when her partner ‘will be able to feed him and do all those things’. But she also made sense of the situation by drawing on their own childhoods. Jack’s reflections also confirm Brandth and Kvande’s (2003) observations (and those of Doucet and Merla 2007) on the difficulties posed for fathers when they lack opportunities for quantity time and the capacity for developing an intimate relationship – ‘because you’re gonna be the parent that stays at home for that first year, you are, within that first year, you’re always gonna know a bit more about him than I am’.

At the following interview, when asked how weaning was going, Jill responded, ‘The balance of power is shifting’. Fathers’ taking responsibility for some of the feeding not only meant that their partners were able to take an evening or a few hours out but that they were also able to leave the men in ‘sole charge’ for extended periods of time. These issues are further explored in the next chapter.

Conclusion

Stories of pregnancy were largely positive and many were not shocked at the pain of childbirth, having felt well-informed, especially through NTC classes which fathers also greatly valued. This preparation also helped couples to deal with disappointment when an anticipated 'natural' birth did not materialise. What was crucial to a positive experience of birth was control or a sense of control. This confirms much other research. However, this is not so much whether the birth went according to plan or not, nor whether it was 'natural' rather than medically assisted, nor whether support is provided by midwives rather than doctors. This is especially clear in the extended examples. I have argued that agency and control are about recognition, about being treated in ways that respect dignity and autonomy, that is sympathetic support or acknowledgment of preferences and vulnerabilities. For those mothers, or rather for those couples, who had negative experiences of birth, the themes recurring in their accounts which denote disempowerment are feeling ignored, forced or violated (Viv), patronised, 'bullied' and 'railroaded' (Belinda). These are in stark contrast to experiences of being listened to, to the ways in which 'attention' was paid to views and to dialogue with health professionals (Sophie).

Similar themes of recognition recur in accounts of breastfeeding. While physical difficulties challenged beliefs about mothers' instinctive abilities, these were compounded when choices were not accepted, for example by a partner (Sophie) or by some health professionals (Viv). Most mothers found the pleasures of breastfeeding at odds with its demands (tiredness, time taken to express, concerns about offending others in public). But what several found more surprising (and less commonly noted in other research) were the difficulties experienced in 'reclaiming' their body following birth. Tensions in breastfeeding and lack of bodily self-confidence are also related to desires to reclaim the non-maternal self/individual identities, explored in the following chapter.

Many men felt disconnected from pregnancy, some aspects of birth and from breastfeeding. And disembodied experience was exacerbated when fathers were ignored during or after C-Sections (Jack and Zane). This too is an issue of non-recognition. But all fathers found that feeding their babies helped them to feel much more involved and the longitudinal study with couples was able to document the views of both partners and how they changed over time. Most mothers also welcomed the

extra sleep or time for themselves, though for some there was ambivalence from loss of intimacy (Belinda) or sole care (Jill). For fathers, the experience is an opportunity for developing an intimate relationship with their baby, here based on embodied intimacy, an issue further explored in the next chapter.

6 SHARED PARENTING

This chapter looks at ideals of sharing parenthood along with the development and impact of the division of labour/care, arguing that this is partly an outcome of the strategies couples use to involve fathers. It explores shared interpretations of involved fathering, understandings of parenting tasks and time and how these are gendered, including how and where tensions arise. While the previous chapter explored the ways in which men are marginalised by their disembodied experiences of pregnancy, birth and infancy, here I discuss other obstacles to fathers' involvement, especially constraints arising from their role as financial providers. For mothers, issues of balancing employment and parenthood are considered with reference to the ways in which they welcome their return to work and their difficulties with aspects of this.

I begin with restrictions on fathers' presence arising from policies (hospital visiting hours, paternity leave) and long hours in employment, considering how these inhibit the formation of close relationships with their babies. Using both interview and photo diary data, the chapter then discusses the division of labour, couples' shared views about the gendering of tasks, the ways in which they manage or seek to manage emergent tensions over the course of the year and the implications for involvement when fathers are in 'sole charge'. The chapter concludes with discussion of mothers' return to work, the importance attributed to this and views about childcare with both partners employed.

While Chapter Seven examines understandings of how to parent, that is how to care for their baby, the focus here is on understandings of who cares for them, mothers or fathers, that is the gendered aspects of care. The research design has allowed for exploration of differences in the views of mothers and fathers but also differences – and similarities – between partners. Cross-sectional and longitudinal data is drawn on to illustrate these.

Planning Parenthood

The timing of a first pregnancy is of particular significance for women and is partly related to social class position (Thomson et al. 2011), and its significance for men has also been recognised (Shirani and Henwood 2011), as discussed in Chapter Three.

But it is also of importance for couples and their life planning (Beck and Beck-Gernsheim 1995). All of the couples in my study were in long-term relationships (five being married, one couple engaged, the other cohabitantes) and five of the seven pregnancies were planned. Despite being a shock for the other two (Bob and Viv, Belinda and Leroy), it was the timing that was a surprise since having a baby at some point was part of their life plan. There was a sense of relief that the decision had been taken out of their hands. As Viv explained 'I've always been pretty terrified of getting pregnant. I don't think I would have ever planned it' and Bob believed 'We would've put it off for years'.

The contemporary Western ideal is that parenting is a shared endeavour, a project jointly embarked upon. One aspect of this is anticipation of a shared contribution to parenting. Many of the couples in this study saw their skills in parenting as equal:

Sophie: It's not that either one of us is better.

Rosie: We learned how to do things together, not telling the other one how to do it.

Couples also shared ideas about how to manage a newborn and how to raise a child, discussed in Chapter Seven. But here the focus is on the ways in which couples understood their respective contributions as mothers and as fathers, that is who parents (rather than how they do so) and the gendered aspects of care. Gendered caring practices were common to all, even for couples who interpreted sharing to include shared tasks. When asked about how they managed parenting and household tasks, the majority agreed that their roles were 'not equal'. A division of labour in parenting practice itself also developed through the strategies that couples devised to ensure that fathers were involved in the care of their baby, and it is to this that I turn first.

Involved Fathers

The contemporary ideal of fathers' emotional and practical involvement with their children (eg. Dienhart 1998, Henwood and Procter 2003, Brannen and Nilsen 2006, Dermott 2008, Miller 2011) was strongly articulated by men in this study. All fathers expressed the intention of being 'hands on' from the outset, several distinguishing their own fathers' way of parenting from that which they sought to practise themselves (ibid.). However, reality was more complex than anticipated, in common with other

research (eg. Shirani and Henwood 2010). Fathers encountered a number of obstacles from as early as the pregnancy, beyond those already discussed in the previous chapter, followed by various restrictions on the time they were able to spend with their children.

Some of the men expressed disappointment at not having been able to attend NHS antenatal classes since these were scheduled during the working day and clashed with their employment. Zane, who worked away a great deal, also missed all but one NCT class all of which are aimed at couples. All expectant fathers were present at the birth but all but one were frustrated by strict hospital visiting hours. When babies were born at times which did not coincide with these, fathers were asked to leave just half an hour after their partner and baby had been transferred to the ward. Men were not concerned about whether this was the 'right thing to do' since this was not their choice. But they spoke of feeling 'upset' and 'strange' about returning home alone. As Dylan described, 'actually something momentous has happened, it's just I'm not there with them. Quite odd'. Leroy, having spent the whole first day on the ward, was not unhappy about leaving that evening. Nevertheless, he reported feeling 'weird coming back and realising I'd missed out...and getting a report of the first night'. The importance of being involved at this early point is further highlighted by Zane. He spoke excitedly about visiting Rosie and Heath on the 'first full day of his life' and, on changing nappies, expressed 'It was just such a privilege to be able to do that'.

So paternity leave was crucial. As Rosie described, this period enabled her and her partner to learn how to parent together in the very early days:

I think the first two weeks with Zane being off was great because we were both kind of finding our feet together which was really important as well because it's, it's not for one of us to kind of tell the other one...what we're doing.

But the timing of paternity leave and its very limited duration posed problems. Tyler had not visited Sophie during all the hours permitted, since she had plenty of visitors, a reason with which she agreed, but Sophie therefore believed Tyler should have started his paternity leave on her return home. New fathers generally felt it difficult to return to work only two weeks after their baby had been born. Bob, in particular, was frustrated since the first week of his leave had been when Viv and their baby Amber were still in hospital but he did accept it stating 'It wasn't the end of the world...and I get extra time off before Christmas'. Zane too had mixed feelings about returning to work. As Zane

explained it 'wasn't as bad as I thought it would be. I did find it difficult. I wanted to be at home....[But] going back to work was a bit of normality so in some respects I was quite happy'.

Fathers adopted a pragmatic attitude, understandable given the short period of paid paternity leave in UK policy (Directgov 2012), along with the fathers' need to continue in full-time employment. Financial obligations are deeply felt (Doucet 2004, Brannen and Nilsen 2006, Doucet and Merla 2007, Henwood et al. 2010, Shirani and Henwood 2012), though some men stressed that the prospect of being the sole breadwinner for a period was daunting. What also posed a problem for fathers was that, in the early days, they would return to an unhappy baby. Zane explained how he '[s]truggled with being at work long hours then only seeing a screaming baby' and Jack described how his absence affected his relationship with his son, Timothy:

It's the going to work and not being around him because, everyone's so right, it does change your life...and...just to know that these two are back here at home and I could be spending time with them if I didn't have this job and the fact that I need this job to pay for the house and the fact that I'm now gonna be the sole breadwinner. That's quite a responsibility...It's just the not being around him, basically...I feel like I'm really missing out...I just feel like I'm gonna miss out on stuff like his first steps and proper talking...it is inevitable obviously...You see all these fathers...trying to make up for it at the weekend and they'll do everything they can with the children...Daddy's home! Let's go and *play!*' So, I've got all that expectation and I'm hoping that that's how it...works out'.

So he seemed to manage this tension by talking of other fathers, highlighting his role of provider and looking forward to a time in the future where he might feel more involved. This recognition of economic provision along with the postponement of involvement has been noted elsewhere (Shirani and Henwood 2010). But, as also noted in the previous chapter, many fathers find this deeply problematic. Jack described his early relationship with Timothy as 'minimal' and 'limited' and stated 'I perceive his relationship with Jill is stronger than with me'. Leroy also explained how his long hours at work, coupled with long hours doing up their new house, impacted on his relationship with his daughter, Lottie:

I think she's partially aware of who I am...by the weekend but during the week 'Oh,...I've seen you before'...Certainly for holidays and weekends it's a bit more intimate...The pattern has been that there's very little time in the evenings when she's conscious...The funniest time with her is from nine 'til eleven in the morning...so, evenings [are] more about...*damage* limitation.

These sentiments were strongly echoed by other fathers and testify to the links between embodied intimacy and intimate knowledge (Morgan 2011) which for them is therefore limited. Most fathers talked of the impact of long hours at work and the difficulties this posed in forming close relationships with their children (Daly 1996, Henwood and Procter 2003). The case of Oliver and Elodie is rather different, but is an exception that 'proves the rule'. In interview discussions about paternity leave, Oliver explained that he would have preferred the option of parental leave for him and Elodie to share as they saw fit. This was an unusual response, but the couple were unusual in two other respects. Firstly, because Oliver worked from home for the first few months. This appeared to help him in forming a strong attachment with his son and he described how '[i]t was weird...popping to the shops. It felt weird to be away from him' and explained how two whole days away were particularly difficult - '[i]t was a bit weird not to have a proper cuddle and to be away. Yeah, you feel attached'. But, during the second interview, when William was six weeks old, Oliver and Elodie agreed that it was not only because Oliver was able to work from home that he was so involved:

Oliver: I feel bad for the NCT girls. Their husbands don't take care of the babies in the morning because they rush to work.

Elodie: Yeah! 'Cause when I say to them that Oliver's, I mean, Oliver's still getting up and going to work even though it's not an office...You're always up at 7, aren't you? And working by 9 but their husbands don't even, like, won't even help out in the morning just say 'Oh, I'm busy, I've gotta go to work' and they're up all night doing the feeds and I don't think anyone else is expressing yet so that the husbands can do the evening feeds...I think I'm getting a lot more help than the other girls and Oliver does the bath...[and] he has [an expressed breastmilk] bottle...So, Oliver does the bath and I cook dinner or sometimes he does the bath and then dinner, don't you?

Oliver: Yeah [*laughs*]...[Doing the bath] is really nice.

Elodie also explained how, each morning, Oliver would bring William downstairs so that she could get another hour of sleep. Some couples talked about fathers taking responsibility for this as well – but only at weekends when they did not have to work. Nevertheless, partners worked hard to devise other strategies to deal with the difficulties which most fathers experienced due to the time taken up by their employment. Assigning tasks such as bath time and the evening bottle feed to fathers, as Oliver and Elodie did, was replicated in each household in the study. However, while this shared approach enabled fathers to be involved it tended to reproduce a gendered division of labour which, while accepted as inevitable due to fathers' fulltime work, with very long hours, was not without tensions.

Divisions of Labour

As explained in Chapter Four, participants recorded photo diaries shortly before the third interview (that is around seven months) to capture their daily lives. This method helped elicit discussion around the division of everyday parenting tasks and the data showed that practices were heavily gendered.

Women's photographs tended to focus on objects which represented their day, highlighting that mundane aspects of parenting and housework featured heavily.



Figure 4: Preparation of Food

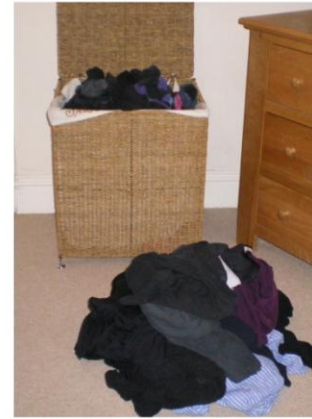


Figure 5: Washing



Figure 6: Washing Up and Nappies

Photos portraying fathers' daily lives more often focussed on 'fun' and 'relaxing' tasks such as playing with their babies when returning from work, bath time and doing the last feed before bedtime:



Figure 7: A Father Returns Home from Work

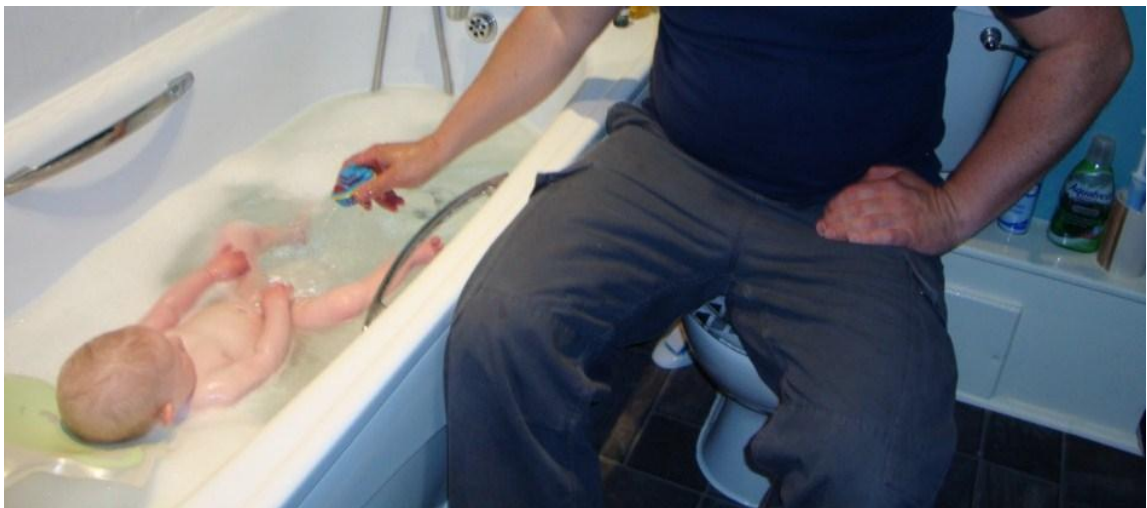


Figure 8: Bath Time



Figure 9: Feeding

I have discussed in the previous chapter how fathers' involvement was greatly enhanced if they were able to participate in early feeding. Several mothers, as noted, combined breastfeeding with formula and others expressed, sometimes from very early on, in order to share that nurturing role, or to get more sleep or time without the baby. More generally, fathers often took sole responsibility for bathing the baby since it happened once they were home from work and it was seen as 'quality time':

Jill: Jack does the bath time...He does it all the time, that's his job...It's actually something that my sister suggested because she said that's something that the boys can do which you don't have to be involved in because it's not dependent on you, they get that time to play with their child, it's fun and it's something which happens every evening.

Jack Yeah, that's something I really enjoy because...it happens every night...that's usually the time that I get to spend with Timothy and...I find it really upsetting if I've got to stay at work and I *don't* get that time. And, as I say, he loves his bath, he'll talk to me when I'm undressing him.

Jill: It's his role...It just kind of shares it out really 'cause otherwise it does tend to be me-heavy in that respect.

Rosie: We've got sort of bath time and baby massage and things like that that Zane can do.

Zane: Yes...I don't have a burning need to feed him as such, I think it would be nice. There's plenty of other things that...I have contact with him over.

Rosie: Yeah, I think now...there's more things to do whereas like with week one, week two, week three, all the things that Zane was doing...were changing nappies and having him when he was crying all the time which is a bit of a bum deal whereas at least now there's something almost as good as feeding, like massage and bathing and stuff, that's quite good fun.

However, there is talk here about fun *and* physical closeness: 'he'll talk to me when I'm undressing him', 'something...almost as good as feeding, like massage and bathing and stuff...'. 'Quality time', then, is not just about emotional connection (Dermott 2008) but also opportunities for experiencing embodied, physical intimacy which fathers welcomed. Tactile experience is a key element of family intimacy (Gabb 2008) and the photo diaries above show fun and relaxation but also fathers touching and holding their babies.

In addition, it was not just the men who recognised the importance of specific tasks to help them to feel involved (Dermott 2008, Shirani and Henwood 2010) but their partners who saw this as essential too. What is more, Rosie had been concerned that Zane had been left with the negative aspects of caring for a newborn and was pleased that he could now enjoy some of the care. She described a particular role which Zane had discovered:

Rosie: Something you did quite early on...you managed to get him to stop crying without being fed...Zane managed to rock him off, didn't you?

Zane: Yeah.

Rosie: Which I think I felt really strongly emotionally about because it was Zane being able to stop him crying and I hadn't been able to do it.

However, while the allocation to fathers of 'special' or least distinct activities was explained in terms of fathers' limited availability for involvement (since fathers worked full-time) and hence accepted, the combination of childcare and housework for mothers was generally associated with tensions. Indeed, the main source of conflict in the couple relationship arose in relation to the day-to-day management of everyday

parenting and mundane tasks. During maternity leave the bulk of childcare was inevitably the mothers' responsibility but this also tended to apply to housework since women were at home for a larger proportion of time. Nevertheless, once women returned to work, it appeared that their roles were still gendered.

In some cases this gendered parenting practice coexisted with shared activities. For example, by the time Zane and Rosie's baby was eight months old and Rosie had returned to full-time work, they shared tasks since, as they explained, they were both at home an equal amount of time. Each described how they would 'take turns' to do the bath, meal time or evening bottle although – when probed – it transpired that Rosie was more involved in decision making about food and its preparation:

Zane: We're kind of sharing, sharing it all out a bit more now...it's really good.

Rosie: I think just because I'm a bit anally organised about things at times, I cook most of his food and then in the evenings I just get out what he's having for lunch, dinner and I kind of think that there's possibly no need to involve Zane in that unless you particularly, you've not really expressed an interest to say 'What's he gonna eat tomorrow?'... We take [everything else] in turns.

Zane: It's sort of a division of labour, isn't it?

For other couples, gendered practice was more extensive. Some participants reflected that they had taken on more stereotypically gendered roles since becoming parents. During the third interview, when discussing how their relationship had changed, Viv explained:

I...feel a lot more that Bob is a bit more protective over me and Amber...Because I've been quite...women should have their career...[n]ow I kind of like get Bob to do all sorts of things like electronic stuff and, I don't know, like I've lost the ability to...work the stereo...So, I guess we're taking on more gender roles than we used to.

Sophie and Tyler also moved towards a more traditional division of labour in the household, even though Sophie not only returned to full-time work but also frequently worked away from home. This became clear in the final interview when, as detailed in Chapter Four, I used lego to facilitate discussion of how the couples' experience, and in particular their relationship, had changed over the course of the year. I return to this in the following chapter but here the focus is on the ways in which the task elucidated a

couple's division of labour. Sophie described a lego scene she had built to represent their current relationship:



Figure 10: Current Relationship

Sophie: It's just me in the kitchen, cooking and cleaning and looking after the child and Tyler decorating and being a man and doing that and then my car because I'm never here any more, I now go to work every day...and then I go and stay away and do nights away and things.

NW: Mm, so very gendered roles.

Sophie: Yeah, in the *house*, definitely.

[Tyler laughs]

NW: But was it like that *before* Bobbi came along?

Sophie: Um, not as much, no.

Yet despite the actual tasks being gendered, the fact that Sophie worked full-time and sometimes away is not.

For Oliver, taking on traditional gender roles made him feel uncomfortable, as explained in interview two:

Elodie: You found it difficult in the beginning, didn't you, seeing me doing a lot of the tidying up in the house. I did at one point say to Oliver 'You don't have to feel bad about this because that's what I'm here to do now so that's, that's ok'. But at the same time, it's been nice that you haven't made me cook dinner every day [*laughs*]. 'Where's my dinner?' I don't think I've heard that from you yet [*laughs*].

Oliver: I got used to it though. It was hard not to cook yesterday.

Elodie: Was it?

NW: So, there's been a shift in terms of who does what?

Oliver: Yeah, Elodie has been wanting to do a lot of stuff but sometimes I can see that she gets tired...there are a few times that she should stop and take a nap. She wanted to do too much.

Elodie: Yeah... Yeah, you definitely offer to do things.

Elodie also made a point of reminding herself that the purpose of maternity leave was not to do housework. At the following interview, when William was nine months old and Elodie had returned to work on a part-time basis, she reported that they had hired a cleaner once arguments had started to occur.

New mothers and new fathers needed to carefully negotiate their gendered parenting practices if they were to avoid conflict. The option of hiring domestic help, as in Oliver and Elodie's case, is not open to all, even in a middle class sample such as this. However, conflicts are not always or solely about gender inequalities. Belinda and Leroy clashed on *how* to parent and, as discussed in the next chapter, adopted very different strategies, albeit grounded in a different approach to many other things in life. But this also created problems around the division of parenting and household tasks. Belinda was frustrated at needing to ask Leroy to do something specific, such as bathe or feed the baby but Leroy's response was, as he put it, to 'fight it' since he 'hate[s] authority'. Belinda argued that she should not need to tell him in the first place.

But for the majority of couples, it did not appear to be the division of labour as such that was an issue since they agreed it was inevitable. Rather, what emerged was tensions surrounding men's understanding and appreciation of what their partners, as Jack put it, 'do all day'.

Jill: I don't just sit around eating cake with other mothers all day.

Sophie: Tyler has quite high expectations of what I have to do in the day.

Tyler: We had an argument about [stacking the dishwasher]...It was really minor but it wound me up. There was a lid...in the dishwasher [which kept falling through the slots].

Sophie: And he was like 'Couldn't you have just made the time to wash that up?' But that was a day where Bobbi had had a growth spurt and I'd fed her *sixteen* times...and I was physically exhausted, I hadn't slept for five nights...The fact that I'd actually put it in the dishwasher, to me, was, I'd done a good thing.

These difficulties, of failing to appreciate the work involved in day-to-day care – and their impact on the couple relationship – were especially evident in the case of Layla and Dylan. He was only able to take five days of his paternity leave and then continued to work very long hours. Not only did he struggle to feel involved but he observed that he was letting Layla down. The difficulties continued over the course of the first year since he found that he could not be nearly as involved as he had hoped and Layla, who had only returned to work on a very part-time basis by the time that fieldwork ended, resented being 'stuck at home'. In the fourth interview, reflecting on how their relationship had changed, Layla observed:

It's bothered *me* that, you know, he dresses up smartly in a suit and goes out to work and I'm still in my pyjamas and, um, and spend my whole day sort of slumming it, really, with, you know, baby food down my front [*laughs*] looking a bit dishevelled and just doing quite basic things – shopping, cleaning, toddler group. Um, and sometimes my self esteem is just rock bottom, um, and I'm really craving adult interaction and Dylan comes in after being surrounded by people all day and actually just wants to read the paper and there's tension there [*laughs*] I think.

However, during this same interview, Dylan talked about the impact of having looked after his baby alone, an experience which helped him, as it did other fathers, to understand more about the difficulties with seemingly straightforward parenting tasks.

Sole Charge

Caring for their babies alone provided fathers with an insight into the minutiae of everyday parenting. As Dylan put it, reporting on a particularly difficult day looking after Robert alone, he 'could not believe how shattered [he] was by the end of it'.

Nevertheless, he still felt that he did not change his behaviour in light of this and become more involved at weekends. But other fathers felt that their time alone with their children helped them have a greater understanding of some of their partners' experiences. Sophie and Tyler told me about a heated exchange over trying to juggle housework and caring for the baby:

Sophie: [Tyler] said 'Are you gonna get up now?' I said 'Yeah' and he said "Cause I've been trying to do my ironing for the last *three* hours and every time I try and do it she's like, you know, she needs this' and I said 'Yeah, it's really *hard*, isn't it? Even though you think, with a baby, it's gonna be really easy, it's actually really hard just to get five shirts ironed'.

Zane too acknowledged gaining an insight after Rosie went away for a weekend when their baby was seven months old:

Rosie had left me a list of instructions 'cause without those I probably would have struggled...It was hard work actually. It did make me realise how little time there is in the day when you're looking after a baby.

Mothers leaving a list of instructions (such as nap times, snack options and activity suggestions) was not uncommon and there was often extra background input such as preparing baby food in advance. As Jack described:

I really enjoyed it. I was a bit nervous because I've always had Jill there just in the background as a safety net, I suppose, and if I'm not sure about something I can just shout and she'll clarify. Um, but then I kind of likened it to when I first went back to work and Jill was pretty much on her own with Timothy. It's like *you've just gotta get on with it because there's a child there that needs to be fed* so...Jill wrote down what she does on a standard day and I tried to follow that as best I could. Um, it was things like how to prepare his food and make sure he has a bib on him so he doesn't cover his vest...It's just really small things like that that you don't actually pick up on until you actually do it and that I was probably seeing Jill do but wasn't mentally noticing...But, no, it was great fun. We watched...the cricket and we played a lot so, yeah, it was good. [my emphasis]

As Jack makes clear, full responsibility for a child leads to a different approach, one which recognises what is entailed in meeting a child's needs – 'you've just got to get on with it because there's a child there that needs to be fed'. He notices that there are many 'small things...that you don't actually pick up on until you actually do it'. This is, then, as indicated in the previous chapter, a perfect example of observations (Brandth and Kvande 2003, Doucet and Merla 2007) about the insights that arise when fathers do have, through choice or necessity, the opportunity to spend extended periods of time with small children, sensitising them to the demands of childcare and the importance of the amount of time spent with children not just its quality.

Caring for babies alone not only gave some fathers more confidence but also helped their partners feel more relaxed about stepping back at times. Layla acknowledged that she had previously 'hovered' and realised that there was less need for that now. As early as interview two, Tyler was keen to point out that Sophie trusted him with the baby:

Tyler: Did you phone me that night you went out?

Sophie: No because I said I had no signal.

Tyler: She trusts me, you see.

Sophie: I *completely* trust Tyler. You know, he's her dad and he can do a good, *just* as good a job as me, you know, it's not that either one of us are better. He's just as good and he's so good with her, he's very hands on and he'll change her nappy and I know if she threw up all over her clothes, he'd change her clothes, he wouldn't be thinking 'How do I do it?'

Tyler: She did it this morning.

Sophie: Yeah. So, I have *no* qualms about leaving her with him.

Sole charge involves men in practical care – mundane aspects of care – and especially enhances fathers' intimacy with their baby since intimate knowledge (such as being able to 'read' another) develops with time (Morgan 2011). But it also enhances the couple's intimate relationship through mutual trust and understanding (Jamieson 1998).

Mothers' Return to Work

While fathers welcomed opportunities for greater involvement, mothers mostly welcomed opportunities to return to employment. Many had anticipated this, all having intended to return to work at some point. Four had clear plans to return within a year and were anxious about the prospect of being away too long. Most were concerned about losing their confidence and their identity by taking too much time off from work (Bailey 1999 and 2000, Miller 2005) and Viv was even preparing to be contacted by her employers as soon as she had left the hospital. Neither she nor her partner anticipated this being a problem. Layla and Belinda planned to see how they felt and make a decision at a later stage.

Jill was planning a whole year of maternity leave but had anxieties about putting motherhood before her career, albeit only on a temporary basis. The voice she used to express doubts (her use of the third person) indicated that she saw these as something felt by all mothers and not just her, thereby justifying her view:

You have to have some adult time being your own individual and not always seen as something that is attached to a child otherwise you lose your own identity and...you start losing your own self worth as well...Even if work is only a small amount, it's still an important thing to do...I push myself in everything I do but I've got to stand back and push myself in a different route which is down the motherhood side and being the more available parent.

She aligns herself with all mothers in stating that 'you have to have some adult time being your own individual' to avoid losing 'identity' and 'self-worth' independent of being 'attached to a child', for which paid work, however little, is 'important'. So, despite acknowledging that this new life would be, as she added, 'quite difficult to swallow', she seemed to make sense of her year away from work, her new role, by applying the same vigour to motherhood as to her career. She also recognised that she might feel differently once the baby had arrived and might not want to go back to work at all.

Some of the women were concerned about feeling 'trapped' at home and Viv's concerns extended to fears about boredom:

I'm quite nervous...I think small children can actually be quite boring...I don't care what anyone says, no matter how much you love the child, it's really dull so I'm scared...It's the fact that it's incessant. Almost saying goodbye to who you were before and saying 'Ok, so I'm not going to be *just* a parent but recognising that things are gonna change.

Here Viv switches from 'I' to 'You' regularly and this could indicate that she is aligning herself with intensive mothering and the notion that, once a mother, your life is focussed on the baby in a positive way (Hays 1996) but she was also not ashamed to admit that she, personally, was anxious about finding life with a small baby boring.

Mothers had prepared for the 'downside' of motherhood. They expected to miss – and did greatly miss their non-maternal selves. But they were not overwhelmed by loss as Nicolson's (1998) mothers tended to be. This is possibly because they planned to return to employment and did so. Moreover, most women had not found it difficult to 'switch off' while on maternity leave, instead positively embracing their new (but temporary) role.

By the end of the fieldwork, all mothers had returned to paid work in keeping with their plans. Three out of seven returned full-time within the year and the remainder went back on a part-time basis, although Belinda took on just ten hours when Lottie was thirteen months old. Viv, unusually, did five of her ten available 'keeping in touch days' by the time Amber was two months old though she and Bob agreed that she had perhaps taken on a little too much. She explained '[t]he first couple of days were [positive]...[It was] lovely to see my colleagues...[but] my brain was like treacle...It was far too much'.

Factors influencing the timing of mothers' return to work included pressure from employers to return and a change in financial circumstances, such as buying a house or in response to the credit crunch. In addition, some mothers reported feeling bored and ready for a change:

Oliver: Elodie got bored.

Elodie: By the end of six months...the weeks merge into the weekends and you've been out three times already this week for tea with friends. I always imagined before maternity leave that I'd drive places and I'd do days out but you don't want to drive one and a half hours to get to places. You just want to have a nice day.

Elodie's use of the third person at the end of this quote illustrates how maternity leave is not always as fulfilling as anticipated and that she believes this is something experienced by everyone – 'you don't want to drive one and half hours...you just want to have a nice day'. This helps her to manage the gap or conflict between cultural representations of full-time motherhood and its reality (Hays 1996). Most mothers spoke of how much they enjoyed their careers and were pleased to recover that aspect of their identity (Bailey 1999 and 2000, Gatrell 2004, Miller 2005). Their partners also appreciated this:

Jack: From my point of view, Jill's got something back that wasn't there previously. Part of her character that obviously depended on being, using a part of her brain that she wasn't using necessarily with Timothy but then she's getting that back now with work.

Jill: Yeah, absolutely.

Jack: To say it's given you a purpose isn't quite right because obviously you had Timothy to look after but it's just using a different part of...your character.

Jill: [It's] intellectually stimulating...[and a] very positive...[experience].

However, a return to work on a full-time, rather than part-time, basis was often prompted by the desire to get maximum leave for the next child, both to reduce the economic costs and also allow for mothers to pay their second children the same attention as the first. Additionally, some mothers' employment roles were not possible on a part-time basis.

Views about childcare arrangements with both partners employed were generally very positive. In fact, those who chose nurseries (the majority) believed their babies were better provided for and cited factors such as education and socialisation as primary benefits. Other choices included childminders and four of the couples had some support from their own parents (family help with childcare is explored in Chapter Eight). There were no cases of 'gender role reversal' but this is far from unusual (Doucet 2006, Thomson et al. 2011). Mothers did not experience feelings of displacement now that they were no longer the primary carers. These findings are in contrast to those of Macdonald (1998) and Uttal (1996) and can be explained by the fact that my participants had not chosen nannies as their child carers and, in addition, most of the mothers had only returned to work on a part-time basis. Elodie also explained how she managed reports about the damaging effects of nurseries. She had researched the statistics on higher levels of cortisol saying 'you have to take everything you see with a pinch of salt' and believed she knew best what was right for her child. Mothers' confidence in their own expertise and this capacity to resist professional advice on parenting (although here also based on feeling at ease with research) is further explored in the following chapter.

While all women were positive about their return to work, they voiced concerns about missing their children and missing out on parts of their development, such as first steps or words. Some mothers were slowly realising the reality of returning to work. Sophie explained 'I'm really looking forward [to going back to work]. I can't wait...[but] the reality is [kicking in that] I am actually going back and I'm not gonna have her and it's gonna be really difficult'. However, Sophie acknowledged two factors which would make things easier. Firstly, she was pleased to be staggering her return, so stepping up the hours in stages, and secondly she reasoned that it was necessary in order to plan for their next baby. Jill reported that she was preparing for her return to work by starting to settle Timothy into the nursery - 'I do miss...[him] but when I realised I'd have to go back to work full-time, I got my head around it...[I'm] getting on with it...get[ting] all

the emotional bit out of the way first'. But focussing on positive aspects was another way to help her gear up for the change. She stated 'He's more excited to see me now'.

Four of the seven mothers were frequently required to travel long distances for work and to sometimes stay overnight. This did not seem to pose too much of a problem since the mothers reasoned that their babies were being looked after by their partners or other carers instead. But Elodie was less comfortable. She explained that travel with work was 'just a pain...not exciting anymore' and recounted how, on one occasion, she had received a call, on her way to a work trip, from William's nursery saying he would need to be sent home because of a temperature:

I remember crying in the airport 'cause I felt so guilty to be going away...It made me feel really bad for going away but then I thought 'Plenty of other people have to go away, don't they? Even if it's not the mum, the dad has to go away.

This reasoning that that is 'what others do' helped her to manage this dilemma.

Conclusion

Both men and women looked forward to parenthood as a shared endeavour and all expectant fathers wanted to be 'hands on'. However, they faced several obstacles in addition to the disembodied experiences discussed in the previous chapter and these had a crucial impact on their practices of intimacy. They felt marginalised as a result of policy implementation – NHS classes scheduled during working hours, restricted hospital hours, very limited paternity leave – and they all had to work full-time, many very long hours. Most postponed their full involvement to a later date and, while often feeling burdened by financial responsibility, highlighted their role as provider. This finding is in line with much other research (eg. Brannen and Nilsen 2006, Henwood et al. 2010) but the data here underline fathers' pragmatic acceptance of the difficulties in juggling employment and care, along with regret and sadness that this limited their involvement.

My data also document partners' understandings of the division of labour and the ways in which they negotiated this and sought to resolve its tensions. Some couples observed that they had taken on more gender stereotypical roles since becoming parents and most considered the division of labour unequal. This was thought to be inevitable given mothers' maternity leave. It was also understood that sharing

parenthood did not have to mean equal responsibility. Partners together devised distinctive roles for fathers in order to foster their involvement, assigning particular importance to these. Couples' strategies to share parenting created or reproduced a gendered division of labour and care.

The photo diary data confirm mothers' preoccupation with mundane practical care (tasks or objects) while those of fathers show fun activities (bathing, feeding, play). But fathers' activities are, as well, expressions of both emotional and embodied intimacy (Gabb 2008). They also show the relationship between the father and his baby (Dermott 2008), although displaying this may be especially important in view of the obstacles they face in practising involvement. And mothers may take their mother-child relationship for granted.

Nevertheless, while the division of labour was accepted, tensions were experienced in fathers' lack of appreciation of day-to-day practical care. This was, however, diminished by sole responsibility for fathers when partners were away for social or work events. Mothers' stake in intensive parenting was still evident, in leaving lists of instructions or preparing food beforehand. But fathers' time alone with the baby was of great significance. Firstly, it allowed fathers to bond with their children and develop more intimate understanding (Morgan 2011), something about which they sometimes felt concern given babies' intimacy with partners. Secondly, it gave fathers an insight into the importance of quantity, as well as quality, time in caring for children and what it entails (Brandth and Kvande 2003, Doucet and Merla 2007), an insight which they and their partners greatly valued. It gave them practical responsibility for their baby while enhancing their intimate relationship but also enhanced the couple relationship through trust and understanding.

Such time was immensely important to fathers in development of their paternal identities as involved fathers, whereas mothers, increasingly confident in their maternal identities, valued time away from the everyday demands of childcare. All women welcomed a return to work, some very much so, and were able to reclaim an identity separate from motherhood. Commitment to their careers, or a desire to ensure maternity leave for a possible second baby, helped them adjust to missing time with their children. But one or two, who were unable to reduce their hours or had to travel for work, experienced similar problems to fathers in juggling the demands of employment with parenting.

This chapter and the preceding one have highlighted gendered aspects of parenting, the tensions this produces and couples' attempts to resolve them. Particular light has been thrown on these by the longitudinal study with both partners. Couples also adopted a shared approach to raising their child and this too was not without difficulties – this is the subject of the following chapter.

7 INTENSIVE PARENTING

New parents struggle not just with commitments to current ideals of sharing care but also with anxieties about how to raise a child and tensions in doing so. These include managing the responsibility, dealing with demands and needs of an infant, managing the judgements of others and maintaining a sense of themselves as a couple. The partners in this study mostly emerged by the end of the year as intact (and stronger) couples as well as more confident parents. This chapter charts that process, that is the development of parental expertise and parental identities. It argues that while the pressures of intensive parenting culture are felt by both mothers and fathers, they are also resisted.

The chapter begins with couples' expectations about how becoming parents will affect their lives, the problems and pleasures they anticipate. It then discusses their parenting in practice, with a focus on establishing routines, experiences of weaning and wider concerns about wellbeing. In examining how couples respond to pressures on the 'right way to parent', the chapter considers the constraints of putting a baby first and their selective approach to parenting advice, from childcare manuals and from health professionals, in contrast to difficulties encountered with the judgements of peers. The chapter concludes with the implications of intensive parenting for new parents themselves. I discuss how they manage commitments to the baby while preserving activities of their own or as a couple and how they see the development of their relationship over the year.

The chapter considers both parenting practice, that is the practice of being parents, and parenting practices (that is strategies). Both are examples of Morgan's (2011) family practices. I document the practicalities couples experience in seeking to follow expert advice and in developing their own way of parenting as well as their views and understandings. In doing so I draw on data from interviews over the course of the year, as well as photo diaries and lego work, the last being of particular significance in discussion of the couple relationship. As in previous chapters, I also use several extended examples to illustrate particular themes.

Anticipation

Couples had clear ideas about the kind of parents they wanted to be, at least in broad terms. Men had a strong desire to be very involved and 'hands on', in contrast to their own fathers, as discussed in the previous chapter. More generally, ideas about parenting included being loving, caring and fun but, when asked this question, it was evident that most couples had not thought beyond the baby stage. As Elodie explained '[We don't have] too high expectations,...[it's] more about enjoying the first few months. We're just focussing on that at the moment'.

Participants were aware that their ideas were strongly influenced by others. Viv stated '[o]bviously society plays a massive part in the idea of what an ideal parent is. I'm sure we're massively shaped'. All interviewees also spoke of the influence (mostly positive) of their own childhoods, together with observations of the way that friends had raised their children. Issues of biographical inheritance (Hollway et al. 2008, Thompson et al. 2011) were therefore important (and are further discussed in the following chapter), though couples in this study were keen not to overly project their own aspirations onto their children, not, in their words, to be 'pushy parents'. They also spoke about not wanting to be 'over protective', aiming instead to be 'relaxed' and not subscribe to the existing risk culture (Furedi 2002, McDermott 2007, Hoffman 2010). As Jack put it:

We don't want to smother the child...We're living in such a society that you've gotta wrap the children in cotton wool...I mean, our generation played in the mud outside...It didn't do us any harm.

Sophie too rejected this wider ideal by stating 'In today's society, we're always over protecting children, or that's the trend...So, I don't want to be a really fussy mum'. However, this desire to be relaxed was not seen as incompatible with a desire for some structure and routine. Many participants were additionally keen to ensure that the baby did not become the centre of their world. This was rationalised in terms of the need to avoid raising a spoilt child but also, importantly, in order to retain some of their sense of self and aspects of their existing lives:

I think we would...like to keep an element of normality around. We don't want to give up things that we like doing now. We want to carry on doing that as far as we can

Rosie.

This sentiment was echoed by most couples, an example of 'couplehood' (Gabb 2008). While expectant parents planned to keep hold of many aspects of their lives, they feared too that, in reality, this might not be possible. As Belinda pointed out 'you can see what you're gonna lose. Those things are really clear but you can't see what you're gonna gain'. Most fears included worry about sleepless nights, nappies and the huge responsibility. Rosie explained how, after talking to colleagues with older children, she realised that 'actually this is forever'. Layla worried about the crying: 'I'm not looking forward to having a baby that cries. I don't like too much noise anyway'.

Expectant mothers' anxieties about their identity when not employed have been discussed in the previous chapter. Couples were also worried about arguments and the effect of a baby's arrival on their relationship. Elodie explained 'You're always aware that, for a lot of people, the first stages can be very tough. From the lessons you're aware that your hormones are gonna make you feel not like yourself...for the first couple of weeks'. Her use of the third person here suggests that difficulties are experienced by 'everyone', so the norm, helping her to prepare for them. She recounted how they had heard from friends who thought their marriage was over but that this was therefore something to be aware of rather than worry about. Anticipating this life-changing transition, expectant parents had organised a few events shortly before the birth to make the most of being without the baby. One couple had booked a weekend in a spa hotel to treat themselves although this was also to celebrate their anniversary. And Rosie's sister had visited from abroad so that they could 'have a week as adults'.

However, despite these anxieties, participants talked excitedly about positive aspects of parenthood. They were eager to meet their babies and looking forward to becoming a family (Wetherell 1995). The process of the baby being an extension of the couple (Beck and Beck-Gernsheim 1995) had already begun. As Viv put it, 'Bob talked to the baby which is really sweet...It is quite cute. It's quite nice being a little family'. She later added 'I'm really looking forward to being a little family unit' and Rosie stressed the importance of 'mak[ing] sure we have time for the three of us'. These parenting identities were reflected in their joint attendance at NCT classes (NHS classes were scheduled, as noted in Chapter Five at times when employed expectant fathers could not attend) as well as in a number of practical preparations and new forms of consumption such as those documented by Thomson et al. (2011). These included home improvements and creating the nursery. Most had received plentiful donations of clothes and equipment from friends and family but also wanted some 'brand new' items

to mark this life transition and it was not uncommon for both expectant parents (not just mothers) to spend hours in Mothercare or John Lewis testing pushchairs. They also actively researched internet forums such as Mumsnet (2012), Netmums (2012) and Kiddicare (2012) for reviews of buggies and car seats. But although this reflected the commercialisation of parenthood, discussed in Chapter Two, couples wanted reliable, independent, non-commercial information from other parents when purchasing high expenditure items where safety was paramount.

Parenting Practice

The intensity with which new, first-time parents practised parenting was evident from the earliest interviews following the baby's arrival. The participants' worlds revolved around their babies to a considerable extent. One indication of new parents' very baby-focussed lives was in their conversation. As Dylan put it, at eight weeks after the baby's arrival:

I do find...that I've broken my vow not to talk about this or that with friends of mine who are actually probably not so interested in...how many times he does a poo a day...and I thought 'Oh, come on Dylan, you said you wouldn't do that. Just listen to yourself'.

Jill, too, took great pleasure in others' attention to her baby:

Everywhere we go people comment about how gorgeous Timothy is. 'It's gonna be very strange the day that people *stop* saying anything about him when he's got to that age where you stop going 'aren't you cute?' and I'll be like 'Why aren't you looking at my son? Why aren't you making comments about him?'

Parents were delighted to introduce me to their baby and very proudly showed them off in the two subsequent interviews, marvelling at their developmental progress. Having been asked (for the third interview at around seven months) to photograph their daily lives and capture important objects, some parents produced a set of images which included mainly their babies. However, Leroy was keen to avoid talking about his baby and found it 'excruciatingly dull'. He was even concerned that I might not want to hear lengthy accounts of their parenting in interviews. But this was unusual.

New parents' narratives were generally very positive. At the time of the second interview, their babies had recently begun to smile and they were enjoying more interaction. Many couples generally found life with a baby to be better than anticipated.

Rosie reported that 'It's easier than I expected it to be in the sense that I'm not exhausted...[I] expected to be a wreck', and Belinda explained 'I really got into it...Way more than I thought I would'.

Nevertheless (and notwithstanding the pleasure their baby brought them), couples struggled with the unpredictable nature of a newborn. Zane told how '[c]ertainly things feel out of control more than I thought they would...[Working out what the baby needs], that's probably harder than I expected'. Sophie summarised what she had learned in the first six weeks – '[E]very day is gonna be different, try not to plan anything and...trust your instincts'. But this was not always easy. The baby's incessant demands were found to be exhausting. Belinda explained how the broken nights were beginning to take their toll:

Eleven weeks is kind of a low point. [In the early days, you thought] 'Got to get over this'...then it gets better and it's a bit easier and you're like 'Ok, I can do this and then it's like 'But it hasn't finished. It hasn't stopped'...and almost like 'Oh, I'm a bit tired of this now'.

And, as Layla described:

In some ways I am a little bit *nervous* of him and the other night when he was crying and crying and crying and he sounded angry...and I was trying to do something else and occasionally going in...I thought 'I think that's getting *louder*, I think he's getting *closer*, I think he's coming to *get* me and I really had this sense of, almost *fear* of this loud, crying baby that was interfering in my little peaceful world. I was very tired at the time...I comforted him...[But] it's almost like I'm having an argument with someone where you kind of feel bruised inside. You feel like somebody's shouted at you...so a bit vulnerable and sore.

Layla's account very powerfully expresses the intermingling of physical and emotional intimacy in parenting (Gabb 2008, Morgan 2011). The practical and emotional constraints of putting a baby first were immediately felt in handling a newborn but extended to other aspects of caring for and raising a child, for both parents. Constraints were also experienced in the effects of the baby's arrival on the couple's relationship, but I turn first to issues in childcare.

Routine

Several couples sought to establish a routine to preserve or regain their evenings, but more generally this was a strategy to cope with their baby's needs and demands. In preparing for parenthood, most had believed that some sort of routine would be necessary and had looked to the advice offered in Gina Ford's (2006) *Contented Baby*, the current market leader in parent-led approaches as discussed in Chapter Two. But at the same time, most expectant parents anticipated that a routine would be impractical for newborns, while some considered it unnecessary. In both cases, the alternative baby-led approach of Tracy Hogg's (2005) *The Baby Whisperer*, was welcomed as potential help in learning how to 'listen' to their baby, for example in understanding different types of cry and reading signs of tiredness and hunger. So most parents planned to draw, simultaneously, on alternative childcare models.

After the birth, however, some new parents struggled with the wealth of information included in these and other manuals and found that guidelines often conflicted with each other and with their baby's behaviour. While each household had stocked up on a range of books, their use dropped away over the year. Dylan's story best captures how, for even the keenest reader with plans to refer to books at every stage of the first year, a good deal changed once the baby arrived. At the first interview he explained:

All my life whenever I've wanted to do something, whether it was football or tennis or table tennis or, um, chess, whatever it was, um, I've always had to go out and buy a hundred books on it...you know, 'cause that's what I do [laughs]. So I've bought lots on parenting and I'll definitely be using, selecting ideas which I think are useful from that...Talking to other people about what books they used and found interesting and then, of course, um, entering into the whole, um, Gina Ford debate...[and] my reflections on things are that people...like Gina Ford...they have these strict routines which are probably impossible to keep to unless you're Mr Perfect but [pause] if you use, throw in some common sense with that and use some of the principles there but obviously allow for flexibility... I think...personally that that will work out well and that some kind of routine tailored to your own circumstances,...using ideas and principles and not going strictly by the book,...that is probably a really good idea...I'd be interested to reassess the Gina Ford thing...in twelve months time.

At the second interview, when their baby Robert was two months old, a conversation between Dylan and Layla showed that this reassessment had begun a good deal earlier:

Dylan: I do actually feel slightly guilty that I haven't read the books I intended to read...'Cause I actually read, I sort of read bits and pieces and then sort of like the first two or three chapters and then bits and pieces

before [pause] he arrived and ever since he arrived I think I've looked at it about once or twice and, um, and I, certainly I, I think maybe both of us, but I certainly, had definite ideas, sort of, routine...he'll be waking up at this time, he'll be feeding at this time and then he'll be a contented little baby if we stick to this routine and it kind of hasn't [laughs] really happened at all...But I would say that the things that we have, you know, like little nuggets from the book, we've definitely used and...I think we've cherry picked the ideas...but certainly, as far as following a routine...we were trying to do something in the first two weeks...and...I found that...stressful, just thinking 'He's not falling into this routine and how on *earth* are we supposed to make him' and...so...it was making life definitely more complicated I would say and then, um, thinking 'Well, we'll put him in a routine but we'll wait for the first four weeks'...So I, we were thinking 'Well, we'll wait four weeks...we'll give him leeway, he's only young and we'll get, put him into a routine then' and actually...after three or four weeks, he seemed to find his own routine, his own pattern.

Layla: Well, to be honest, because every day is different...a part of me still wants to look at the books and just find out what I'm supposed to be doing because it gets to a certain stage in the evening where I'm so tired and if he's upset I'm not quite sure what, which bit I'm supposed to be doing next...I think there is a place for baby books.

Dylan: Oh, yeah, I definitely think there is, I'm not

...

Layla: But not letting them pressurise you into doing one thing.

This quote illustrates two key points – first, the conflict between much formal advice and practice and, second, parents' selective approach to parenting guides. 'Cherry picking' echoes the sampling from advice resources noted by Thomson et al. (2011) and is born from experience as couples move from initial struggles in coping towards greater self-confidence. This move is unproblematic for some but beset with obstacles for others, as I now explain.

Some couples did implement a routine from the start. As Sophie reported, 'We've always, always had a routine. From five days old she's always had a bath, every night, except when she was in hospital [with a virus]'. She described the bedtime routine as 'bath, baby massage,...[change], story, bottle and bed'. Those with less 'easy' babies struggled with the gap between their own expectations (some evening time and a better night's sleep) and the reality of leaving their child to cry. Others were more relaxed about doing this. I often arrived for interviews soon after the babies had been put down to sleep but, occasionally, cries could be heard over the monitor. Some babies were quickly collected, with parents untroubled about their being awake for the duration of the interview. Other couples had stronger views about a regular bedtime and seemed comfortable leaving their babies to cry for much longer spells.

Couples generally shared ideas about appropriate routines but particular stress arose when this was not the case. An extended example, the case of Belinda and Leroy serves to illustrate this. I have discussed in Chapter Four the ways in which this couple used the interviews to explore their own disagreements and resolve some of the tensions, but here the focus is on the effect of these on dealing with their baby. At seven months, their baby Lottie was not a good sleeper and they were both clearly exhausted, but they were unable to agree a strategy. Their differences in approach were due, they both agreed, to 'ingrained personality differences', as Leroy put it, he being committed to plans and routine, she to a more emotional, intuitive approach. Despite being 'like that about *everything*', different, indeed opposed, approaches to the baby's crying posed intense difficulties:

Leroy: We don't leave her to cry really...

Belinda: We're not really sticking to a plan...

Leroy: Well, that bothers *you*...

Belinda: Well, I think you, you have a different theory every *day* as to what, you know, the cause [is].

...

Leroy: So, I think before you saw the Health Visitor today, the latest *plan* was, when we had two straight weeks, to give...a *stint* of controlled crying a go but I'm *sensing* that you're about to decide against that.

Belinda: Well, I just think we need to feed her well for a while...and the Health Visitor advised only feeding her once in the night so I'll try that and see if it has an effect 'cause I think controlled crying is *really* harsh and until you've tried everything else I don't really want to do it.

Leroy: Mm [*sighs*]. Yeah, you know. I think we have a conflict of [views on this]

Belinda: [Yeah, Leroy] wants to do it now [*laughs*].

Leroy: No, no, I think that's *unfair*. I mean, I would've done it probably four *months* ago but I'm a bit more of an analytical soul and you are a more, in a more emotionally sensitive *position* because for obvious *reasons*...I think essentially what we haven't had *ever* is a plan that we've actually gone *through* with.

Belinda: I don't think there needs to be a plan to go through with.

Leroy: Yeah, well [*laughs*], you seem to come up with them quite a lot for someone who doesn't like plans.

Belinda: I just do it to keep you happy.

Leroy: Yeah, well, you *don't* [*laughs*]. So, perhaps there's another way [*laughs*].

[Later on in the interview]

Leroy: I'd say at three months you weren't even prepared to *discuss* [controlled crying]...It was something that almost made you *violent*. At four months [*laughs*] you were, like, just angry. At *five*, you were sort of *tearful* about it [*laughs*] and at six months you were like 'Ok, well,...she's too young but maybe in a month's time' and now *suddenly*, we're like 'Ok, well maybe we can talk about this as a *plan*'.

A compromise was only reached just after the baby turned one, discussed later in this chapter.

Belinda and Leroy's difficulty in arriving at a shared approach was unusual in my sample¹¹. But even for those who agreed on how best to care for their baby, other difficulties were encountered, for example the views, or expected views of others. The advice of health professionals was not always welcomed, as discussed in Chapter Five in connection with what was experienced as overzealous promotion of breastfeeding, and some participants considered that health visitors were judgemental. Jill, for example, told how she had felt watched during the obligatory checks in the days after her return home:

Another little challenge...was getting up and being dressed by the time the health visitor arrived...They also have this social services aspect to their job as well...and...you can tell they're asking probing questions about your own mental health as well [*laughs*]. I mean, one of the questions she asked I said 'I'm not depressed [*laughs*] because I knew that's what she was after. I said 'I'm not. I'm finding it a challenge but I'm certainly not to the point where I can't cope'.

Jack added that the health visitor had asked to use their loo and followed him into the kitchen while he made her a cup of tea which he believed was in order to 'check up' on them. Advice from health visitors was found most useful when provided in baby groups where other mothers offered feedback on what had and had not worked for them. This access to the experiences of peers was also the key factor in the value attributed to NCT advice since both partners enjoyed, above all, learning with others and sharing their excitement and fears with those 'together in the same boat', as Sophie put it. For many mothers the NCT became a primary resource for advice over the year as a whole

¹¹ Thomson et al. (2011: 109) also report that just one of their 62 expectant mothers, otherwise very close to her partner, held widely differing views, from baptism to schooling and discipline, suggesting that it would be 'hard work...meshing two rather incompatible biographies'. Belinda and Leroy's case, though from differences of personality, is clear evidence of this.

with peer support turning to friendship – discussed in the following chapter. But for some, the views of peers could also be judgemental. Middle class confidence in dealing with professionals (Edwards and Gillies 2004 and 2005, La Rossa and Sinha 2006), for example health visitors, did not insulate them from the judgements of peers.

A number of parents were anxious about being judged for taking a different approach to NCT peers and friends. Belinda described how she had been the only one to take her baby to an NCT evening out:

They've all got their routines going [such as expressing and bottle feeding]...If she'd been crying, I'd have been embarrassed. They've [all] made different choices [for example Gina Ford and bottles]....It's difficult to retain [the fact that she's still young] because you're surrounded by people who leave their baby to cry...and I don't wanna *do* that.

For her, as for some other mothers, the internet, with its relative anonymity, provided an alternative source of advice in the context of peer support. Speaking to others who faced similar struggles with their baby's sleep patterns helped her gain confidence:

Belinda: I became quite addicted to a couple of the chat rooms on BabyCentre...There was one called 'Happy Hippy Mums'...with lots of advice...on co-sleeping...and that really gave a me a lot of 'Yeah, I can do it'.

...

Leroy: So, was it the empathy or the advice [that you found helpful]?

Belinda: Both.

In the final interview, when Amber was 15 months, Viv explained how she and Bob had recently started the 'cry-it-out method' (that is, controlled crying) and it had worked 'amazingly'. Viv had been anxious to seek advice from her NCT group on this as she feared their reaction:

Viv: [I realised that] every single one left their child to cry...[saying] 'Of course, that's how they settle [gasps]. We had *never* left her to cry. Not once *ever*.

Bob: Actually we did it once.

Viv: Oh yeah, she was too young basically...We'd tried it once and it had been a disaster so we'd never tried it again...[But, when] she was about fifteen months, I suddenly realised 'This is what everyone else does'...I thought 'Oh...this is amazing', 'cause I felt so guilty...even bringing it up.

Viv justifies their choice to let their baby cry by showing that this is the norm ('whatever everyone else does'). She then went on to explain that they had initially thought doing this was 'a real no no' and something people *used* to do, such as 'giving your baby a bit of vodka in a bottle'. She exclaimed 'Oh my God, you wouldn't do that *now*'. Her use of the third person ('you wouldn't do that') again aligns her with a societal norm.

So concerns about current ideas about 'good parenting' and a desire to avoid social disapproval (Murphy 1999, McDermott 2007, Lee 2007 and 2008, Fox et al. 2009) informed strategies even when couples adopted an agreed approach (disagreement created additional difficulties). These concerns inhibit the growth of parents' self-confidence, an issue to which I return below.

Weaning

Concerns about the 'right way' to parent were intrinsic to feeding. As discussed in Chapters Five and Six, this posed particular problems for mothers who struggled with pressures to breastfeed in the face of both physical difficulties and the desire for some time away from their baby, some space in which they were able to reassert a sense of self separate from their mothering identity.

The physical and emotional stresses encountered in birth and in breastfeeding had mostly been expected, as discussed in Chapter Five, with experiences generally better than anticipated, albeit in many ways overwhelming. By the time the babies had reached five to six months of age, weaning was introduced and mothers had hoped this next developmental stage would mark an end to early difficulties and would ease the intensity of parenting (something felt even more by those who had particular trouble with breastfeeding). This was also the point at which they all described feeling 'in control'. However, weaning was associated with practical problems and ideological dilemmas for which they felt completely unprepared. The difficulties mothers recounted included the time taken, stress when their babies showed little interest in food and, for some, guilt at not preparing all the baby food themselves.

Narratives about feeding were provided mainly by mothers since women were still on maternity leave when solid foods were introduced, and food preparation was also heavily gendered, as explored in Chapter Six. Yet stress and guilt around weaning

were less about gender identity than health risks and nutrition. Viv explained:

I love watching her with new foods...[but] it's upped the amount of hard work. Around six months I really felt in control...It felt really easy at that point...[Now] it's just stuff like balancing her meals...I've just done a big organic chicken...in the back of my mind I feel a bit guilty all the time because...I should be at home puréeing all the time...In all honesty I do give her some packet stuff as well...I actually enjoy doing it and I...prefer to give her the food that I've done...[But] if I feed her packets, I feel guilty...I guess that's what the industry does to you'.

Viv felt guilty even though the 'packet' food she was feeding Amber was organic. She did point out that this had been particularly useful for taking on holiday so this reasoning seemed to make her feel less guilty, along with her change in voice (that is, her use of the third person) and recognition of the influence of socio-economic pressures ('what the industry does to you').

Jill produced a photo (for the photo diary task) of homemade puréed food in ice-cube trays:



Figure 11: Food Preparation

Also, Rosie was dismayed to notice that a jar of baby food was on display in a photograph showing Zane feeding Heath (not shown for anonymity reasons). Other

mothers were more relaxed about feeding their babies non-organic or sweet food and Sophie justified her choice by explaining their baby was underweight so needed 'feeding up' and was still young. She also outlined the multiple stresses involved in the process:

[Weaning] is fine now but it was really tough to start off with...[At four months] it's a lot of work. To start off with, because she was so small and she wasn't sleeping...and I was like 'I'm so tired'...[and told] I could start weaning her...So, I tried to start then and she was just not interested, just didn't know what to do. So, we left it a month.

Sophie explained how, at five and a half months, their daughter would eat baby rice one day and then refuse it the next - 'It was quite frustrating'. At six months Bobbi was not gaining any weight and she was advised by the health visitor to introduce solids in a systematic way. She decided to be much stricter with herself about routine:

Now we all sit at the table together...at six...[It's] really sociable. Once I started being stricter about [routine], it was a lot easier. Particularly now, she's not a fussy eater...When you first start you get your little pouch or your homemade stuff that's in...an ice cube tray or your jar and you think 'Well, they've gotta eat it all 'cause that's what size it is' and actually she's really little...Tyler would be much stricter, [saying] 'She hasn't eaten enough...You've got to finish your mains before you can have pudding' whereas I'm like 'Well done, you've had six spoonfuls, let's try you on some banana custard'...I sometimes still find it frustrating...[I offered] my homemade chicken and gravy dinner she'd loved the day before. She knocked it on the floor then spat something else out another day...We're quite good at letting her put her hand in [the food]. 'If you wanna explore it, fine'...[but let's not have] messy time all the time...We're both a bit more chilled out. She has finger foods now as well, [for example] pepper, bread...a chip, melon...[Then there's the] gag reflex...It's really scary...Bobbi likes pizza crusts. That's her favourite...and prawn crackers from the Chinese. Not healthy food [*laughs*]. But she's so little we just think 'Ah, well'.

Six months later (at the time of the final interview), eating was still a problem. Sophie described how Bobbi either wanted a great deal of food or nothing 'to the extent that she once had three raisins for her tea...when she's as small as she is [it's stressful]'. Tyler added that Bobbi had not been very well on that occasion and 'was just taking water and milk'.

The multiple stresses involved in weaning have been overlooked in the focus of most research on mothers' experience of breastfeeding. There are practical and emotional problems to negotiate around weaning, involving all kinds of 'messiness', along with the social and commercial pressures about food promoted as best for the baby's health and the appeal of convenience food. Middle class mothers may be especially

vulnerable to such pressures (Vincent and Ball 2007, Perrier 2009). But mothers were more confident than in the early weeks about distancing themselves from these.

Wellbeing

Wider concerns about the wellbeing of their children were also articulated by parents, all of whom, both mothers and fathers, were surprised at the level of anxiety this induced. Elodie, who described herself as not having previously been a worrier, explained:

William's dependent on us. It's unequivocal. We're here and we'll do whatever he needs...It's certainly a very deep emotional bond...you worry...That was quite a surprise to go through all those worries.

Tyler also described increased anxiety:

Sophie: He keeps telling me 'Don't go to Baby Cinema 'cause they're a breeding ground for germs.

Tyler: They're high-risk though, aren't they?

...

Sophie: He's definitely more worried about it than I am...I'm just like 'If she's gonna get it, she's gonna get it'. Kids get bugs. They get ill...Of course, I don't *want* her to get swine flu.

Tyler: You can reduce the risks though...You can't take her swimming until she's had all her injections...I'm more of a careful driver...with her in the car.

Risks to wellbeing involve not just safety (whether physical or health-related) but also broader aspects. Pressures to prioritise a baby's developmental needs over those of the parent can lead to anxiety about not giving sufficient attention (Hays 1996). Fathers may find their confidence as autonomous individuals helps them to resist expert advice (Shirani et al. 2012) but some, as here, are also vulnerable to the pressures of intensive parenting culture. Couples described the tactics they used to occupy their baby while undertaking a chore, such as placing the baby in front of the television (if only for a short time), but this engendered guilt. Leroy and Belinda showed a picture of

their baby placed in a walker and called it ‘the ring of neglect:



Figure 12: The ‘Ring of Neglect’

The toys on the walker appear to have been understood as distractions rather than skill-enhancing, hence the word ‘neglect’, a term that features heavily in popular discourses of poor parenting. However, as this example illustrates, parents made choices, albeit with difficulty.

Parents were also selective in the ways in which they used available information about developmental progress. Their interest in this was reflected in the popularity of the interactive website BabyCentre (2012) covering every stage of pregnancy and parenting, with advice tailored to the baby’s age. Tips include games to play or how to teach baby signing to enable better communication with the baby. Most mothers had signed up to receive the weekly e-mails and many additionally used them to check that their baby’s progress was on track, indicative of concern (Vincent and Ball 2007). However, as with parenting manuals, this resource was used as a guideline, not a rigid yardstick:

I just scanned through and thought ‘That’s all alright then’ [laughs]. William isn’t saying two and a half words yet but he is kicking a ball so that’s fine [laughs]

Elodie.

Parental Expertise

Self-confidence as parents, as expressed by Elodie, was, however, something that developed over time, notwithstanding the more general confidence of many middle class parents in other areas of their lives (Edwards and Gillies 2004 and 2005). In contrast to Miller's (2003) finding that first-time mothers emerged as experts only at the end of the first year, but more in line with those of Bailey (2000), the parents in this study felt competent at different stages and, in some cases, very early on. Once home visits from midwives and health visitors had come to an end and mothers' mothers (who had sometimes moved in to help for the first few days or weeks) had left, all participants regularly talked of 'trusting [their] own instincts'. This echoes the discourse in most parenting guides, whatever their philosophy, that parents should trust themselves, as noted in Chapter Two. But doing so was frequently difficult, since the wealth of information on offer was often overwhelming and, as indicated, there were judgemental attitudes to contend with along with a strong awareness of socially approved - and deviant - parenting. In the first interview, Layla stated:

We seem to have been bombarded with quite a lot of advice which is helpful but I just think this is something completely new and this is something that people haven't experienced because *they haven't had our baby and they're not us*. [my emphasis]

During the third interview, when Robert was ten months old, Layla still felt the same way and added that, with time, it became easier to hear one's own voice:

There are lots of views about what you should and shouldn't do and actually...*I'm the parent* and I'm not doing the baby any harm by doing it this way...gradually, as time goes by, I'm becoming more confident in that. [my emphasis]

These views are also expressed by Elodie (in the second interview when William was six weeks) who perfectly summarises her own experience and that of other participants:

I think there's a sense sometimes of there being a *lot* of advice. There's a lot of 'You shouldn't do this' and 'You shouldn't do that'. And, um, you know, 'You shouldn't give your child sleep crutches by always holding it to sleep'. You get the impression sometimes that there's so many things that you can't do. You sometimes just have to relax a bit and sometimes just cuddle your baby when he's going to sleep because it's nice and he'll like it, you'll like it. It doesn't mean he's going to do it every day...So, you sometimes have to not worry too much and forget about all the advice that you've got and just do what feels right for you...[You hear] 'Don't fall asleep

with your baby on the sofa' and then I think 'Well, I'm gonna lie here on the sofa and I'm gonna hold him and I don't think he's, 'cause he's not moving yet and he's not gonna fall down behind the cushions and suffocate to death, you know, I think I can probably manage to, you know, have ten minutes lying on the sofa without suffocating the baby [*laughs*]. So, some things you, but then other things *are* important and you *do* listen to them and, but...you make a choice...It is your decision and you naturally, instinctively do know what's right and what's wrong and you know when, for example, sometimes if I want to, say if I'm in here and he's down on the play mat, you know, I want to go in the room next door, I can just leave him for a few minutes and, you know, he's not going to come to any harm or if he's, sometimes he's not happy lying on the floor so I put the pillow down on the floor and make a depression in it and put him in it, you know, but at the moment he's not going to roll over and suffocate himself so...but you sort of have this sense that 'I shouldn't be doing this 'cause I've been told that babies get suffocated on pillows' and, again, you just sort of think 'It'll be fine'...But then there's some things that you can't, you don't know and you do need the advice.

Elodie's powerful account illustrates how conflicting advice could be negotiated while listening to one's own mothering (or parenting) abilities. Couples' confidence in their capacity to parent was also crucial in the development of both their own relationship and their parenting identities.

Couple Time

A key change entailed in intensive parenting was the lack of physical and emotional space for themselves, both as individuals and together. I have discussed the particular pressures faced by mothers, 'tied' to the baby more practically as well as ideologically than fathers, in Chapters Five and Six, but there are pressures too on the couple relationship. Sharing parenthood does not imply gender equality, as discussed in the previous chapter, but intimate relationships require time and space, if not a degree of exclusivity (Jamieson 2005). The couple's very investment in parenting, as well as its practical demands, can compromise this, but partners worked hard on their own relationship. Their accounts reveal a strong commitment to 'disclosing intimacy' (Jamieson 1998) and the intensity of feelings (Gabb 2008) that underpin a sense of closeness.

First time parents, especially middle class parents, are likely to rely principally on each other in their partnership, rather than wider family, and parents are expected to devote considerable time to the baby and its many needs (Hays 1996, LaRossa and Sinha 2006, Vincent and Ball 2007, Hoffman 2010). Some find the initial transition particularly

challenging for their relationship and this is compounded by difficulties of juggling work and childcare (Nicolson 1998, Gattrell 2004). Several partners in this study adapted to the initial shift in focus from couple to baby by highlighting positive time together as a family:

If, before William, we had been in [city] for the weekend, we would have worried 'Oh, what are we gonna do?' Whereas now we can go for a nice walk somewhere. It's nice not to have to rush around at weekends...We look forward to doing those things again but it'll now be less often and we will probably plan more ahead

Elodie (Interview 3, when William was 9 months).

I love going for walks. I don't know *what* it is...I just find it *really, really relaxing*. It makes me feel so content to be with Layla and Robert and just thinking...I can't really put my finger on why it's such a strong feeling...going at a slower pace...I feel I can just take in more, everything's slowed down a bit and instead of trying to plan five or six things on a Saturday, [we do two things instead] and one of the things is we'll take him on a walk...Time to look around, look at the flowers...and that's really enjoyable. It's just a feeling of contentment. You don't really need more than this. This is *great*, isn't it lovely?...He's wonderful and Layla's wonderful and isn't life fantastic?...[I'm] very happy

Dylan (Interview 2, when Robert was 3 months).

However, for others, there were problems. Elodie commented that, in hindsight, practical advice from the NCT (such as asking for help with hoovering) was less valuable than advice on 'managing your relationship' given the possibility of different views on parenting or tiredness causing arguments. In particular, most of the couples had very full social lives before their baby arrived. In the early days Zane and Rosie explained how they really missed their previous life:

Rosie: [It's been a] massive change'. [I miss my social life]...I've been on the treadmill of looking after him...I love him to death and I wouldn't change...anything we've done. It's just expecting that bit of time out.

...

Zane: We don't want...to buy a people carrier and admit our lives are over.

Rosie: We want to buy a surf wagon instead. [*Both laugh*].

Belinda and Leroy continued to have social weekends away much as before and this had had mixed success. When away with friends who also had children it had, generally, been 'great fun'. However, Belinda had still felt anxious about the decisions, for example to take her baby on a snowy walk and remembered asking herself "Am I a

bad mother? Is this really stupid? What are we doing?” but she reported how their friends had been very supportive. Another weekend away (this time with friends without children) had not been ‘as easy’ and was ‘more drunken’. Belinda explained ‘It’s the first time I’ve thought ‘Hmph, I wanna be drunk’ [*laughs*]

These sentiments reflect a tension between the desire to sustain an adult/couple identity and anxieties about its compatibility with responsibility as parents (Ribbens McCarthy et al. 2000). These are evident in the suggestion that activities such as drinking or poor weather walking are easiest in adult company or entail risks. Similar sentiments were expressed in photo diaries of ‘life without a baby’.

The photo below was chosen by Belinda and Leroy to represent reclaiming their evenings:



Figure 13: Evenings

Zane incorporated the following photo in his weekly photos to show that doing activities independently of the baby were important to him. But he also included many activity photos including the baby.



Figure 14: Cycling

However, while couples were acutely aware of how their lives in some key respects were circumscribed by parenthood – making it trickier to undertake their own individual or couple pursuits – they mostly shared a common view that their relationship had deepened with their experience of parenthood. The longitudinal aspect of the research provides important evidence of change, both through comparisons between earlier/later interviews and also the lego task in the final interview (as explained in Chapter Four) which helped participants to reflect on how their relationship had developed.

In the second interview, Zane described how he felt his and Rosie's relationship had changed since their baby's arrival nine weeks ago:

Zane: I think it's different in a very positive way. Um, certainly going through the birth itself was a very bonding experience and made me realise just how much Rosie meant to me...She's obviously the mother to my child

now as well so...I can see a strong bond between the two of them...I don't know if we spend more time together or not.

Rosie: We probably do in the sense that we're not out all the time but we probably don't end up having that much quiet time.

Zane: We don't get a lot of time to ourselves but I think, um, we've been quite supportive of each other so if Rosie's had a bit of a dip, I've tended to be in good frame of mind and can...Occasionally, as Rosie mentioned earlier, it's just when you both get a bit stressed out and you're a bit tired and you can snap and I think that might have happened before Heath anyway...We were already really close anyway so to say it's brought us closer together is probably a bit cheesy.

In the final interview Zane created lego scenes representing how he had felt as a parent in the early days compared with now. Both images reflected the consistency of the couple's closeness but also a qualitative leap:



Figure 15: Couple Closeness – Then and Now

1: [This is] Rosie and myself stood...hand in hand there, side by side, shoulder to shoulder.

2: I'm riding a magnificent white horse with Rosie balanced on my head because we're pretty confident as parents...so it's...quite a nice, um, scene.

Sophie and Tyler felt their experience had been tough but that they were closer than before the baby was born and that they had coped with the difficulties in the early days,

emerging as a stronger unit. When Bobbi was six weeks old they reflected:

Sophie: You don't have much time for each other, do you?... And there's times where I've wanted to kill Tyler more often in the last six weeks than in the last six years....but I love him more than I've ever loved him before...It is a really, really stressful time on our relationship but there's parts of it that's made us closer and stronger than we've ever been *before* [pause] and there's just these odd occasions where I would *actually* murder him. And there must be the same for you, there's times where you think 'For *God's* sake, woman, would you *just* let off?'

...

Tyler: We've done alright in six weeks, I think, don't you?

In the third interview, they felt closer still:

NW: How would you describe your relationship?

Tyler: Strained [long pause] [laughs] I was joking Sophie.

Sophie: Um, I think we're probably closer than we were before.

Tyler: Yes. We support each other more, don't we?

Sophie: We've got a certain affinity with knowing that, you know, you've made this child and it's always gonna be there. Um, Tyler's a really, really supportive partner and he's a *fantastic* father and I do feel very, very blessed.

The final interview continued to reflect a picture of togetherness despite their earlier struggles. Tyler used a rain cloud and handcuffs to represent his thoughts:



Figure 16: Couple Closeness – Then and Now

- 1: There were some very *sad* days [*pause*] for mum...But we got *through* it.
- 2: We're all locked in together as one unit.

Many participants used lego sharks to represent external stresses such as financial worries, interfering others or pressures at work. Bob had felt 'looked after' by Viv before they became parents but felt less threatened and seemingly more in control at the end of the first year, with Bob stating 'we're both facing each other and, um, doing a gentle row and Amber's sat there between us and there's no sharks and we're cruising along':



Figure 17: Couple Relationship – Then



Figure 18: Couple Relationship – Now

Like many others, Viv was clear that their relationship was strengthened by the arrival of the baby:

Viv: I felt that...before we had Amber, we were together and that we were going in the same direction but we weren't necessarily working as much to build something together so we were kind of having a lot of fun...[and were] going in the same direction...but...we hadn't massively discussed...[the future]...[Now] I think that we're working together, God, we're so clichéd, aren't we?...Yeah, it does feel a lot more like, you know, of course having a kid is incredibly stressful and terribly draining in terms of...early mornings...no sleep...but it does feel like you're working towards something together and actually the only person that does understand when you say 'Oh my God, she asked for her dinner tonight', the only other person that will go 'Oh my God, that's amazing, she's a genius'...

Bob: It does bring you closer as well, actually.

Viv: ...is your partner, yeah, so, I feel that we're very much building something...and I also feel that we take a bit of a longer term view than we used to.

Bob: Yeah.

However, pressures around the division of labour (discussed in the previous chapter), the demands of a baby and the new triadic dynamic caused tension as well. The starkest example was with Layla and Dylan who, when asked to describe their relationship with their baby in the final interview, shared the difficulties:

I've always loved having him around...But the biggest thing is...it puts a strain on our relationship...It definitely, definitely, definitely affects your relationship, our relationship with each other quite, quite a bit. So, um, obviously in good ways and more, more testing ways as well...So...the direct relationship with him is, um, fantastic. It's all the other *side* effects
[laughs]

Dylan.

Although things had improved since the difficult early days, by the time of the final interview, Layla was newly pregnant with their second which created an additional strain:

Um, I think that I've been, um, a bit weird over the past few weeks because I've just felt very tired and sick...and before I know it, it's half ten, eleven, half eleven [laughs] and then, you know, I start getting *really* tired...And so a lot of these physical feelings manifest themselves in just being generally uncommunicative and stressed and, um, and it seems as though where we *have* set aside time to spend together other things crowd in. So, it's difficult to, um, to still have the same sense of, of sharing in things, especially because our lives are so different and that's something that's bothered me. I don't know if it's bothered Dylan so much

Layla.

They both acknowledged that leading dramatically different lives for a long period of time - with Layla having taken extended maternity leave and Dylan working such long hours - had been the main cause. Their story has been explored more fully in Chapter Six.

Belinda and Leroy's difficulties in developing a shared parenting strategy have been discussed earlier in this chapter. However, in the fourth interview they seemed to have turned a corner, to have achieved some kind of transition. Evidence remained of persisting differences between them, as in decisions about whether or not to have a second child, with Belinda stating:

There's nothing to discuss because I'm having another baby whether he wants one or not.

But Belinda had, in the last month, dropped the morning breastfeed, albeit with very mixed feelings, and they talked about 'things working better'.

Leroy: Yeah, I think, for me, the dropping the feeding in the morning was more for you and I and coming up with a routine which actually worked for us, for the three of us and I think it works *way* better.

Belinda: I'm sad.

Leroy: I know but you're talking about the emotional side of it, about the breastfeeding. I'm talking about the dynamic...

Belinda: Yeah.

Leroy:...that before was a disaster...We just had chaos in the morning.

Belinda: I didn't mind that but you want a routine.

Leroy: Well, you *did* mind that.

Belinda: What I minded was the fact that I felt that you didn't give me that support at the *beginning*...Anyway, we've *done* it and she seems fine and she's happy, she doesn't care. It's just me, I feel quite sad but that's me and not her. She doesn't actually need to have breast milk anymore and she does still have it once a day...[in the evening] before her bath.

Here Belinda and Leroy are both referring to their deep differences which made a shared strategy so difficult, as discussed earlier. But the interview also revealed more complexity, reflecting on both problems and positive developments. Asked how they

would describe how their relationship had changed, they replied:

Belinda: It's been *really* hard, hasn't it?

Leroy: Mm.

Belinda: But, I think, actually, we've come out of the other end of the year much better, like, much closer / I think. You *have* to [pause] 'cause you're working together you have to, you're forced into discussing a lot more things and resolving problems because, particularly from being so tired, there isn't much, there isn't *space* really for problems [pause] because they'll spark off really easily so we've gone through that and I think we're actually really...I think I understand you a bit better...but it's difficult to incorporate another whole person into your relationship.

...

Leroy: I think we're pulling in the same direction rather than in opposite directions. So, I think it's been quite a *positive* although the journey here has been [pause] *exceptionally* difficult [*Belinda laughs*]...It's forced us to sort of agree on more things...[O]bviously it's been *turmoil* for a year but I sort of feel more relaxed by the fact that this is what we're doing...than I probably would be if I was flailing around in the void looking for something to do with myself...I think we're settling down to this dynamic.

Belinda: We see less of each other, we're more tired, we do less walking, which is what we used to do, we go out to eat much less, which is what we always used to do, we never go out together with friends, which we both really miss *but* we've got a joint interest now.

...

Belinda: Lottie was very much about *me* and only *just*, I would say, [pause] is it more equal.

Leroy: Mm, in the last month...It's just nature, I think. It's very difficult to accept that emotionally but it just is, particularly if you have made that decision to breastfeed for a long time.

There are references in this interview to 'problems' and arguments, to moving in 'opposite directions' , to 'exceptional difficult[y]' and 'turmoil, but also to 'resolving problems', being 'much closer', 'pulling in the same direction' and developing their 'joint interest'. These echo the sentiments of other couples whose strength of relationship had been less in doubt, for example Viv's references to 'building something...working together'. As these accounts vividly show, powerful feelings and emotion work in family life (Gabb 2008, Morgan 2011) are especially acute in the transition to parenthood but are intrinsic to the ways in which partners renegotiate their intimate relationship.

Conclusion

This chapter has shown how parents manage the tricky business of parenting, contributing to an understanding of parental identities by focusing on parenting practices. Research on intensive parenting culture has tended to study parents' views of its relevance or otherwise, whereas the data in this thesis has provided additional insights into the practices involved in caring for a child and dealing with such pressures, how first-time parents manage the minutiae of day-to-day parenting, the strategies they devise to deal with these. At the same time, it has looked at the impact of day-to-day parenting on their own relationship as a couple, a further aspect of their parenting identities.

In anticipating parenthood, participants were excited about the changes ahead, with consumption practices, such as decorating a nursery, helping to mark the transition. But they were also keen to avoid making the baby a sole focus, both to preserve elements of their pre-parental lives and from a desire to avoid 'spoiling' or 'overprotecting' children. They experienced difficulties in managing advice on parenting and were surprised by their own anxieties about aspects of this, but a generally shared approach helped them to develop both their own expertise and a closer, stronger relationship of their own.

Interest in some time for themselves as well as perceptions of their baby's needs led new parents to favour routines from early on, particularly with respect to sleeping, but implementation was far from easy. Despite enthusiastic advance preparation, they were often overwhelmed with the volume of (often conflicting) guidance on how to parent. They also experienced problems with unsolicited advice, with the judgements of others, from peers (including NCT friends) to health professionals. Yet they became increasingly confident about 'cherry picking' advice, using resources as guidelines alone, and about 'trusting their own instincts'. These findings on unwelcome advice yet growing self-confidence echo those on breastfeeding in Chapter Five. And the role of peers and friends, both supportive and other, is further discussed in the following chapter.

Particular anxieties arising from intensive parenting culture included those regarding weaning and wellbeing. The former surfaced just as parents, especially mothers were beginning to feel in control following earlier difficulties with breastfeeding and sleeping. Parents did not feel prepared for these anxieties and practical difficulties which

included nutritional concerns about the importance of organic and home-cooked food, leading to guilt when this was not achieved. Parents were also surprised about the level of anxiety they experienced about the safety of their babies, or the risks of neglect, even while dismissing popular concerns as exaggerated. These anxieties testify both to the pressures of intensive parenting culture on middle class parents and their resilience in rejecting them.

New parents experienced difficulties in sustaining adult or couple identities when juggling the demands and responsibilities of parenting. This was especially the case when these involved the physical exhaustion and stress of managing a new born (and the intensity of time with a baby) but also when unsolicited advice was offered. Most couples shared ideas about how to raise and care for their child, but difficulties were compounded when this was not the case. Yet new parents also talked enthusiastically about the pleasures of combining baby time with social and other activities – as individuals, as a couple and also with friends, The development of these new parental identities is further explored in Chapter Eight.

Partners also reflected at the end of the year on the ways in which their relationship had become closer and the work they had undertaken in the course of this, that is in their shared project of parenthood. This was highlighted by the longitudinal element of this research and the use of lego work which, together with interviews over the year, generated important data on the intensity of emotions, positive and negative, regarding the shared stress they experienced and strategies to deal with it. The value of longitudinal research with couples is also evident in the data on relationships with friends and family, the subject of the following chapter.

8 FAMILY AND FRIENDS

Crucial to new parents' growing self-confidence, discussed in the previous chapter, is the role of friends and family. The final empirical chapter explores this in detail, including the tensions experienced especially around parenting advice. I argue that the emotional and practical support received, along with the way in which tensions are managed, is a key part of couples' developing parental identities. I argue too that while friends and wider kin are both of immense importance, it is intergenerational connections that are of particular significance in couples' identifications as a family.

The chapter begins with participants' reflections on changes in support over the year, using concentric circle diagrams. It then discusses the value placed on friendships by mothers and fathers but also gender differences in their experience of these. Attention is given to sibling relationships but the discussion of wider family is concentrated on relationships between partners and their parents. Three cases in particular are used to introduce more general themes including the importance attached to in-laws (by both partners) and strategies used to deal with intergenerational tensions. Three cases are also used to discuss the role of grandparents, with a focus on practical help and on intergenerational connections more generally.

'The circle of trust'

It was Bob who coined this term to describe the concentric circle diagrams which were used to help participants identify their support networks. The value of this exercise was particularly evident in highlighting change in support over the first year. As can be seen from the examples below (from one partner in each of two couples), the networks were extensive shortly before the baby was due:¹².

¹² Names of people and places are blacked out to preserve anonymity.

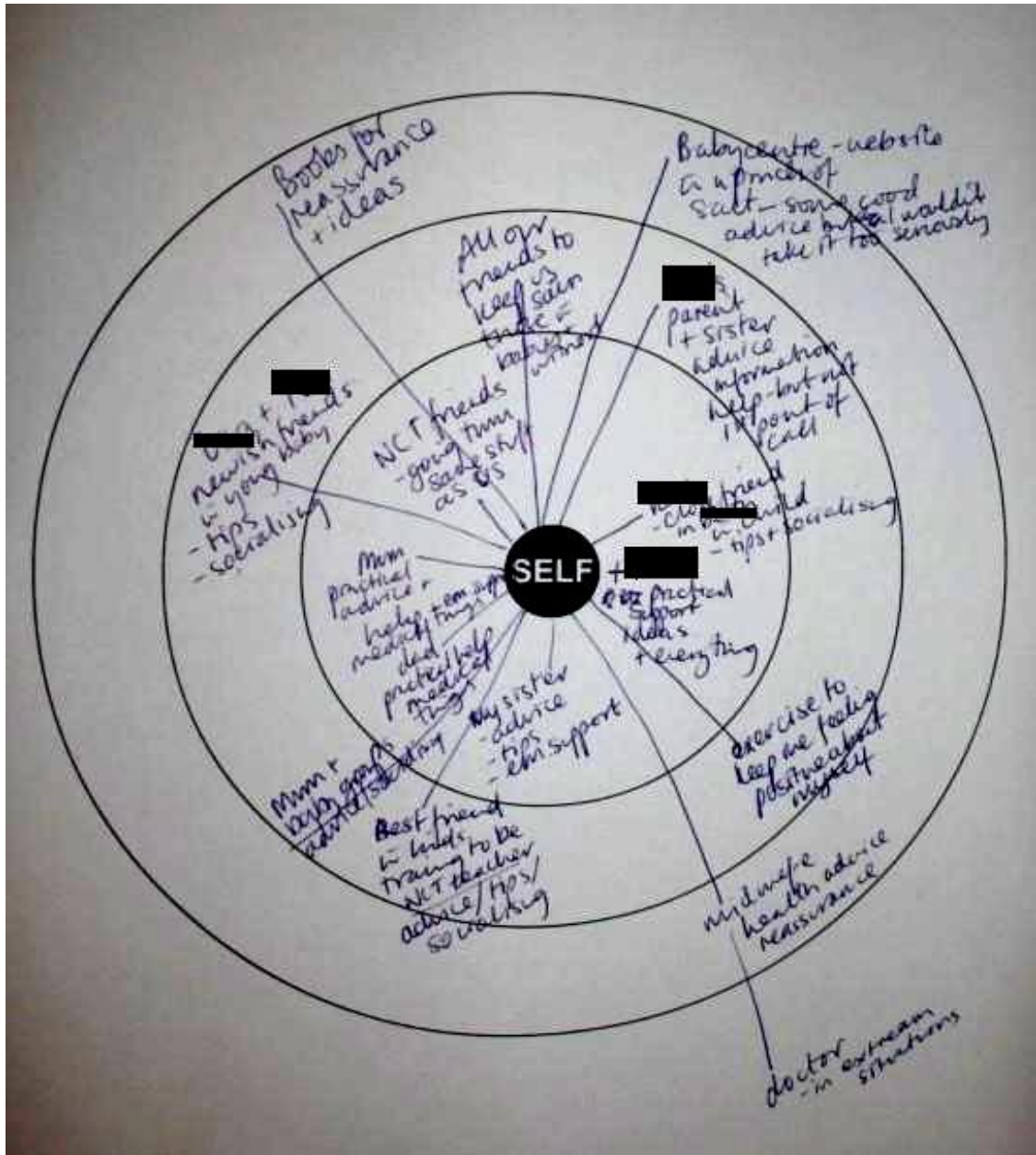


Figure 19: Belinda's Concentric Circle Diagram (Interview 1)

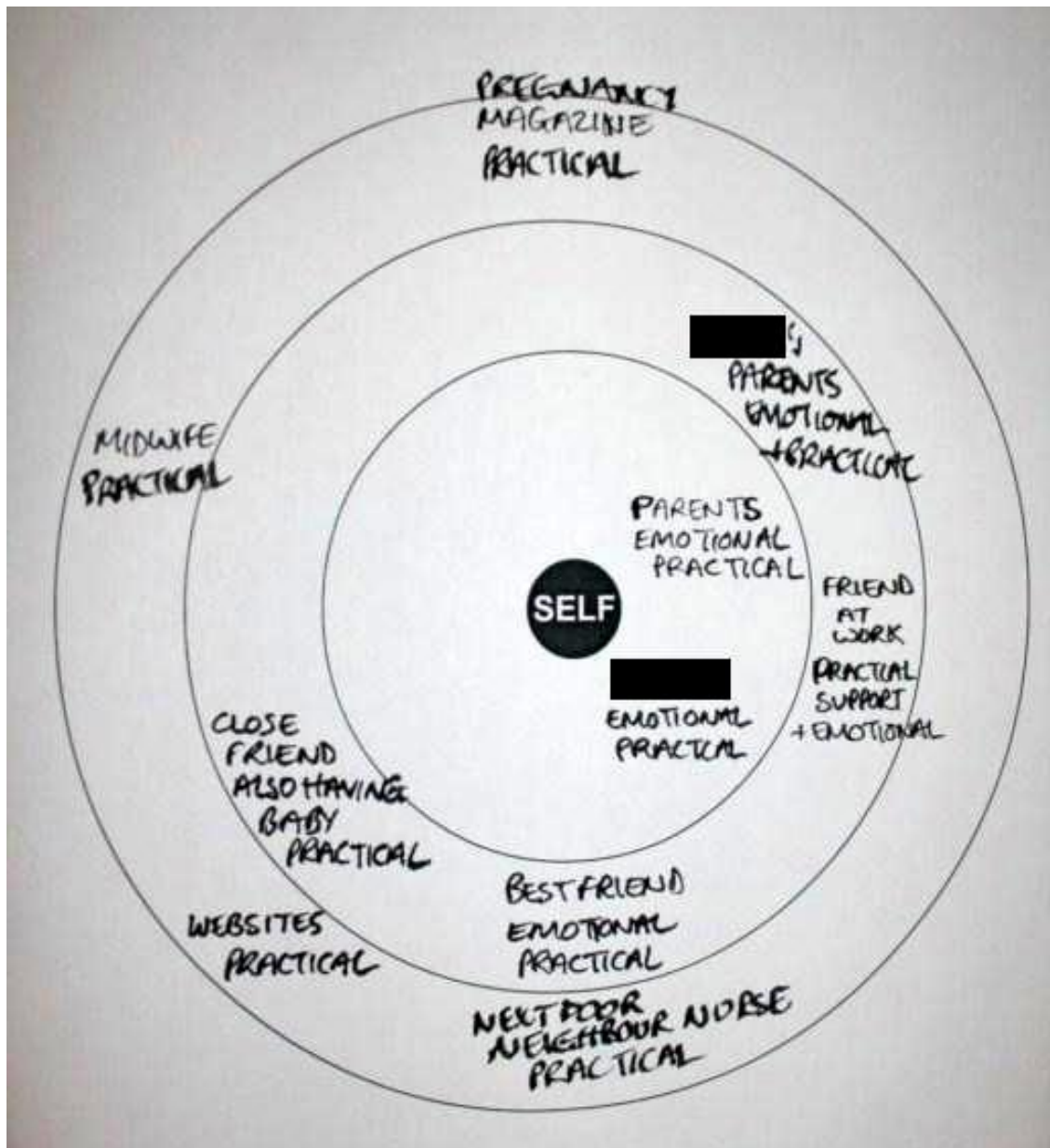


Figure 20: Zane's Concentric Circle Diagram (Interview 1)

Participants identified a wide range of individuals and organisations, and also sources of comfort or distraction (for example, pets, sport or television) but the most striking aspect of the diagrams was the way they illustrated similarities across the sample in the extent to which participants felt supported. The one exception, Leroy, whose diagram at the first interview did not reflect this, however explained that he would have to write a case study for each person. It was also very clear from the many people he spoke about – in response to the exercise – that he too felt very well supported, adding of his diagram and its lack of detail 'I just treat everyone in my

friends and family the same way':

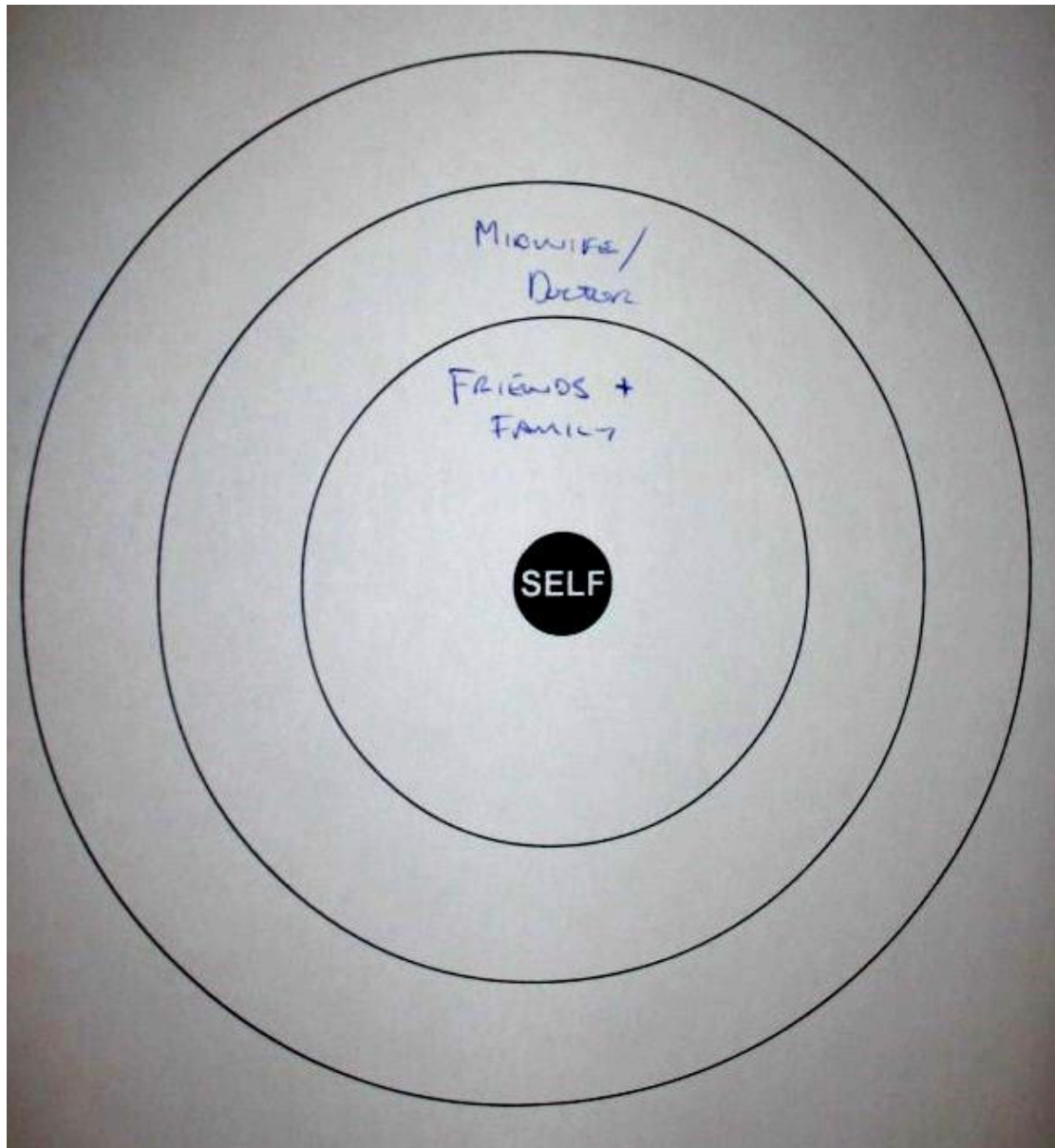


Figure 21: Leroy's Concentric Circle Diagram (Interview 1)

At the final interview, parents talked of how support had dropped away as they themselves had become more confident but also in response to changes in their own needs and those of their baby (as previously discussed, especially in Chapter Seven). For example, health professionals did not feature and their use of parenting manuals had declined. Jack and Jill's diagrams illustrate these changes towards a less dense support network – as Jack explained, 'we're more self sufficient'.

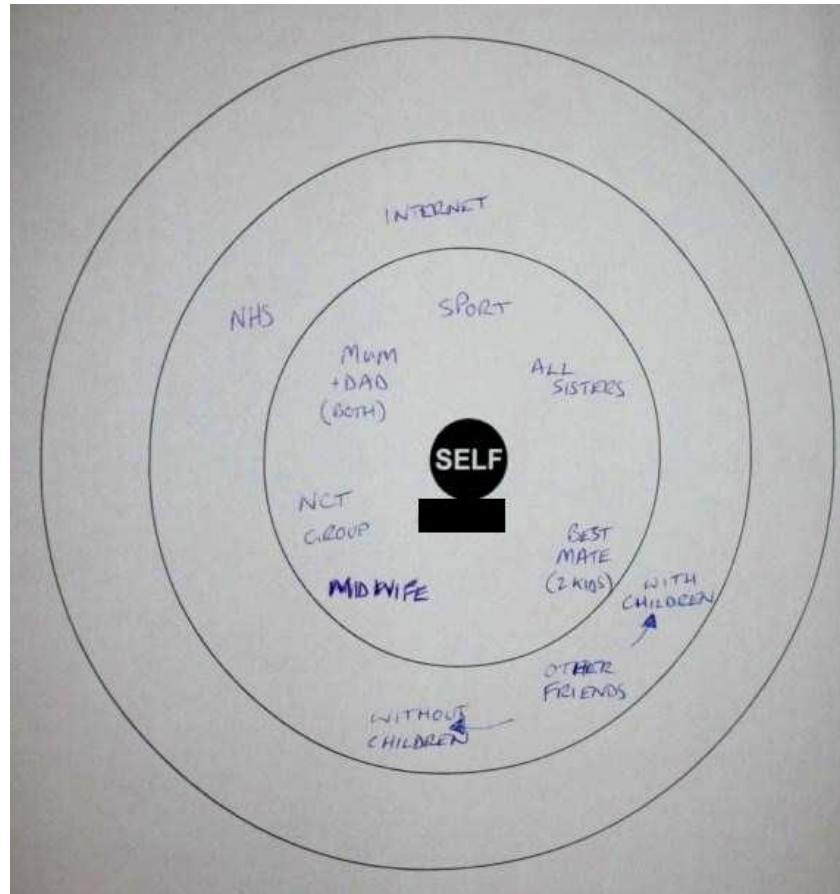


Figure 22: Jack's Concentric Circle Diagram (Interview 1)

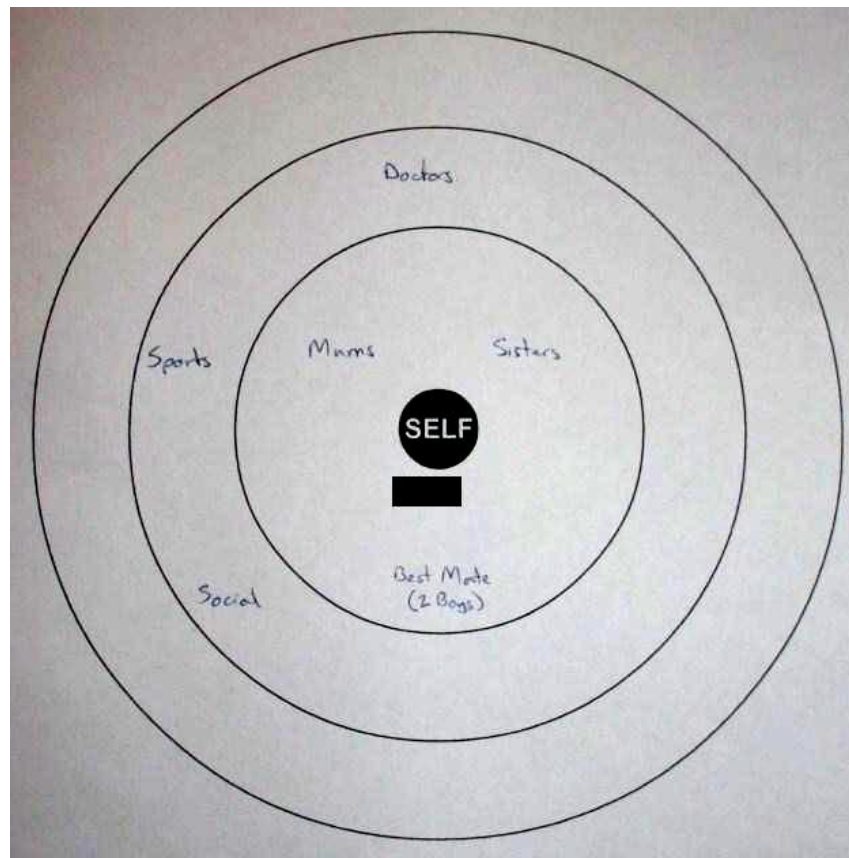


Figure 23: Jack's Concentric Circle Diagram (Interview 4)

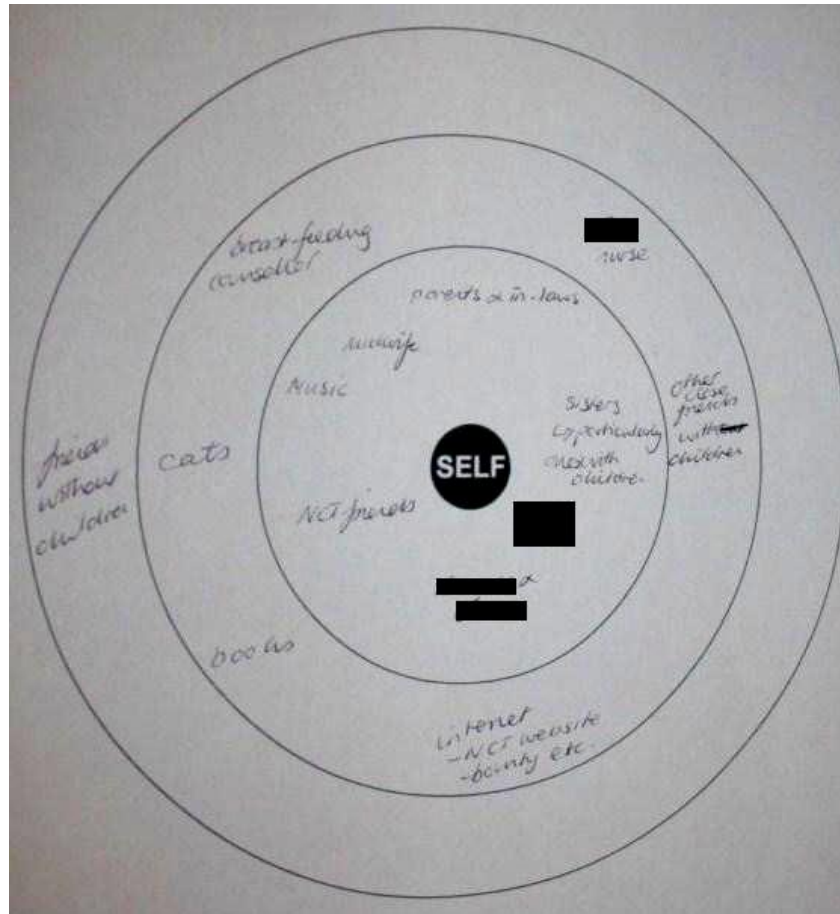


Figure 24: Jill's Concentric Circle Diagram (Interview 1)

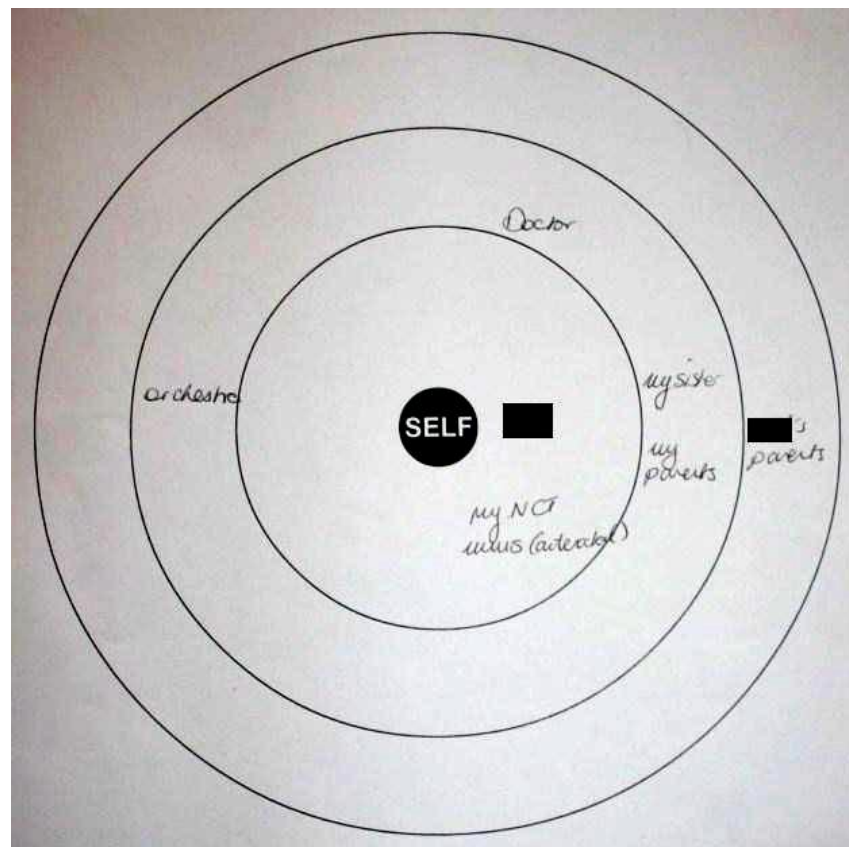


Figure 25: Jill's Concentric Circle Diagram (Interview 4)

All participants completed their diagrams independently and some showed differences but the subsequent conversation elicited by the exercise helped couples to realise the full extent to which they shared a common view of the resources they valued. Even though there were gender differences regarding the role of friends, as I show, almost all partners located each other, their parents, in-laws and close friends in very similar ways and were pleased, if not relieved, to see this.

All concentric circle diagrams showed that both women and men viewed the support available from their parents and siblings as crucial. Family support is stronger than in Edwards and Gillies' (2005) research but their respondents (whose children were of junior school age) did in fact report a greater role for kin in earlier years. But I turn first to friendships, which were just as important as family though in different ways.

Friends

The significance of social support for new mothers has been well documented (Oakley 1991, Mauthner 1995, Bost et al. 2002). Yet there are also benefits to fathers' wellbeing (Davey et al. 2006) and fathers who seek high levels of involvement may find the support of friends and peers especially valuable (Masciadrelli et al. 2006). There are gender similarities and differences in the way partners engage with their peers, but mothers and fathers alike find that friendships contribute to their identities as individuals, as a couple and as new parents.

All the participants had full social lives before the birth and this continued once they became parents. It was important to their sense of themselves as a couple, as shown in Chapter Seven, but their networks evolved as different groups of friends acquired a new significance. Participants enjoyed introducing friends to their babies – Belinda and Leroy were visited by thirty people in the first few weeks and Belinda said 'We just loved showing her off'. Although many missed a regular social life as reality with a new baby set in, the ways in which new parents' friendships (old and new) developed was generally positive. Layla felt that this was one of things she was most enjoying about parenthood:

[Robert's] opened up a whole new part of my life...with the whole mummy and baby thing...I've been meeting up with...the NCT group...[and] with other mums who I know through church, um, other friends who've got children, um, and also just chatting [*laughs*] to other mums on the street as well...For example, there's a girl who I've bumped into probably about 5 or

6 times at various things. She goes to the same health centre as we do, um, I always seem to see her in the nappy aisle at Sainsbury's so, because we see each other so often, we've chatted and then found out that her baby's only a day younger than Robert, um, and we swapped numbers yesterday so we may well, sort of, catch up because actually, in some ways, it's quite a lonely time as well...I really welcome people coming round to visit...I really wanted some kind of normality.

Belinda described how their relationship with another couple changed on discovering that she was pregnant:

We started going out with them quite a bit and getting drunk and then they told us that Lisa was pregnant and we were like 'Damn. [laughs] That's really annoying' and then when we found that I was pregnant it was like 'Yay, we can be friends with them again'. [laughs] So, that was good.

Some participants also found that, in becoming pregnant, certain friendships became more problematic, in particular for those friends who were trying, but so far unable, to conceive:

[M]y other best friend...would be in the inner circle but she's had a really difficult time having IVF for the last couple of years so since I've become pregnant...we're having more of a difficult relationship...we've always been really close but at the moment...I can't draw on her for support because, yeah, it's just too upsetting for her

Viv.

I think it was really hard 'cause they had us who are very physically obviously pregnant and my friend with her little girl and, of course, you just talk about babies all evening

Sophie.

Before the birth, participants anticipated that friends without children would play a key part in helping them retain other aspects of their identity. For some, they were the first in their social group to start having children. As Rosie explained:

It's a different...support of us as individuals rather than us as parents. It's, kind of, that side as well...and trying to take...some time out as well, I suppose.

In fact, what tended to happen was that friends *with* children also took on that role. Vincent et al. (2008) emphasise the significance of what one of their respondents called 'mother friends' in middle class networks. Their interest is the ways in which this reproduces privilege through the advice offered, but the data here indicate the equally important social and emotional aspects of support. Since mothers spent so much time, while on maternity leave, with those friends who had children, strong bonds were

formed and they socialised in the evenings as well, often with strict rules to not talk about their babies:

Any kind of issues you have like 'Oh my God, her nappies have just gone completely crazy', 'Oh yeah, tell me about it'...[and] they don't mind talking about poo [laughs]...We did say, 'on Saturday night, poo and feeding are off the agenda'

Sophie.

Since fathers returned to work soon after their babies were born, they often reported finding reassurance in talking to colleagues who had children:

It's amazing. A lot of things [a colleague] said were bang on true. [laughs]...[It was] very [helpful]...and I still talk to him occasionally but he would just be a point of contact that would reassure me that any sort of thoughts you think you shouldn't be having are quite normal

Zane.

[My diagram hasn't] changed in terms of advice...It's just like I've got colleagues who have young kids and [pause] frankly it's something to talk about to people in a kind of social way...and I'm generally interested in how things are going for them...and if you look a bit tired someone goes 'Oh, were you up with the baby last night?' and you go 'Yes'...So, it's not seeking advice...It's just a very, um, nebulous empathy [laughs] I think

Leroy.

So, for Leroy it was not so much reassurance as shared understanding.

Jack anticipated that his closest male friend would provide both practical and emotional support. His friend already had two children and they were 'very close':

He would have no problems giving me advice...and he would have no problems if I phoned him up at 3 in the morning...and...I know that, if something went wrong, he'd...be in the car and he'd be driving...I'm lucky that I can surround myself with people like that.

There were gender differences in relationships with friends and peers. What men valued most about time with friends was the opportunity to 'switch off' and they were less likely than new mothers to talk about their babies. In the first interview, Oliver described the importance of his close friends, none of whom had children:

Friends will probably help me change my mind and go out of it a bit. I have quite a lot of friends in [another city]. Er, I've been friends with them for a long time so it will be good to visit them and, yeah, to know what's going on in the world.

The final interview confirmed that Oliver still saw them as important:

I went last week to...see a really good friend because he'd just split up [with his girlfriend]...and needed support...and it was nice to be on [my own] and be away a bit [*laughs*]...especially when you can't sleep at night because William is a bit [unsettled]...So, yeah, the friends did go up a circle [in the diagram]...and the family moved out [*laughs*].

Differences in the way partners interacted with their friends were also discussed by Belinda and Leroy:

Leroy: When you do this [research interview] you have an opportunity to reflect on things which you don't do with other people because it's so *dull* [*Belinda laughs*]. It's social *suicide*.

Belinda: But it's not if you're a mum because this is what I do every day [*laughs*].

Leroy: Christ...although I did, I sat here with [friend], the other day...did, you know, the male version of it.

Friends and peers provided a great deal of support, although in gender differentiated ways, but there were also negative aspects to these relationships, particularly for mothers. In the examples below both fathers are less upset and see things more positively. Sophie was disappointed that a close friend was at her house with her own children when she returned home from the hospital with the baby. The friend's children were loud and it was not a relaxing environment:

I think I would never, ever, *ever* now go and see someone on their first day home with their first baby because you need to just be with you partner and chilled out and it put so much pressure on me and I was quite surprised that, having three kids *herself* [*pause*], she didn't think 'This might be a bit much'.

Tyler pointed out that their friend had just wanted to 'be here to support you and give you advice'.

Some mothers felt their friends were not always honest about the difficulties they themselves had experienced with parenthood. They sensed a competitive element and felt judged. This does not respect the equality on which friendships are based (Allan 2005). Some aspects of this have been discussed in the previous chapter. Belinda described how she had to work hard to defend her choices, for example going away for a weekend when she was almost full-term. She also talked of an especially difficult

experience on a holiday with friends when their daughter was one:

Belinda: Lottie's sleeping was awful...so we were really under the spotlight, I felt, and the last night I got really upset 'cause...I felt everyone laid into me massively including [X] [who also has a child]...and Lottie was noticeably worse than [their baby]...They just all turned on me on the last night, [pause] in my eyes, although talking it through afterwards, they probably didn't mean to.

Leroy: They were trying to help.

Belinda: Yeah, they were trying to help...Most of them don't have kids so...I got really upset...and I got really upset with X because I just thought 'You've got children, you know you can't make judgments on people's kids'. But they were just saying it purely because they felt that they saw us at the end of our tether.

Leroy: And...in reality they were saying exactly what your mother said in December.

Belinda: Out of situation I can see that it was a reasonable thing for them to say but in the situation I was tired and stressed.

Layla described a friend's interference reflecting, in the final interview, on being approached by a friend in a toddler group while breastfeeding her son and being 'told how to do it'. She explained:

I just took it because everything was new...Looking back on it, I feel very angry...What I needed was to be encouraged...and told 'You're doing just fine'...It was so intrusive.

While unsolicited advice was a problem, new parents actively sought advice and support from friends and peers turning, above all, to the NCT.

The NCT and Peer Support

As seen in previous chapters, NCT classes provided valuable information but participants also found the social aspect equally important, if not more so. The interactive nature of the classes, including role play, helped to foster these relationships. For Jack and Jill, classes provided 'a ready-made social life' and they listed the benefits:

Jill: Because we haven't got family locally, we wanted to build up a network of people that we had around us that was supportive to us as well as to them.

Jack: However...alone the couple...with the baby feels, there's always somebody at the end of the phone that can talk to you or can calm Jill down in the middle of the day if I'm at work and can't be at the end of the phone or if we're both having trouble, or I can speak to one of the other new dads

and, and just say 'Well how did *you* deal with that? 'Cause I'm really struggling'.

Leroy explained that he had expected the classes to be like 'group therapy' which he had not welcomed but he was relieved to discover that the 'collective experience' was a positive one. Above all, what participants valued was learning with others and sharing their fears and excitement with those 'together in the same boat', as Sophie put it. Dylan too explained:

I don't know [the NCT class members] so well, I've only gotten to know them in the last few months but I suspect we'll be meeting up with them and there'll be a good source of support and I've found that already in the groups we've had just sort of the bonding that goes on...nice to know that you're in the same boat.

For women, NCT peers usually became friends, with friendships often lasting over the first year. New mothers met regularly (typically each week) during their maternity leave and those that returned to work full-time described really missing 'the girls'. Even for those who only returned part-time, meeting up became more logistically complicated. There was also regular communication by e-mail to stay in touch and share tips. Some mothers cited the NCT as their most important source of advice and support throughout the year. 'Mother friends' (Vincent et al. 2008) directly share experience. Sophie explained:

The girls from the NHS postnatal I get on really, really well with but I probably wouldn't be friends with them if it wasn't for the baby whereas the NCT lot, we would all be mates anyway. We just all get on really, really well...It got really, really hard...and then it hits you like 'This is my life. Forever' [*laughs*]...So, from six weeks...until...five months [when it got easier], they were my little therapy. I would see them *all*, like I said, the two different groups, once a week...I don't know how people can get through it without having that group of people. I think it's weird, 'cause you remember when we did those [concentric circle diagrams]? And I remember putting in there that I will probably have friends with children in the inner one and then other friends will be in the outer and that *couldn't* be more true because it's the people who are going through it with you...It gives you that reassurance.

When I asked her if she was anxious about her return to work, Sophie replied, 'We'll text and we'll be on Facebook so we will keep in touch...But that's one of the things I will miss is my little therapy sessions'. For Viv, an NCT postnatal group provided

additional support:

We were all completely sleep deprived and on our knees when we first met, everyone was just completely open and honest, there was a couple of people crying in the first session...so, we're a lot closer.

However, despite shared learning and a sense of togetherness, there was, for some women, a competitive element in these friendships too. As discussed in Chapter Seven, Belinda felt judged by those who adopted different approaches to routine and feeding and Viv had been anxious to raise the subject of controlled crying for fear of being criticised.

First-time fathers especially value the social contact and friendship offered by NCT classes (Shirani et al. 2009). But most men, despite being pleased to meet other expectant fathers, did not form lasting social relationships with NCT peers. They felt their limited paternity leave hampered such connections since they lacked the time that their partners had during the week. Fathers did meet up, and two actively organised events, but, as with friendships outside of the NCT, their conversations were focussed on shared experiences other than fatherhood:

Elodie: The dads are meeting up, aren't you? Next Saturday.

Oliver: Yeah, maybe.

Elodie: They'll go for a beer and talk about pushchairs [*laughs*]. We were discussing the other day what are you going to talk about? Are you going to moan about your wives? 'She made me do this today'. Or are you going to go on about how good your pushchairs are?

Oliver: We'll probably talk about football. [*They both laugh*]. I'm not sure we'll talk about babies too much.

Shared understandings underpin close friendship (Jamieson 1998) with women valuing shared experience of mothering. Such experience includes the difficulties of negotiating maternal and individual identities. But these gender differences in social relationships may be reinforced by the difficulties fathers face in participating in social networks that are centred on the needs of children and childcare. There are constraints of time for those employed full-time, but Doucet (2000 and 2006) has also observed that peer networks in early childhood are dominated by mothers so men feel marginalised, excluded outsiders. The NCT is perhaps unique in involving fathers as equals. In the case of family networks, however, gender difference was much less evident.

Family

Many participants saw the birth of their baby as signalling the start of their own family (Wetherell 1995). As Elodie put it, 'We're a family now'. But, just as important, they viewed themselves as embedded in a wider pre-existing family. Making new connections – and reinforcing those already there – was the most significant way in which family support was experienced. A new addition to the extended family generally strengthened its bonds, enlivening generational ties (Charles et al. 2008, Thomson et al. 2011), but the complexities of these relationships are explored below.

Siblings

Almost all participants had siblings who were at a similar stage in the life cycle so there was additionally peer support arising from the shared experience. Layla felt 'lucky' to be so close to both their siblings and siblings-in-law and, particularly in the first few weeks of motherhood, her sister was her 'first port of call'. Dylan also described strong relationships:

I consider my brothers and sisters-in-law to be really good friends of mine as well and they've recently had children and they're just really enthusiastic about us having children and sort of we talk a lot about it...I would definitely consider them to be, um, really, really close and a good source of support in, I mean, I suppose a different way from our parents.

Couples were also excited about creating a next generation of cousins. But extended family relationships could be strengthened in other directions too. Where siblings were, as Elodie put it, 'still leading the party life', becoming aunts and uncles established new connections and some siblings became 'broody'.

However, views about parenting were not always shared. Some participants were clear that they did not want to follow their siblings' examples. Others felt criticised:

Jill: We were [all] talking about when we were gonna meet up again...and [Jack's older sister] said 'Oh, there'll be a couple of christenings, won't there?'...And I turned round and said 'Well,...we're not planning on having one'...and she was really quite surprised.

Jack: Taken aback.

Jill: Taken aback but made a comment...so, I said to Jack afterwards, it ended up being me who was...saying it all and I was thinking, you know, 'back up here please [*laughs*], you know, this is your sister not mine'...To be honest with you, it hadn't even occurred to me that it would be something that could upset someone because I made the assumption in my

mind that people would respect the decisions that we make about our child...whereas quite often people have opinions [*laughs*].

Unsolicited advice or pressures to parent in particular ways is not easier to deal with when offered by siblings than unrelated peers. But establishing new extended family connections is a key element in developing parental identities and in enjoyment of parenting. This is especially the case with intergenerational relationships.

Intergenerational Identity Work

Issues of biographical and, for women, bodily inheritance have occasionally been touched on in previous chapters. I return to these now in terms of their implications for emotional and practical support, as well as intergenerational tensions, experienced in new parents' relationship with their own parents as well as with in-laws. Relations with female kin are especially strong, as others have found (Bailey 1999, Park and Roberts 2002, Miller 2005, Hollway et al. 2008, Thomson et al. 2011). For Viv the significance of these connections (and in her case their absence) was especially poignant since her mother had died shortly before she became pregnant:

I think what's really hard is you don't realise what your own mum did for you until you've had your own baby and you think 'Oh my God, the sacrifices that, [*pause*] and how much you love the baby. Oh my God, that's how my mum felt about me' [*pause*] and that makes me very sad

Viv.

Her loss was the more difficult since her experience was unique among those she knew personally. But she found support via the internet from a group of women in similar circumstances.

Men as fathers have a much less shadowy presence in the study here than in Thomson et al.'s research. They see men as merely 'two-dimensional figures in the wider family landscape' (2011: 120), but their interviews were mostly with women and their own mothers. My interviews with couples may have encouraged a focus on wider family connections, as did Premberg et al.'s (2008) with fathers. I begin with three cases which are indicative of general themes subsequently explored more broadly.

The first of these is Elodie and Oliver. The shared embodied understandings between women and their own mothers, to which I have referred in previous chapters, often

provided a very powerful form of support. Elodie predicted, in the first interview:

If...we're getting ratty with each other and things, you know,...I'd probably talk to my mum about that and she'll be able to tell me about 'Oh, it was the same for me'.

And when later talking about her mother's role as a birth partner, she said:

It was nice for me because when I was on the edge of the birth pool Oliver could hold my hands while my mum rubbed my back and Oliver could give me sympathy while my mum could say 'Come on girl, get on with it' [*laughs*]...So, I think we'd expected to want to have some time on our own but, in fact, with my mum being there it didn't mean it wasn't still an intimate thing for both of us it just meant it was a *nice family thing* as well. [my emphasis]

However, Oliver too welcomed the support of Elodie's mother during labour, saying 'It was good that [she]...was also there and we could help each other'. He even positioned Elodie's parents closer to his own in his concentric diagram at the end of the year. Oliver's own mother came to stay soon after the birth but interaction was not always easy:

Elodie: It was lovely that she visited but...you know, we struggled a bit and my [foreign language] isn't that good...and when you're tired you have difficulty communicating. It was just, sort of, having someone there all the time...but she was a brilliant help at the same time so you don't really want to say it was difficult.

Oliver: She was cooking as well.

Elodie: Yeah, it was great that she was here but equally just having someone else there you just couldn't, I suppose...you couldn't behave badly, you couldn't say 'You know, I'm tired, *you* have the baby, *I'm* off to bed' [*laughs*].

Issues raised here – Oliver's shifting family connections, the reasons (his father's lack of engagement as grandparent) and tensions with parents and/or in-laws are ones shared across the sample in different ways as I will show.

The second case is Jack and Jill. Looking forward to fatherhood, Jack described his relationship with his father saying 'he's kind of who I've moulded myself on' and, when asked about the kind of parent he hoped to be, he continued:

The first instinct would be to look at the parents you have and actually it's something that I put into my...groom's speech at our wedding is the fact that if we can be even a fraction as happy as our parents, we've done alright...I see myself as very much 50/50 with my mum and my dad...so I'd like to think that I can bring all of that from my parents...to give to my son or daughter.

Yet both partners viewed their own parents and in-laws as 'equal'. When probed, Jack agreed he was more likely to turn to his own parents first but added:

I suppose if I was struggling with something being a father, I'd go to my dad and I'd ask advice. If it was...an emotional subject then I'd probably talk to my mum about it. Um, but if either of them weren't available and I needed an immediate response, I'd have no trouble picking the phone up to Jill's parents. Um, and I feel quite lucky that I've got that relationship with them...and I think Jill feels the same way with my parents.

Jill explained that their parents also got on so well with each other that the mothers had phone conversations independently. This sense of extended family was important when Jill returned home from hospital after the birth. As Jack described:

I think it just gave a nice warm atmosphere for Jill to come home to...Instantly you're walking into a very homely environment with two people that raised you and two people that raised the person that you love so you *know* it's gonna be a good environment...So, that was a really nice evening with everyone around.

But Jill worried that she was 'too close' to her mother and tensions did arise around parenting advice:

Jack: The way we're gonna raise Timothy is *completely* different to the way she would have raised you and your two sisters.

Jill: Well, it would be different in certain aspects and very the same in others I think because we've obviously got the values from our parents...but it's more about the environment we're in now...I know mum was quite upset to hear that I had to go back to work full-time...'cause my mum was a full-time mum, you see...So, from that point of view I think she was quite upset for me that I couldn't be there and do that.

Nevertheless, the couple discussed in the final interview how the relationship had evolved:

Jill: She's been very supportive when I've been at home [on maternity leave].

Jack: Personally I'd actually think you're probably a little bit closer...than you were before Timothy turned up.

Jill: Possibly. I don't know. I'm not sure. You're probably better able to observe that [*laughs*].

Jack: I don't know whether it's the fact that your mum's seen you develop a different part of your...character...because you've had to be responsible for, for Timothy...as opposed to just looking after you and me.

Jill: Yeah, I suppose so, I mean, the fact is that she's seen that he's come out alright and therefore we must be doing the right thing and therefore

she's probably less concerned about it but I think...because we don't see mum and dad very often, although we see them more regularly than we ever have done, I think, you know, there's not so much friction as there could be if we lived much more local. 'Cause I know my sister she obviously sees them more regularly...and there's always something, as a lot of my friends have said, you have a generation of difference.

This question of intergenerational difference in relation to parenting advice was not unusual, reflecting biographical difference and questions of control (Allan 2005, Brannen and Nilsen 2006, Thomson et al. 2011). Nor was it unusual that both sets of parents were seen as equal. In-laws were often afforded the same position as an individual's family of origin in their concentric circle diagrams.

In the third case, Tyler and Sophie, Tyler anticipated that his mother-in-law would interfere since she and Sophie were so close. What is more, she only lived 'down the road' so he predicted 'she could be round here every day'. This close relationship was evident in the second interview:

We rang my mum...I couldn't remember saying this but apparently I said...'You've got a granddaughter, it's amazing'...and Mum said 'How heavy is she?' and I said 'Oh, they haven't done that yet' and I said 'Well, I've gotta go now 'cause I've got to deliver the placenta' and Mum said 'I can't believe you're ringing me and you're still in labour!'

Sophie subsequently worried that, whenever Tyler telephoned home from work, her mother happened to be there since they spent a good deal of time together during her maternity leave. The grandmother also began to look after Bobbi once a week but Tyler reported there had, in fact, never been any instances of interference and they both welcomed her support. Grandparents played an important role in child care for some other couples too but for all participants there were important intergenerational (re)connections or, for one or two, disconnections.

The accounts in these cases express questions of biographical and cultural inheritance (Hollway et al. 2008, Thomson et al. 2011, and also Brannen and Nilsen 2006). But issues of family identification, interference, practical help and (dis)connections are often interwoven in the experiences of the couples in this study. While these are especially strong for mothers, they are also very important for new fathers, evident in the examples above and some of those that follow.

Intergenerational Difference

It was different views on parenting, and unsolicited advice, that caused anxieties about 'interference'. This was experienced particularly in relationships between women. Layla, for example, anticipated possible tensions with her mother-in-law before the birth:

It's funny how sometimes the daughter-in-law ends up being someone who's very, [pause] deals with things in a very different way to the mother, um, so I'm a bit nervous about anything sort of flaring up [pause] because actually, um, I really appreciate Dylan's mum and she's so helpful and Dylan's dad, as well. But I must admit...if they got on the wrong side of me, if I was very, very tired and didn't want to [pause] have any interference then I, um, you know, even on little things in the past, it's really upset me.

Dylan was more optimistic since they were all aware this could be an issue, adding 'they're finding their own boundaries and role as grandparents'. Later interviews confirmed that Dylan's mother had voiced criticisms but also that this was deflected:

Dylan: There are some things she's mentioned to me, 'Oh, you shouldn't be doing that' like when we were leaving him on the floor...in the lounge quite early on...and she would say 'Oh, you shouldn't do that, no, you know, make sure you tell Layla not to do that'.

...

Layla: Was she concerned that it wasn't very clean?

Dylan: No...I don't know...I can't really remember what it was now but she was just concerned.

NW: And how did that make you feel when she said, you know, 'You shouldn't be doing that. You must tell Layla this'?

Dylan: Well...I think it's fine...If they were getting really upset about it...but them just...expressing concerns well, you know, that's what parents do.

...

Layla: Yeah. I still do that. In fact he was lying on the rug on the floor just now [laughs].

Dylan: No, no, I think it's fine now I just think at the time when he was very small...So, I mean, I don't mind them saying that...and they have been reasonably good, you know,...'Is it ok for us to come round?' and...when they come round they're usually on very good behaviour.

[Layla laughs].

Tension was also reduced since the mother-in-law herself explained that her views might not be relevant since they were 'outdated'. As Layla continued:

Dylan's mum would tend to say 'Well, you know, you do things different now' and Dylan's mum's actually been, um, in some ways quite careful not to tread on our toes...And my mum said 'Well, that's what we were told when we were bringing up our children but, of course, you're told different things now' and it's interesting how things like cot death and encouraging breastfeeding and things that are actually very, very current issues...weren't particular issues when we were being brought up.

Advice was seen as less relevant even when two participants' mothers had specialist experience, gained from working as a health visitor and nursery nurse.

The strategies used for dealing with unwelcome advice are also clear from another couple's discussion:

Jill: [My mother-in-law] is a bit more of a dominant character than my mum and although we get on really well...she sometimes has a way of saying things that comes across as 'This is what you should be doing' kind of thing, doesn't she?

Jack: Yeah.

NW: And how do you manage that?

Jill: Um, how *do* I manage that? [*laughs*]. I'm just trying to think how I do it now...Well, I don't turn round and tell her to [*whispers*] piss off [*laughs*] or anything like that, you know, I'm not like that but, er, I don't always agree with it. But sometimes I'll let, let it go.

Jack: I think it depends on what it is and the circumstances you find yourself in. If it's something that you feel very strongly about...you kind of turn into 'Work Jill' [*they both laugh*]. Like 'Right, I'm gonna have a business meeting, this is my idea and if you don't like it I'm gonna persuade you that it *is* the right idea and *I* see that change in you but...if it's something that's a bit kind of superficial and you're not really bothered about it, I think, looking at it from the outside, you just let the comment wash over you.

Jill: Yeah.

Jack: And then we'll talk about it later.

Jill: Yeah, that's it.

Mothers-in-law often approached their daughters-in-law with advice, rather than their sons because, as several new mothers explained, they were 'the primary carer'. However, a difference of views about parenting was also the major reason for Jill's concerns about her close relationship with her *own* mother. As the quotations cited earlier indicate, for Jill, biographical difference heightened the intergenerational difference. In the case of Belinda and her mother, their intense relationship added

another layer to these issues, a strong example of the identification and disidentification common to mothers in research by Thomson et al. (2011) and Hollway et al. (2008). Anticipating trouble before the birth, she described how they were both feeling:

We're very close [*pause*] but we argue a *lot*...She's said she'll come and stay if we want [*pause*] but that fills both her and me with *dread* but also I know that I will need it and she knows that I will so, yeah...me and mum are both scared of how it's gonna be [*laughs*].

Her mother's advice during pregnancy had also sometimes been unhelpful. Belinda told of a time she had felt she had to work hard to justify wanting to go away for a weekend just before her due date:

'Mum really pissed me off...I went mental at her...That is such a *negative* thing to say. So undermining...So, I explained to her the fact that we were going [*laughs*] and then she was like 'Ok, ok'.

Belinda subsequently reported that they 'still fought' but that 'it's weird 'cause I look forward to seeing her as I know how happy seeing Lottie makes them and I *really* try not to argue with her'.

Grandparents and Intergenerational Connections

It was the relationship between grandparents and grandchildren which provided a new positive context for receiving advice although this was not always easy. When Belinda and Leroy moved back to their home town (though for reasons of work not for family connections), Belinda's parents became very involved, regularly babysat and her mother's advice was no longer experienced as unwanted. It was her parents' relationship with their grandchild which strengthened her own relationship with her mother. However, Leroy found the intense relationship his daughter had with her 'doting' grandfather at times overwhelming:

Belinda: [Lottie] absolutely loves my parents. Oh my God, dad is like a God to her. When he's in the room she panics if she's not being held by him [*laughs*]. When he's in the room, she won't even look at me. She won't even look at anyone else. I don't mind at all.

Leroy: / mind.

Belinda: She has to be held by dad. He loves it but he's like 'It's a little bit oppressive' [*laughs*].

Leroy: It *is* weird.

Belinda: She loves mum but if dad's there

Leroy: It is weird. He's very attentive but, I mean, you know...It's just odd
[pause] I think.

Belinda: She's obsessed.

The importance of grandparents, their role in new parents' new wider family identities – along with difficulties when such relationships did not emerge or with the intensity of those that developed – is illustrated by the experience of three other couples. While these confirm the importance of grandparent care of children (Gray 2005, Charles et al. 2008), they also reveal a wider significance for intergenerational relationships in the formation of parental identities.

The first of these three couples is Oliver and Elodie. Expectations of grandparents were high for Oliver whose baby was also the first grandchild and he described his family as 'close'. However, anticipated involvement did not materialise and, at the third interview, Oliver shared his disappointment:

Oliver: I was getting tired of each time...[saying] 'When are you coming? William wants to see you' and they went 'Yeah, maybe'...But William is growing so much that I want them to, I thought they would come here every month so [laughs]...[I]t was a bit hard...[and] I was a bit pissed off [laughs]...So, I've already booked them for William's birthday.

Elodie: Yeah, they've been told [laughs].

Oliver recognised that there were some practical obstacles to their visiting more often but, at the end of the year, remained 'disappointed' that his parents had not made 'more of an effort'. When completing a final concentric circle diagram, he stated 'I downgraded my family'.

Disappointment is not surprising given the value placed by fathers on the way that first-time parenthood enhances ties with their own family of origin and on the joy that their babies can bring to grandparents (Premberg et al. 2008), but Oliver's sadness was also palpable. It was partially redeemed through making stronger connections with his in-laws, as it was for Bob.

Viv and Bob are the second case, but this also illustrates grandparents' contribution to child care as well as further elements at work in the case of interference.

In contrast to Jack, discussed earlier, Bob did not want to repeat his own childhood with his baby instead connecting with that of his partner Viv as one on which to model his experience as a new father:

Viv: I had a very happy childhood and family myself and we had lots of fun, lots of laughs. We're very close as a family and we're just very open with each other and very, um, and I'd love for [the baby]...yeah, for us to just have good fun'.

...

Bob: [My family] was quite different to Viv's and I definitely want more of that with [our family].

Bob's family of origin was fractured and geographically dispersed so he looked to his in-laws and his partner's biography. Viv's father was a very involved grandfather and cared for Amber once a week. Bob discussed, in subsequent interviews, how he had grown much closer to his father-in-law. They both described how her father now had 'more respect', for example listening to Bob's request that he smoke outside. Their relationship was further strengthened by Bob's (like Oliver's) disappointment in his own father. He described his father's lack of interest in the baby despite attempts to engage him, reporting in the second interview, when Amber was eight weeks old, that 'he didn't even send a card [*laughs*]'. Twelve months later, however, the situation had improved. Bob's father had invited himself to stay due to difficulties in his job and he needed support. They welcomed his arrival as a chance to repair the situation and both agreed how 'lovely...[it is to see Amber and him] play together'. They also welcomed the practical support since he took on responsibility for taking the baby to the childminder's and would babysit. However, Viv found some aspects of her relationship with her own father difficult, welcoming his practical and personal support but disagreeing about how to look after her daughter. His weekly care for Amber developed partly as a response to his wife's death and helped him, as well as Viv, to cope. But they held divergent views on nutrition and sleep. Viv was concerned that he 'spoils Amber', giving her sweets and letting her stay up late. He largely ignored her pleas to change his approach but also felt that his role (he was in sole charge) gave him 'the right' to care for his granddaughter as he wished.

Joy and tensions arising from a very close role in the care of grandchildren were also a feature in the third and final case. Rosie and Zane, like Belinda and Leroy, spoke of strong intergenerational bonds being at times overwhelming since their baby was a first grandchild and the grandparents' expectations were high. Both sets of parents were seen as a first port of call for advice and, because of geographical distance, regular

'updates' – and advice – were given over the phone. There were also regular visits and Zane found that relationships had improved since the arrival of the baby:

It's a funny thing. I like seeing family but, after a while, you sort of run out of things to do and you sort of think "I wanna go out and do something else now"...but, with Heath, I think both Rosie and I have found that...having more pairs of hands and people...to engage with Heath was, I just saw them in a different light actually...and the same with Rosie's parents, as well, actually having them around has been really, really good.

When Heath was a year old and Rosie had to return to work full-time (since part-time was not an option in her role), Rosie's parents looked after Heath two days a week, with the rest nursery. Since they lived so far away, they spent Sunday to Tuesday evening at Rosie and Zane's house. In the third interview, before the move had taken place, the couple spoke of their anxiety that space might be an issue. But Rosie's biggest concern was that her son would be a constant topic of conversation since he had such a doting grandmother. She explained how there would need to be 'ground rules'. In the fourth interview, six months later, everything was going very well, with the grandparents as part-time carers a success. Rosie and Zane could spend some evening time alone as a couple now that babysitters were available and Rosie's parents were hugely enjoying the opportunity to bond with their grandson. But the new arrangement was not without tensions. Rosie described how her mother was able to get Heath to sleep in a certain way and thought 'Oh, why can't I do that?' She had also been able to spot an ear infection before anyone else, which made Rosie feel a little guilty that she had not identified this herself. But there were benefits too, since advice about health problems was welcome and Rosie explained how they called her 'Grandma Direct'. As a result of the very positive overall experience, Zane's in-laws moved into his concentric circle by the final interview while his own parents moved out.

The data above show how 'caring for children and older people are different aspects of the same relationships and cement the kin network' (Charles et al. 2008: 147). More generally, relationships with kin (and shifting connections with parents and in-laws) are vital components of new parents' family identity. At the same time, boundaries are negotiated to demarcate the couple as a distinct family unit. This boundary work (Jamieson 2005) is delicate partly because generational connections (especially between grandparents and children) are so central to family identity and highly valued.

Conclusion

Friends, and especially extended family, play a key part in the formation of new parents' identities, and this underpins the development of parental self-confidence discussed in the previous chapter. Friends help partners sustain an individual or couple identity independent of parenting as well as an identity as new parents sharing interests with peers. Relationships with kin, and in particular intergenerational relationships, embed new parents in wider family identifications.

Partners depended on friends to help maintain a social life, a sense of themselves as a couple, but there were gender differences. Mothers valued shared experiences with friends who also had children, often intense while they were on maternity leave, and many cited the friends they made through the NCT as the main source of advice throughout the year. But unsolicited advice from friends, even close friends, was unwelcome. Fathers too valued the advice and support of friends and colleagues, although NCT connections were harder to sustain after paternity leave and fathers more often shared experiences other than fatherhood.

Gender differences were not, however, evident in wider family relationships. Fathers valued these as much as mothers, and in much the same way, including the importance attached by all participants to relationships with in-laws as well as their own parents and siblings. Fathers' disappointment when stronger connections with their own fathers or parents did not materialise also led to closer relations with in-laws. The significance new fathers attached to kin, and the significant role played by older men in supporting the younger generation of new parents, is much less often recognised in research than ties between women. My interviews with fathers as well as mothers and the longitudinal approach are likely to have facilitated talk about such relationships, encouraging reflection between partners on their respective families and reflections on changes over time.

This research strategy has also thrown light on the management of intergenerational tensions. Different views on parenting and unsolicited advice led to anxieties about interference. They were experienced particularly in relationships between women (and were exacerbated where relationships were already intense) but both partners talked about ways of dealing with these and changes over time. Advice was often easier to take in the context of a growing relationship between grandparents and their grandchild. Accounts of these were especially positive, even in cases where difficulties

were also experienced such as when grandparents were thought to be over-involved. Interviews over the course of the year revealed not only the importance of reciprocity but the ways in which it developed. While new parents received emotional and practical support, especially child care (sometimes extensive), grandparents experienced great pleasure in their role and in some cases benefited themselves from emotional or practical support at a critical time. Though not without difficulties, intergenerational connections contributed powerfully to couples' identity as a family unit and their enjoyment of first-time parenthood. These identifications, along with boundary work, simultaneously locate new parents within wider kin relationships and distinguish them as a family unit of their own.

9 CONCLUSION

This final chapter begins by summarising my principal research findings, identifying similarities and differences with other recent studies. I then discuss the key findings more broadly, highlighting the empirical and conceptual contribution the thesis makes to our knowledge on intimacy, on parental identities and on professional advice and everyday parenting. In reflecting on the methodology, I reassess the use of couple interviews and their relation to issues of connectedness and to questions of disclosure. I also consider strategies for dissemination and ideas for extending the research. The chapter concludes by discussing the policy implications of the study.

Research Findings

Chapters Five and Six explored the gendered experience of first-time parenthood, the first with a focus on embodiment, the second on shared parenting and the division of labour.

As others have found, what was crucial to a positive experience of childbirth was control or a sense of control. But my research shows that this was not so much about having a birth that went to plan, nor whether it was 'natural' or medically assisted, nor whether support was provided by midwives rather than doctors. I argue, rather, that agency and control – empowerment – depend on recognition and respect for dignity (Sayer 2011). Such recognition was as important for fathers too. By recognition I mean sympathetic support, dialogue and acknowledgement of preferences (even if they cannot be realised). It was recognition that helped mothers deal with overwhelming physical experiences, and it was its absence that underpinned feelings of violation and neglect. Men's disembodied experience and sense of exclusion was exacerbated when they felt ignored by health professionals.

For mothers, recognition was also crucial to a positive experience of feeding. Natural birth was not thought incompatible with medical assistance, in contrast to several studies (for example Miller 2005, Crossley 2007). But breast-feeding difficulties were compounded by beliefs both that it 'should be' instinctive and that it is 'best' for babies. While this confirms other research (Murphy 1999, Lee 2007 and 2008, Fox et al. 2009), my study also highlights the critical role of attention to views, of support for the choices mothers make including formula for those who adopt this.

Fathers' feelings of disconnection from pregnancy and some aspects of birth (Draper 2003, Shirani and Henwood 2010) could be mitigated or 'repaired' when they were able to participate in infant feeding. I argue that this makes a powerful contribution to fathers' involvement because it entails embodied intimacy, moreover embodied intimacy in relation to an essential activity while also giving their partners more space. For mothers, time for themselves becomes increasingly significant with both the physical demands of infant care, especially breastfeeding, and anxieties about losing aspects of their individual identity. Mothers were shocked by the difficulties of post-birth recovery in reclaiming their body. Their accounts confirm the influence of celebratory and unrealistic cultural representations of pregnancy and birth (Nicolson et al. 2010, Thomson et al. 2011), but they also reflect desires to reclaim the non-maternal self.

These issues of individual identity for mothers and of paternal involvement for fathers are taken further in Chapter Six. Here I discussed the ways in which partners shared their parenting, the value they placed on this and yet the difficulties they experienced in doing so. The first of these are the barriers to fathers' involvement, an ideal to which all couples subscribed. These barriers were of two main kinds, obstacles encountered in healthcare settings (which restricted their presence) and the constraints of men's employment. But above all, their involvement was inhibited by very limited paternity leave and by commitments to their provider role, to full-time employment and its very long hours. However, I show that the gendered domestic division of labour also developed as a strategy that partners together devised in order to increase fathers' involvement. This adds a further dimension (arising from interviews with couples) to research (for example by Dermott 2008, Henwood et al. 2011) on the gap between the ideals and practice of involvement. The strategy was associated with distinct tasks for fathers, with 'quality time', but I argue that these tasks significantly entail both emotional and embodied intimacy.

As others have noted (Dienhart 1998, Dermott 2008), it was understood by partners that shared parenting does not mean equal responsibility. But while couples accepted its inevitability given fathers' employment, there were tensions since fathers did not appreciate the realities of day-to-day practical care. The research, however, found that when fathers had sole charge of their baby, this gave them insight into the nature and importance of 'quantity time' with children (Brandth and Kvande 2003, Doucet and Merla 2007). I argue that this not only fosters fathers' involvement through the intimate knowledge they gain of their baby, but also enhances trust and understanding within

the couple's relationship. While men struggled with the difficulties imposed by paid work on their fathering (Henwood and Procter 2003), all women welcomed a return to work, some very much so, and they were able to reclaim an identity separate from motherhood (Nicolson 1998, Bailey 2000). For those with long hours or long journeys to work, juggling the demands of employment and parenting was problematic, as for fathers. My research, like that of Thomson et al. (2011), confirms the salience and persistence of these issues for mothers. The longitudinal approach and interviews with couples were also valuable in showing that while mothers valued time away from everyday childcare, time with their children was vital to fathers' development of their paternal identities.

Chapter Seven examined the implications of parenting practice for identities. The focus was on how mothers and fathers parent (rather than who does so). The concern here is with the messy, tricky business of parenting in terms of what is practically involved in caring for an infant and dealing with ideas about the 'right way' to raise a child, that is the strategies they use to deal with these pressures. The chapter at the same time looked at the impact of day-to-day parenting on the couple's own relationship, another aspect of their parental identities.

The research found that couples were keen to make time for themselves and also to distance their practice from cultural concerns with 'spoiling' or 'overprotecting' children. Hence their preference for establishing early routines of feeding and sleeping. However – and notwithstanding the pleasures a newborn baby brought them – they felt overwhelmed by the volume of (often contradictory) advice, as others have found but also by the practical demands of responding to a baby. Unsolicited advice and the judgements of others, whether health professionals or friends, was unwelcome. Yet they became increasingly confident about 'cherry picking' advice using resources of all kinds as guidelines only and confident too about trusting their own 'instincts' and own experience (Bailey 2000, Thomson et al. 2011) and somewhat earlier than some (Miller 2005) have found. Parents were nevertheless surprised by the anxieties they encountered around weaning and wellbeing, about risks to health and to physical and emotional safety. These surfaced just as mothers were beginning to feel in control, following earlier difficulties with breastfeeding and sleeping, and they testify to the impact of intensive parenting culture (McDermott 2007, Vincent and Ball 2007), notwithstanding their resistance and growing confidence in their own way of parenting.

Parents experienced difficulties in sustaining adult identities when juggling the demands and responsibilities of managing a new born. These included exhaustion, anxieties and resentment of others' judgements. But they worked hard to integrate their parenting with other activities, for themselves as individuals and as a couple, often with friends who were also parents. The longitudinal research revealed the ways in which the couple's relationship became stronger over the course of the first year of parenthood. It shows how space and time, so vital to intimate relationships (Jamieson 1998, Morgan 2011) was squeezed by their very investment in parenting as well as its practical demands, but the partners worked hard on their own relationship, sharing understandings of the emotional turmoil, including conflict, and a sense of their joint project as new parents.

Partners' increased self-confidence in parenting developed through their own experience and through the support they received from friends and family. This is the focus of Chapter Eight. But I have argued that the key ingredients of support have less to do with practical help than with support in the development of new parents' identities. Friends were crucial to this both in helping to sustain individual and couple identities independent of parenting and in providing advice grounded in shared experience. Kin support was most crucial in the ways that it embedded new parents in wider family identifications.

Mothers especially valued the shared experience of parenting that they received from friends who were mothers, including those made through the NCT, on whom some relied most for advice over the whole first year. My research confirms the importance of peer support for new mothers but also shows how fathers too valued relationships with peers, albeit for the most part in terms of shared experiences other than fatherhood. Employment commitments made NCT contacts harder to sustain, yet this had been one forum where their own experiences and anxieties, as well as those of expectant mothers, had been validated. I discuss the policy implications of this below.

My research confirms the importance of grandparents in the care of children (Gray 2005, Charles et al. 2008) and its longitudinal element has shown how this, and the reciprocity to which it relates, develops in the context of particular biographies and circumstances. But I show that this practical help reinforces more fundamental connections, namely the ways in which grandparents' joy in their relationship with grandchildren encourages new parents' enjoyment of their parenting. There are also wider intergenerational connections established through new parenthood (Brannen and

Nilsen 2006, Hollway et al. 2008, Thomson et al. 2011), but both mothers and fathers too value these. My research with couples allowed attention to this and to the ways in which both partners connect (or disconnect) with their own parents and with in-laws. The research suggests that gender differences in family relationships are less evident when both mothers and fathers are interviewed, but above all it highlights the significance of wider family identifications for new parents.

At the same time, the data show that unsolicited advice from friends and family is resented. There is a strong sense of appropriate boundaries (Jamieson 2005) and couples work especially hard to ensure that these are recognised by wider family. The accounts of the couples I interviewed testify to the work of negotiation which they undertook to establish these boundaries without compromising other valued elements of intergenerational relationships. Above all, issues of identification, interference, practical help and (dis)connection are interwoven in the experiences of couples in this study.

Discussion

More generally, the thesis contributes to our knowledge of intimacy, of parental identities and of professional advice and everyday parenting.

Gendered Dimensions of Parent-Child Intimacy and Fathers' Involvement

As Gabb (2008) and Morgan (2011) argue, intimacy within families is one of the key ways in which family practices are distinct. These involve the intermingling of emotional and embodied intimacy and the knowledge to which this gives rise, which is also related to the time invested in relationships. My data underlines the significance of differences in this for women and men on becoming parents.

Mothers' direct experience of embodied intimacy with a baby can be a source of intense pleasure but also pain, both physical and emotional, as they deal, for example, with the demands of breastfeeding, paralleling the overwhelming experiences of childbirth. But fathers' lack of such intense embodied intimacy has implications for their involvement, extending their sense of marginalisation in pregnancy at a critical time. Some research on fathers' involvement has recognised this (Doucet 2006, Shirani and Henwood 2010). But there is rather more emphasis on fathers' continuing commitment

to traditional masculine values (eg. Brannen and Nilsen 2006, Finn and Henwood 2009, Miller 2011), men's choices to engage in emotional rather than practical care (Dermott 2008) and men's distinctive ways of expressing feelings and involvement (Doucet 2006, Gabb 2008). Much of this arguably overlooks the value fathers place on embodied as well as emotional intimacy but my data also show how its absence will make fathers' intimate relationships less dense (Morgan 2011) compared to those of mothers. This is compounded by the obstacles to involvement in practical care from the very outset, given limited paternity leave and long hours in work.

Couple Intimacy and Parental Identities

As I have also emphasised, when fathers do have sole charge for infants this enhances not only their appreciation of quantity time in the care of children (Brandth and Kvande 2003, Doucet and Merla 2007) but also their understandings of what their partners do as well as trust between them. My research confirms that intimacy is not premised on equality (Jamieson 1998, Gabb 2011), indeed that an unequal division of labour more generally develops or is reinforced as a joint strategy to share their parenting. But it shows how the couples' shared project and their own relationship is subject to intense emotional and practical pressures from becoming new parents. Couples' powerful accounts of emotion work testify to the centrality of this to contemporary family practices (Morgan 2011). The research process itself facilitated insights on how couples negotiated both the details of parenting practice and their own relationship, on which I comment further below.

Despite the partners' shared project, there are strong gendered components of parental identity which my research confirms. This is especially evident, as I have noted earlier, in the precariousness of mothers' identity as individuals and of men's identity as involved fathers. My focus on couples throws this difference, and the processes which underpin it, into sharp relief. But the tendency of most research on heterosexual parents to study either mothers or fathers separately, which I noted in the Introduction, arguably contributes to an emphasis on gender difference. This is also a feature of most research on wider family relationships where intergenerational connections are highlighted (Brannen and Nilsen 2006, Hollway et al. 2008, Finn and Henwood 2009, Thomson et al. 2011, Colthard and Henwood 2012). Yet it is here where the significance of family identification is to a large extent shared by mothers and fathers. New parents' identity as a family is developed through intergenerational

connections with wider kin, both their own parents and in-laws, with respect to both issues of inheritance and grandparent relationships, while their identity as a distinct family unit is reinforced by relationships with friends and by the ways in which the couple manage tensions arising from unsolicited advice from friends or family.

Intensive and Everyday Parenting

Social relationships with friends and connections with wider family, despite the tensions that arise, are the key to partners' self confidence as new parents through the contribution they make to their enjoyment of parenting. It is this rather than parenting advice, professional or not, which contributes to new parents' own 'expertise', even among middle class parents who are comfortable with professionals. Support requires recognition and respect for autonomy. Others' judgements disregard choices and are especially problematic when they embody social disapproval.

Research on intensive parenting culture particularly emphasises discourses of proper parenting and the surveillance that parents, especially mothers, are increasingly subject to. Much of it is focused on pregnancy, childbirth and breastfeeding (Miller 2005, Lee 2007 and 2008, Fox et al. 2009, Nicolson et al. 2010). My research, as noted, confirms elements of this, such as the stress induced by powerful moral discourses around breastfeeding. But it additionally highlights a generally neglected aspect of infant care, namely weaning and the impact of wider nutritional concerns (just when mothers are beginning to feel more in control) as well as more general anxieties about safety and wellbeing which are shared by fathers. However, beyond issues of surveillance, there are important questions about everyday parenting that, with some exceptions (eg. Vincent and Ball 2007), are neglected in research on the professionalization of parenthood – such as questions about what is involved practically in implementing advice or trying to do so. My study contributes to an understanding of parenting by attending to accounts of what is entailed in child care, in establishing routines, in managing a sleepless infant or weaning a baby onto solid foods. Its attention to parenting practice, or rather practices, adds therefore a missing dimension to studies of intensive parenting. At the same time my focus on the minutiae and messiness of early parenthood adds a missing dimension to more general studies of family practices and intimacy (Gabb 2008, Morgan 2011).

Methodological Reflections

Overall, the qualitative longitudinal approach, together with mixed methods helped to reveal interconnectedness, multi-layered portraits and multiple accounts and presentations of self (Gabb 2010). It was also ideal for capturing the messiness of everyday life and ordinary parenting, which of course includes inconsistency and complexity (ibid.). Semi-structured interviews at key stages over the first year enabled expectant and new parents to anticipate and reflect on their lived experiences of parenting. The longitudinal element also allowed for strong research relationships to develop, as noted in Chapter Four, and all participants remained involved in the study until the end. Overall, the methods I used to supplement the interviews (concentric circle diagrams, audio and photo diaries, and lego identity work) worked very well and the participants reported finding them enjoyable. They proved useful tools to generate different kinds of data, as already indicated. Lego work helped participants explore the intensity of emotions (positive and negative) regarding the shared stress they experienced and strategies to deal with it. Photo diaries highlighted concerns regarding nutrition, time for selves, and fathers' time with babies, and provided more complex data than interviews alone.

Interviewing participants individually as well as in couples would have provided an extra dimension to the research but, aside from the additional time required (and the additional data to process over the year), there would have been further ethical considerations to bear in mind. These have been discussed in Chapter Four along with methodological questions about the interview as therapeutic encounter and the role of the researcher. Chapter Four also discussed wider issues in the conduct of couple interviews. Here I reassess those aspects of the research process and their relation to research findings on couples.

Interviewing partners together seemed to be very successful and, as I have argued, the main benefit was the opportunities for co-construction of understandings of lived experiences. Participants often remarked how interviews, together with the additional tools I used, enabled them to reflect on issues, from thoughts about how to raise their children to feelings about their new experiences. However, as participants reflected on how their relationship was changing over the year, research interviews also helped them to negotiate their new identities, both as individuals and together within the couple. Partners co-constructed new understandings of their roles, discovering ways in which they often shared ideas and values but also attempting to work through

disagreements and manage tensions. Chapter Four identified different types of what I call 'conversational episode' which illustrate this.

The level of consensus between the partners in my study was striking, and while their experiences as new parents did differ, as shown in my analysis, their agreement when answering my questions was often more pronounced. Such consensus is partly due to the type of couples who signed up for the study, as noted, and it was recognised that a couple might present themselves in interviews as a 'unit' with entirely shared ideas. However, each and every person acknowledged, from early on in the study, that there had been arguments since the arrival of the baby so there was no attempt to present an idyllic situation. Indeed, as Chapters Six and Seven have shown, tensions, if not conflict, were frequently articulated.

Nevertheless, many participants expressed how it was 'good to see we're on the same page' in response to questions about things they might not have considered or explicitly discussed before. In some cases, it appeared that couples were completely 'in sync', as if telling a well-rehearsed story. This was particularly apparent in accounts of preparations for parenthood. One couple illustrated especially strong connectedness, completing each other's sentences as shown in Chapter Four. But their synchronicity extended to their concentric circle diagrams where they discovered that they had filled them out in very similar ways. Yet in this respect they were far from unusual. Other participants also had very similar concentric circle diagrams in terms of where they had placed each other, their parents, in-laws and close (shared) friends, as noted in Chapter Eight, and they too were relieved and pleased to see common ground.

Connectedness and a shared outlook helped couples to manage the practical and emotional difficulties of becoming parents but reduced tension was atypical, as discussed in Chapters Six and Seven. I explored there the strategies couples used to deal with new pressures and their accounts of how they worked to negotiate differences and manage stress and conflict. The case of one particular couple, Belinda and Leroy, highlighted the use of the interview itself to negotiate conflict within their shared project of parenthood. The couple's differences of view about *how* to parent and the effects of these on their parenting practice were analysed in Chapter Seven but Chapter Four showed how they tried to work out tensions during the interviews, not only reporting conflict but attempting to understand each other's viewpoint in a new light in response to my questioning. 'Reaching a disagreement', as one of them put it, was played out during their conversation in an interview. But, as Chapter Seven

emphasised, all couples worked hard on their relationship and couple interviews provided important insights into their negotiation of their shared parenting project.

The longitudinal element of the research and the rapport I successfully established with participants led to a great deal of both positive and negative emotional disclosure (Gabb 2010). This raises ethical and other issues additional to those previously discussed. Firstly, the commitment to confidentiality can make the use of case studies very tricky (ibid.). I have linked data to specific couple cases throughout, but, as already noted, anonymity is protected and the names used here are those chosen by the partners themselves. This will make it certain that couples will recognise themselves in the analysis but wider anonymity is preserved since I give no details about partners' ages, occupations or their residential location.

Secondly, the extent of emotional disclosure about stress and conflict does not mean that couples told me everything. Openness was very considerable, but when discussing difficulties and, in particular, when reflecting on their relationship over the year, they referred, as one participant put it (see Chapter Seven), to 'side effects' of having a baby, perhaps alluding to sex. Such especially intimate aspects of a relationship were unlikely to be directly referred to in any interview with both partners. Similar issues arise with respect to postnatal depression about which there is both anxiety and stigma (Nicolson 1998, Miller 2005). In addition, interviewing couples together could have made disclosure of loss and distress more difficult. I therefore sent e-mails to participants individually following the end of fieldwork. Most mothers and fathers confirmed that they had not suffered from 'baby blues' though one did so but on ethical grounds I decided it was inappropriate to pursue this further given the commitment to couple interviews. Nevertheless, couples did acknowledge unhappiness, as indicated in Chapter Seven, assisted by the use of lego work to reflect on their experiences over the year.

Dissemination

Participants received copies of audio diary recordings and interviews, which they had excitedly anticipated. But given my focus on everyday parenting and interest in communicating the research to parents, there would be great value in producing accounts which are more accessible than conventional academic ones. One approach would be a poetic account of the data (Kendall and Murray 2005). Had I had more time,

I would have drawn on this in my data analysis since poetic accounts can enhance understanding. I used this very successfully in an MSc assignment on postnatal depression. But such accounts also facilitate dissemination since they encourage listeners or readers to engage with accounts. Poems would have been an ideal 'thank you' to participants during the writing of my thesis but could be considered now both for this reason and to reach a wider audience.

I also plan to identify relevant audiences to see if findings may be of interest. I have already been in touch with the NCT who are enthusiastic about my contacting them once the thesis has been completed. Contact with other practitioners and networks will be a further consideration in the light of policy implications identified below.

Ideas for Extending this Research

It would be useful to conduct similar research - that is with the same research questions and same methods - within other demographics. Working class couples would be an interesting comparison or teenage parents, especially since they are targets of parenting advice and it would be valuable to appreciate their understandings of this and of everyday parenting. Another option could be to conduct this same study in a different country with the context of a different family culture and different policies on parenting and work-life balance. Given the pace of current changes in the shape of the family, conducting this same research with a similar sample but in ten or twenty years time would certainly be interesting. Another option, one which I would personally find very enjoyable, would be to follow the same families at a later stage. Since research relationships remain good and we are still in contact, this may well be something the families themselves would like to see happen. It could be carried out in a few years' time to see how life for them as a unit has changed or it might have a particular focus, for example the impact of a second child since many of the couples have already gone on to have another.

Policy Implications

The study was not designed to address policy issues, although these broadly framed the research as explained in the Introduction. Indeed, as also explained there, one of the reasons the research was undertaken was to study issues neglected by concern

with the politics of parenting. But in attending to questions of support and advice for new parents, the research findings do have policy relevance. I conclude this final chapter by briefly indicating this. I begin with ways of promoting fathers' involvement.

Antenatal Classes

The NCT played a crucial role in helping both parents feel prepared, resulting in less shock than reported in other studies. Since its classes are aimed at couples, partners can prepare together and the NCT places value on the under-recognised importance for fathers, helping them to be more involved, for example through role play and opportunities to share experiences. Men want more involvement in pregnancy and the NCT is a good model of this. Expectant fathers felt marginalised by the scheduling of NHS antenatal classes during working hours. Given the importance of peer relationships to new mothers, and fathers too, making antenatal classes for both expectant parents publically available is also important given the cost of NCT membership.

Birth

Recognition, or the lack of it, was a particular problem for some of the mothers in this study. Ensuring that health professionals fully acknowledge birth preferences and plans is important, as some acknowledge (Anderson 2000). So too is better communication with fathers in the birthing room and their recognition. New fathers also felt restricted regarding hospital visits, especially when their babies were born during the night. The option of an overnight stay in the hospital after the birth, as is practice in one health authority (Fatherhood Institute 2010), would be a positive development.

Feeding

One way of promoting fathers' involvement would be to promote bottle feeding. I am not suggesting opposition to World Health Organization advice (WHO 2012) but more support could be offered to women to express breast milk or to those who cannot breastfeed for whatever reason.

Work/Life Balance

More flexibility in the work place is needed, especially given that men need more time with their children, while women need less time with them. As Henwood et al. (2011) observe, more research is needed to investigate new paternity and parental leave policy. Particular issues are the need to allow parents to share parental leave and give fathers an individual entitlement as well as reducing the financial disincentives of taking it (Lewis 2009). Involvement from the outset is arguably crucial since, in addition to enhancing fathers' relationships with their children, it may help to reduce gender inequality or at least fathers' understandings of child care.

Parenting Advice

Support for parents should take the form of confidence building not advice. To some extent, this was recognised in the wider initial objectives of Sure Start, which have been diluted in recent policy (Lewis 2011). Support comes most effectively through relationships with friends and family, which help men and women to enjoy parenthood. Resentment of experts' advice is evident even among middle class parents, who are confident regarding their dealings with professionals, and indicates the problematic assumptions on which the government's new initiative of parenting classes and parenting guidance are based. Moreover, advice which is premised on notions of the 'right' or 'best' way to parent can often undermine new parents who feel the weight of social disapproval and loss of confidence in their own emerging abilities, so such advice is counterproductive. Successful parenting comes not from professional advice but from confidence and support provided within social networks.

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Appendix A



ARE YOU EXPECTING YOUR FIRST BABY? IF SO, I NEED YOUR HELP!



Who am I?

My name is Nancy West and I am doing a PhD in Sociology at Cardiff University. My research will follow couples on their journey to and through first-time parenthood, capturing the highs and lows over the first year.



How can you help?

By sharing your story with me. I am interested in how you experience this new stage in your lives.



What is involved?

I would meet with you four times over a year to speak to you both, together, asking about your views and daily lives as parents. Each interview would take place in your home and at a time convenient to you.

All interviews would be completely confidential and all your details would be anonymised.



Why is this important?

By sharing your stories of the transition to parenthood, you are helping to further an understanding of the everyday experiences and challenges faced by first-time mothers, fathers and parents together.

If you are interested in being interviewed or would like to know more about the project, please contact me via e-mail or call my mobile (I will call you straight back).

**westn1@cardiff.ac.uk
07818 XXX XXX**

Please note that by contacting me this does not commit you to taking part.



Appendix B



Nancy West
School of Social Sciences
Cardiff University
1-3 Museum Place
Cardiff CF10 3BD

westn1@cardiff.ac.uk
07818 XXX XXX

[Insert NCT staff name]
[Insert NCT branch address]

11 August 2009

Dear [insert name]

My name is Nancy West and I am doing a PhD in Sociology at Cardiff University. My research will follow couples on their journey to and through first-time parenthood, capturing the highs and lows over the first year.

I am writing to you in the hope that you might help me in finding prospective participants for this study as I am looking for people who are willing to share their experiences of this.

By taking part, respondents would be contributing to a greater understanding of the day-to-day joys and challenges faced by those who are becoming mothers and fathers for the first time. Policies and services, such as paternity leave, breastfeeding counselling and pre-school provision, rely on up-to-date, in-depth knowledge of what it's really like for parents.

This study is funded by the Economic and Social Research Council (ESRC) and is also linked to the major UK Timescapes network (<http://www.timescapes.leeds.ac.uk/>) that is developing methods for researching identities and relationships across the lifecourse.

You could help me by agreeing to hand out some flyers (see enclosed example) for me so that I can reach potential participants. Ideally, I need to find couples who are expecting their first child in September or October and I would conduct the first interview before their baby arrives so time is of the utmost importance.

I will ring you over the next few days to check if you are able to help me with reaching expectant couples and, if you are, to agree a time convenient to you for me to deliver the flyers. I am based at home in Flax Bourton, just outside Bristol, so can get to you very easily and, ideally, would like to get the flyers to you by the end of this week.

If you could reply to this e-mail to let me know if, in theory, you would be willing to help, I would be very grateful. Please don't hesitate to contact me if you have any questions.

Kind regards and many thanks for your help,

Nancy West
Enc.

Appendix C



Nancy West
School of Social Sciences
Cardiff University
1-3 Museum Place
Cardiff CF10 3BD

westn1@cardiff.ac.uk
07818 XXX XXX

[Insert participant name]
[Insert participant address]

[Insert date]

Dear [insert name]

Thank you so much to you and your husband for showing interest in my study. By taking part, you would be contributing to a greater understanding of the day-to-day joys and challenges faced by those who are becoming mothers and fathers for the first time. Policies and services, such as paternity leave, breastfeeding counselling and pre-school provision, rely on up-to-date, in-depth knowledge of what it's really like for parents.

This study is funded by the Economic and Social Research Council (ESRC) and is also linked to the major UK Timescapes network (<http://www.timescapes.leeds.ac.uk/>) that is developing methods for researching identities and relationships across the lifecourse.

Enclosed is an information sheet containing more details about my study. When we meet, we can discuss this further and, if you are both happy to go ahead, we can sign the enclosed consent forms then. Please do not be put off by the volume of information but, as you will see, I take your privacy very seriously and it is important that you are fully informed.

Once again, thank you so much for expressing interest and I very much hope you will still be keen to take part once you have read this further information. I look forward to hearing from you.

Very best wishes

Nancy

Encls.

Appendix D

First-time Parenthood

Research Participant Information Sheet

You are being invited to participate in a research study. Before you agree it is important that you understand why the research is being done and what it involves. Please take time to read the following information carefully.



The research

I, Nancy West, will conduct this study and will be supervised by two senior academics at Cardiff University. The research will follow couples on their journey to and through first-time parenthood, capturing the highs and lows over the first year. This research is funded by the Economic and Social Research Council (ESRC) and has been approved by the Cardiff University, School of Social Sciences Ethics Committee.

Below is an example of the kinds of things I would hope to talk to you about:

- Your expectations of parenthood and what preparations are involved (eg. the birth plan, getting the house ready, what you are looking forward to and any concerns you might have)
- What resources you draw on for support in the first year from informal support, such as family and friends, to formal support (eg. midwives, health visitors and childcare providers)
- How you make decisions about certain aspects of parenting such as feeding, sleeping, when, or if, to return to work.



What will participation involve?

I will meet with you four times over a year to speak to you both, together, about your experiences and understanding of parenthood. Each interview will take place in your home and last approximately 1 to 2 hours, to be arranged at times convenient to you.

The interviews will take place at important stages of the first year, so 6-8 weeks before the birth, 6-8 weeks after, when your baby is 6 months old and then again at 10 months.

I will ask you to record a brief audio diary at certain times before and after the birth. This is so that I am able to capture everyday experiences at times when I will be unable to follow your journey. If you do not feel like recording any thoughts at a particular time, you are not obliged to do so.

I will ask you to keep a photo diary at some stage in the year and will provide you with a camera. During the interviews we will discuss the photos you have taken but you are not obliged to show me any if you choose not to. I may ask you for a copy of one or two photographs (perhaps of a pile of washing or a walk in the park) but, again, you are not obliged to do this.

Interviews will be audiorecorded as a record of what you have said and I will then transcribe (write up) the interviews. Following the interview, I will also make notes on the interview itself and any observations I have made, for example, interruptions due to a baby crying or thoughts about awkward questions.



Confidentiality

During the interviews you can give as much or as little information as you wish and you will have the right to stop the interviews at any time without explanation or consequence. You will not be identified in any way on the audio recordings, on any written material resulting from them, or in any of the reports of this study. I will ask you to choose your own pseudonyms (fictitious names to hide your identities).

Recordings and transcripts of your interviews will only be accessible to me and will be kept securely in a lockable filing cabinet and on my computer, which is password protected. Your names and contact details will be stored separately and therefore not linked to the data and material you provide. Parts of the transcripts of your interviews may be used in seminars and talks in anonymised form. Anonymisation means removing anything that could identify you or anyone you talk about. An analysis of the transcripts will form part of my report at the end of the study and anonymised extracts from your transcripts may be published in academic journals.

Fully anonymised transcripts, audio recordings and visual material may also be held in the 'Timescapes' data archive at the University of Leeds. The purpose of this archive is to create a rich spread of information about people's lives and relationships at the turn of the millennium. However, it will be some years before the data from this particular project is added.

Access to all the information stored in the archive will be restricted. While this is a digital archive it will not be freely available over the internet. Access to the archive will be restricted to people like professional researchers and historians who apply for access. I will decide who should have access once people apply. If successful, they will be able to access anonymised transcripts and audio recordings of your interviews and diaries and look at visual images (i.e. photographs) that you have given me a copy of and allowed me to include with the archived data. People who access archived *data* will be bound by the same rules of confidentiality as myself. At no time will anybody else have access to your personal contact details. You will be able to have a say about the rules of access to your archived material if you want to. I will only archive information in such a way that keeps the guarantees I make about confidentiality and your privacy.

Please note, the only time that I would breach confidentiality would be in the unlikely event that I become aware that your baby or another vulnerable individual is experiencing harm.



What will happen to the material that we give?

As explained above, the data from this research will be used for the following purposes:

- PhD Thesis
- Academic research papers and presentations
- A summary report to be circulated to all interested participants
- Inclusion in the Timescapes data archive held at the University of Leeds



What if I want to withdraw?

You are free to withdraw at any time without explanation, disadvantage or consequence, before the data is published or archived.

You are quite free to decide whether or not to participate and should not feel pressured.



Further details

Please do not hesitate to contact me if you have any further questions.

Nancy West

westn1@cardiff.ac.uk 07818 XXX XXX

If you would like to know more about the Timescapes project to which this study is linked, please visit <http://www.timescapes.leeds.ac.uk>

Thank You



Appendix E

Consent Form

		Initial
1	I confirm that I have read and understood the participant information sheet. I have had the opportunity to consider the information, ask questions and have had those questions answered satisfactorily.	
2	I understand that my participation is voluntary and that I am free to withdraw at any time without explanation or consequence.	
3	I agree to take part in the study. My participation will include being interviewed, recorded and observed.	
4	I understand that the confidential and anonymised data from this research will be used for the following purposes: <ul style="list-style-type: none"> • PhD Thesis • Academic research papers and presentations • A summary report to be circulated to all interested participants 	

Name of Participant _____ Name of Researcher ___Nancy West_____

Signature _____ Signature _____

Date _____ Date _____



I agree for my data to be archived for the 'Timescapes' project, operated by the University of Leeds.

Please note, if you agree to this, you are free to change your mind at a later stage about whether or how your data is included in the archive.

(Please tick as appropriate)

- Transcripts, audio recordings and any visual material
- Transcripts and audio recordings only
- Transcripts and visual material only
- Transcripts only

		Initial
1	I understand that other approved investigators will have access to my data but only on the terms specified in the participant information sheet.	
2	I understand that other approved investigators may use my data but only on the terms specified in the participant information sheet.	

Name of Participant _____ **Name of Researcher** ___Nancy West_____

Signature _____ **Signature** _____

Date _____ **Date** _____

You will be given a copy of this form to keep

Appendix F

Interview Schedule - 1

*Read through consent form (if they haven't signed and returned it before this point).
Check everyone happy and all sign.*

TEST DICTOPHONE

Just want to remind you that this interview is COMPLETELY CONFIDENTIAL.

If there's a question you're not happy answering, that's fine. If you want to stop the interview at any point, JUST LET ME KNOW.

I'd like to start by getting a bit of background information from you both:

Mother

Age

Occupation

Ethnicity

Pseudonym
(ask them to choose their own)

Contact Details

Father

Age

Occupation

Ethnicity

Pseudonym
(ask them to choose their own)

Contact Details

How long have you been together?

Due date?

Journey So Far

How have things been up to this point? Have you had a straightforward pregnancy?

(Tell me about your pregnancy and if you've had any difficulties eg. major sickness, health problems, previous infertility)

Is this what you expected?

How have NCT (and other) classes been?

Parenting Ideals

Tell me about your hopes and dreams, and also fears, about becoming parents

What kind of parent do you hope to be (or think you will be)?

What kind of parent do you *not* want to be?

What does being a 'good' parent mean to you?

Ask them to qualify meaning of words used eg. 'happy'

Where do you think these ideas come from?

How do you anticipate life will change once the baby has arrived?

What are you looking forward to?

What are you *not* looking forward to?

Relational Networks

I'd now like to talk to you about support and support networks.

To help us talk about this I'd like you to **draw a map showing who you are connected to**

(put them in the centre of a circle and plot anyone else they come into contact with at this stage of their journey to parenthood)

1 - **Identity the kind of support or advice you anticipate needing**
(eg. emotional support, advice on feeding / sleep)

2 - and those people (or kinds of people) or resources that you might draw on for that support or advice (eg. own parents, friends, health professionals, internet, parenting manuals, pets).

How do you see yourself (as individuals and a couple) connected to others eg. are you geographically close to your parents? Are you emotionally close to them?

Discuss together how each of the maps are different for the mothers and fathers-to-be.

How do you anticipate this might change over the coming weeks?

Do you anticipate any of these being unhelpful? (eg. too strong an opinions, placing demands on you?)

The Birth

Tell me about your birth plan? (Eg. place of birth, pain relief, people you'd like to be with you during labour and the birth)

How did you arrive at these decisions?

Do you plan to breast or formula feed?

Reasons? How did you arrive at this decision?

Are there plans for family (eg. mother) to come and stay soon after?

Other Preparation

Have you prepared your home at all for your new arrival? If so, in what ways?

How have you made decisions?

Do you know the sex? Have you chosen a name?

That's it for now! **THANK YOU VERY MUCH**

IT'S BEEN **REALLY INTERESTING** TALKING TO YOU BOTH.

Audio Diaries

Talk through audio diaries with them – What I'd like them to do, when, that I'll send text prompts, give them the dictophone, a set of tapes each and the guidelines.

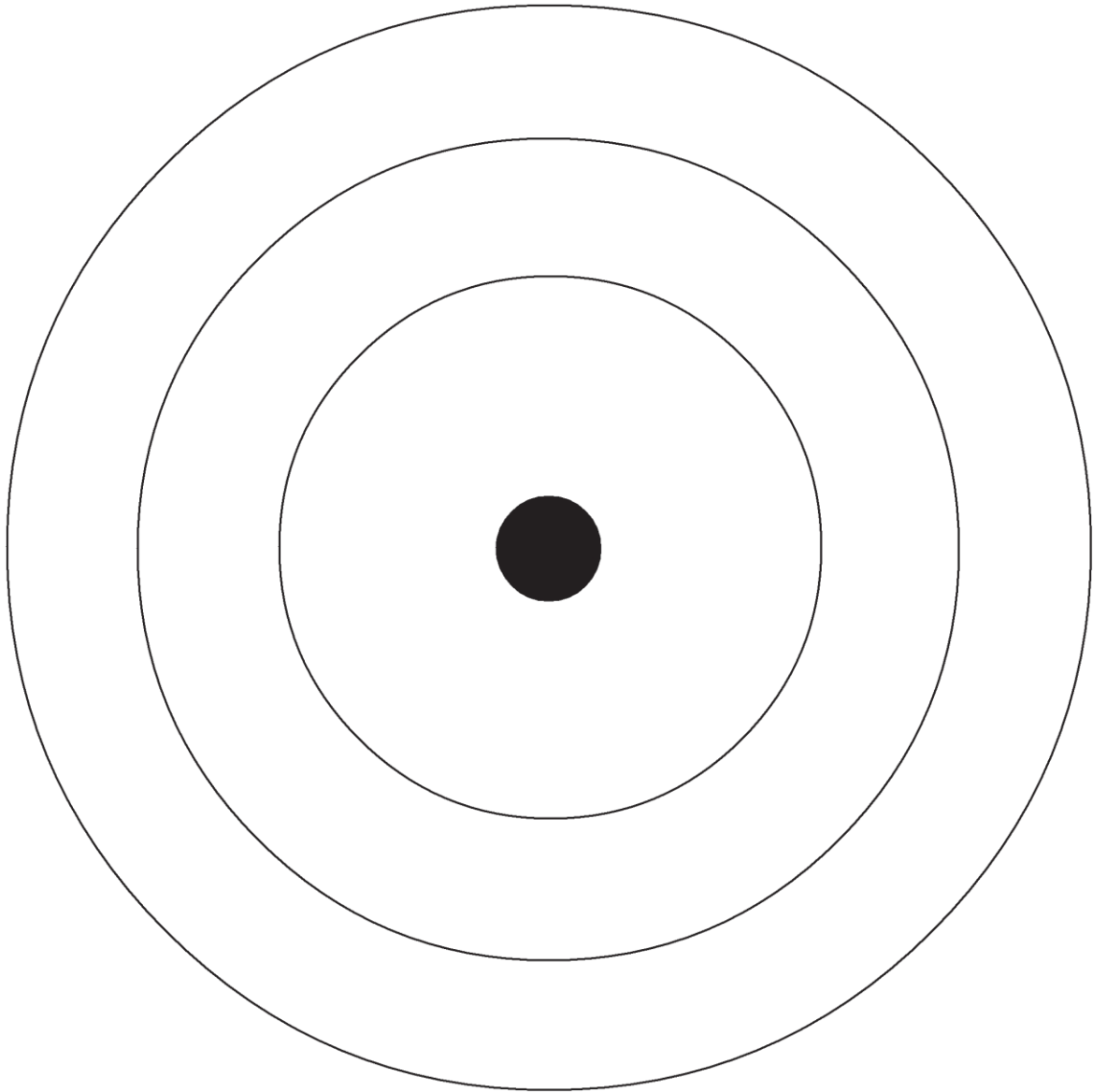
Can keep private or share – will collect them 1 week before the second interview.

YOU HAVE MY CONTACT DETAILS, SO **IF YOU FEEL THERE'S ANYTHING YOU WOULD LIKE TO COME BACK ON, OR ADD, OR YOU HAVE ANY QUESTIONS,** PLEASE FEEL FREE TO GET IN TOUCH.

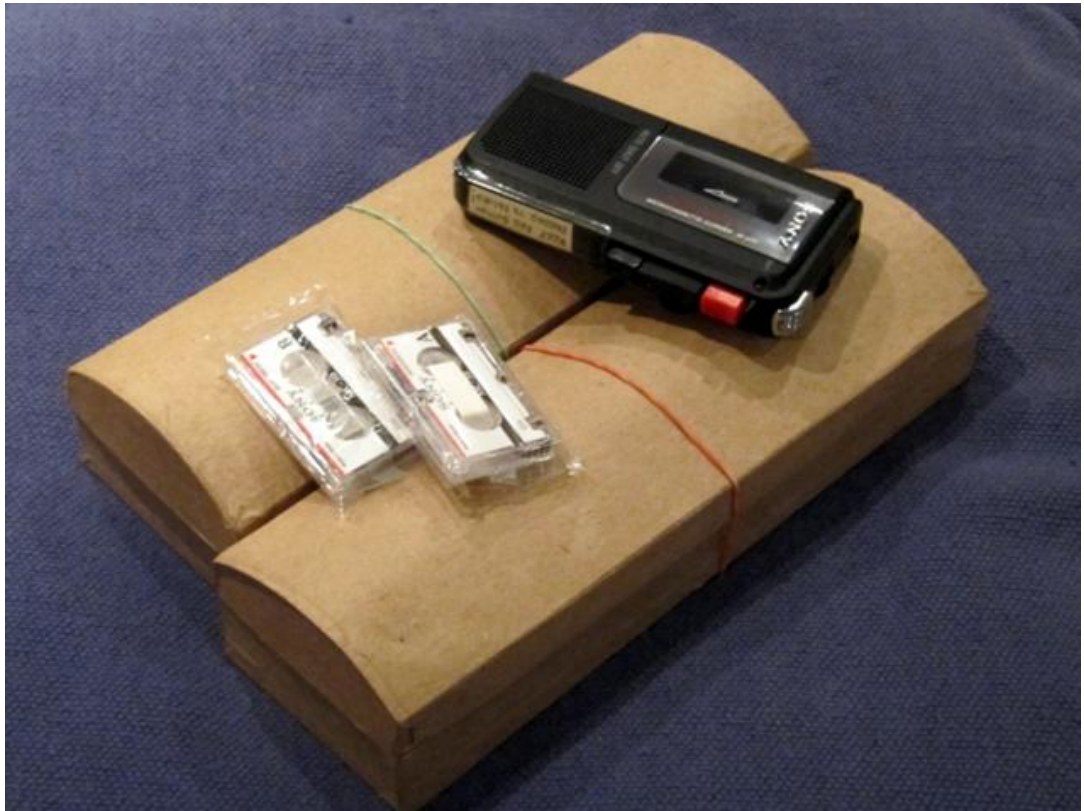
BEST OF LUCK AND I'LL BE IN TOUCH!

This is **your story**, so, at the end of the year, if you would like, I can give you a **copy of these recordings** on CD.

Appendix G



Appendix H



Appendix I

AUDIO DIARY GUIDELINES

PLEASE REMEMBER THAT THE RECORD BUTTON MUST BE HELD DOWN THE ENTIRE TIME OR IT WILL NOT RECORD!

PLEASE STATE THE DATE AT THE START OF EACH RECORDING

Feel free to speak for as long or as short a time as you like but **5-10 minutes** is ideal.

I will send you a text prompt or reminder to ask you to record an audio diary entry at the following points over the next few weeks:

- A week before your baby is due
- Soon after your baby has arrived
- A week or so after your baby has arrived
- A fortnight after your baby has arrived

When recording your thoughts, please consider the following questions:

- Tell me about something you have enjoyed / are enjoying and why
- Tell me about something you have found difficult or stressful and why
- Tell me about something which is different to how you expected or imagined it to be
(not applicable before the baby arrives)
- If it is the first recording after the birth of your baby, please could you record some thoughts on the birth?

Appendix J

Interview Schedule – 2

CONGRATULATIONS! Present them with the hat.

*Acknowledge the **tapes** – thank them **VERY** much, collect them & dictophone and explain how they will be used (ie. will listen to them and use the data but not discuss them in the interview) (**HOW DID THEY FIND DOING THEM??**)*

TEST DICTOPHONE

*Before we start, I'd like to remind you about **confidentiality, anonymity** and your right to stop this interview at any time or not to answer a question if you don't want to.*

Any questions?

Ask them to choose a pseudonym for the baby!

Life with a baby

How have things been?

What are you enjoying? Give me an eg. (Why?)

What are you finding difficult? Give me an eg. (Why?)

HAVE YOU BEEN ABLE TO GET OUT MUCH?

HOW IS IT BEING IN PUBLIC?

Is life with a baby how/**what you expected to be**?

Did you feel **prepared**?

How do things feel **now** as opposed to the very **early days**?

The birth

Tell me about the birth

(Make sure get **father's perspective** too)

Did you feel like you were in control? Did that matter?

Were any decisions needed that were not in the birth plan? How were these made?

Did you feel supported by the health professionals involved?

(Did you have an extra birth partner? If so, how was that?)

Dad – How long were you able to stay for after the baby had arrived?

Always ask - How did that make you **FEEL**?

DO YOU FEEL POSITIVE ABOUT YOUR BIRTH EXPERIENCE?

Was it how you **expected it to be**?

Parenting

You said you had wanted to try to breastfeed, how has that been?

How do you make decisions about

feeding
sleeping
how many layers to dress your baby in
whether to tend to their cry
Etc etc etc...

Where do these ideas come from?

Helpful?
Unhelpful?

Why? **IN WHAT WAYS** DO YOU FIND THE ADVICE (UN)HELPFUL?

Support

What have you needed help/advice/support on?

Who have you gone to for this?

(Much of this will have been discussed in parenting (and birth) sections beforehand)

If parenting manuals or internet sites, which ones?

Do you attend any groups?

Did anyone come to **stay**? How was that?

HOW WOULD YOU SAY YOU SUPPORT EACH OTHER????

Helpful?
Unhelpful?

Why? **IN WHAT WAYS** DO YOU FIND THE ADVICE (UN)HELPFUL?

Relationships

Ask **each parent** to describe their relationships with the following people or things (**in terms of how have they changed since the arrival of the baby**):

(Some of this will have been touched on already)

Their own parents
Grandparents
Siblings
In-Laws
Health Professionals
Friends (those with and without kids)
Peers (eg. NCT)
Work colleagues
Strangers (and neighbours too...)
Manuals / Internet
Press / Media
Each other

How would you describe your relationship with **your baby**?

Has this changed at all since the early days?

Back to Work

How was it for **both** of you when he went back to work?

How is it **now**?

Mum – Have you had any contact with colleagues or your employers?

Disposable cameras

Explain that I'll be in touch in a couple of months to ask them to take photos over the course of a couple of weeks to capture what life is like parenting a 4-month old.

Will drop by with a disposable camera for each of them and instructions at the time.

Appendix K

Photo Diary Guidelines

Please try to capture '**a day in your life as a parent**' – ideally a week day and also a day during the weekend.

You should try and take some photos which show the **tasks, people or things** involved in your everyday experience as a parent – these can be as mundane as you like!

Please remember, **if you take any photos of your baby or other people, these will not be seen by anyone other than me**. They are simply to help us talk about your day. Some photos of objects may be included in my PhD or presentations if you agree to this.

We'll talk about a few of them when we next meet but perhaps **try and take around 10 photos for the typical week day and 10 for the weekend** – but really, it is up to you.

Please also remember, there is no need to get a perfect picture - the quality doesn't matter.

Some of the couples in the study have said they would prefer to use their own digital camera rather than a disposable one provided by me. Please feel free to do whatever suits you. If you choose a disposable camera, I will drop two round (you'll get one each) and then collect the films when you're finished, develop them and bring them for us to all look at together. If you choose the digital option, we will need to have access to your computer to view the images during the interview or, if you e-mail them to me, I can print them out and bring them.

Thank you very much and I look forward to seeing your photos!

Appendix L

Interview 3 – Schedule

TEST DICTOPHONE

Just want to remind you that this interview is COMPLETELY CONFIDENTIAL.

If there's a question you're not happy answering, that's fine. If you want to stop the interview at any point, JUST LET ME KNOW.

- HOW HAVE THINGS BEEN?
 - What are you **enjoying**? Give me an eg. (Why?)

- Now think of a specific example:
 - Can you think of one of the best / most enjoyable times since Baby X arrived?

Tell me about it

Who was present?

What actually happened?

How did this make you feel?

- What are you finding **difficult**? Give me an eg. (Why?)

- Now think of a specific example:
 - Can you think of one of the toughest / most difficult / horrid days\times since Baby X has arrived?

Tell me about it

Who was present?

What actually happened?

How did this make you feel?

EVERYDAY PARENTING

PHOTO DIARIES

THANK YOU VERY MUCH FOR DOING THEM. HOW DID YOU FIND IT?

*You should try and take some photos which show the **tasks, people or things** involved in your everyday experience as a parent – these can be as mundane as you like!*

ASK PARENTS TO SHOW ME SOME PHOTOS -

WHY DID YOU DECIDE TO TAKE THIS PHOTO?
WHY IS THIS IMPORTANT TO YOU?

Can you **both describe a typical day** in terms of your PARENTING (So time with the baby or time doing baby/parenting related things)

Possible probes

Who tends to do what?

NAPPY CHANGES
FEEDS

DECIDE THE BABIES OUTFIT
PACK FOR THE BABY WHEN GOING AWAY
CLEANING OR LAUNDRY (BABY RELATED)

Would you say you have an equal relationship?

DESCRIBE OWN RELATIONSHIP

(How has it changed? Since before baby? Since early days?)

DESCRIBE RELATIONSHIP WITH BABY

How has it changed? (Since early days?)

Is life with a 6 month old how you *expected* it to be?

Relational Networks

I'd now like to talk to you about support and support networks.

To help us talk about this I'd like you to **draw a map showing who you are connected to**

(put them in the centre of a circle and plot anyone else they come into contact with at this stage of their journey to parenthood)

1 - **Identity the kind of support or advice you need**
(eg. emotional support, advice on feeding / sleep)

2 - and those people (or kinds of people) or resources that you draw on for that support or advice (eg. own parents, friends, health professionals, internet, parenting manuals, pets).

TALK US THROUGH IT

Discuss together how each of the maps are different for the mothers and fathers.

We'll do this again in the final interview and then look at how your maps have changed over the year.

Are any of these unhelpful? (eg. too strong an opinions, placing demands on you?)

Now thinking MORE SPECIFICALLY

INTERNET (including blogs, online baby advice sites, you tube)

Newspaper (articles and columns)

TV (Baby whisperer, One born every minute)

Manuals – Which ones – **what like about them? What don't like about them?**

Can you think of an example when you used them?

Baby group (eg. local church event, NCT gathering, breastfeeding group)

Can you think of the last time you asked someone's advice? (even if each others)

Last time you made a decision (even subconsciously eg. how many layers to put on baby)

How did you make that decision??

DON'T FORGET TO INCLUDE DISCUSSION AROUND **MOTHER'S RETURN TO WORK**
(if this has not already arisen)

Appendix M

Interview 4 – Schedule

TEST DICTOPHONE

Just want to remind you that this interview is COMPLETELY **CONFIDENTIAL**.

If there's a question you're not happy answering, that's fine. If you want to stop the interview at any point, JUST LET ME KNOW.

Rather than talk about how things have been I want to focus on more specific issues??

Eg. support / advice

and

relationships

(So, building on some of the things we've discussed in previous interviews).

But first, just briefly, how are you all?

Feeling ready for **Christmas?** What are your plans?

(Unless mother has gone **back to work** / they've moved)

Firstly, let's think about support and support networks. Remember back to the first interview when you filled out concentric circle diagrams.

I've brought them with me today and, before we look at them, I'd like you to fill out one again today so that we can see if (or how) things have **changed** over the year – or in contrast to **ANTICIPATED** support.

So, **draw a map showing who you are connected to**

1 - **Identity the kind of support or advice you need**

(eg. emotional support, advice on feeding / sleep)

2 - and those people (or kinds of people) or resources that you draw on for that support or advice (eg. own parents, friends, health professionals, internet, parenting manuals, pets).

(Present them with their first diagram). TALK US THROUGH IT – **ANY DIFFERENCES??**

READ QUOTES BACK FROM THEIR FIRST INTERVIEW ABOUT THESE!

Are any of these **unhelpful?** (eg. too strong an opinions, placing demands on you?)

Now thinking MORE SPECIFICALLY

Have you **EVER** (even if just once) turned to any of the following resources for support / advice?

ASK **EACH ITEM** LISTED TO **EACH OF THE PARENTS**

Parenting Guides – (Ask them to state which ones)

What **like** about them?

What **don't like** about them?

Websites: Mumsnet

NHS Direct

NetMums

Baby Centre

You Tube

Facebook

Twitter

Parenting Blog

Other?

TV: Eg. documentaries like 'Baby Whisperer, One Born Every Minute, He's Having a Baby'

(Were you **AWARE** that all of these parenting resources existed?)

Can you think of the last time you asked someone's **advice**?

WHO / WHAT resource did you turn to?

What did you want / need to know?

Were they / was it helpful?

How did it make you feel? (eg. helped , frustrated , confused)

How would you say you, **as a couple, make decisions**?

Can you think of a specific example of a decision you made recently?

What happens when you **disagree**?

Can you think of a specific example?

Tell me about it

What actually happened?

How did this make you feel?

Was it **resolved**? If so, how?

LEGO

Now, we're going to do something a bit different, slightly experimental (although it has been done in other social research).

I've got some pieces of lego here for you both to use.

The idea is that people think differently when they're using their hands. We have different nerve endings in our hands and so I just want to talk about the same things we've been talking about before but in a slightly different way.

Give participants a few minutes to look at the lego pieces in front of them and to share.

1 – Firstly, using your pieces of lego, could you please build me a garden?

TAKE PHOTOS AT EVERY STEP!!

2 – Keeping your garden as it is, could you add to it to **REPRESENT** how you feel on a **Monday morning**?

So, building something as a **METAPHOR** (understanding one thing in terms of another).

(If participants stuck, give them an example. I used the two sharks as my supervisors – waiting for me to hand in some work. I used the spiders to convey stress).

3 – Removing the items you just used, now build me **something which REPRESENTS how you feel about Christmas**.

4 – NOW, how do you feel **as a parent**?

5 – Relationship **BEFORE** the baby arrived

6 – Relationship **AFTER** the baby arrived (so, early days)

7 – Relationship **NOW**

And finally, is **life with a one year old how you *expected* it to be?**

(If the interview has been difficult and the couple seem tense, WHAT HAS BEEN A **HIGHLIGHT**?)

THANK YOU, THANK YOU, THANK YOU!

I'll send you **copies** of the recorded interviews if you'd like.

You've got my e-mail so that you can **get in touch** if there's anything you'd like to share after this interview.

And, once I've completed my PhD (due for submission in October), I'd like to **leave open** the possibility of following up this research.

So, perhaps come back and visit you all in a few years, once you've perhaps even added to your family!

But, of course, that is entirely up to you.

Appendix N

