

**Abstracts for ‘Monitoring Parents: Childrearing in the Age of ‘Intensive Parenthood’’, Darwin College, University of Kent, 21<sup>st</sup> and 22<sup>nd</sup> May 2007**

**Aldred, Pam**

**What’s Important to Whom? Young Mothers’ Challenging Policy Assumptions**

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This paper starts from an account of the views of ten young mothers who took part in in-depth interviews as part of an LEA-funded study to improve SRE across its schools in response to the Teenage Pregnancy Strategy (see Aldred and David, forthcoming 2007, *Get Real About Sex!* Open University Press). It will outline some key features of their accounts that chime with the findings of other studies of young mothers in working-class communities (e.g. Harris *et al* 2005), and following Lee *et al* 2004, will suggest that these views reflect community norms rather than the particular perspectives of *young* mothers.

It will examine New Labour policy and rhetoric, and situate the TPS within the New Labour project as a whole. It will problematise the assertion of particular values as if they are a matter of social consensus, examine function of social values in communitarian thinking, and explore the politics of teenage pregnancy in terms of the ideological moves and investments in the problematisation of teenage parents. Theoretical sources will include a feminist analysis of New Labour policy and a Foucauldian understanding of the government of young people through contemporary UK policy.

**Andrews, Therese**

**Implications of infant feeding policy on infant feeding practices – the case of Norway**

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Breastfeeding has become a key public health issue. The World Health Organization recommends that the child should be given mother’s milk for the first whole year of life (preferably two years), and exclusively be breastfed or given mother’s milk for the first six months. Information on the benefits of this infant feeding regime is widely spread. However, in most societies there is a gap between what is considered ideal infant feeding practice and real infant feeding practice. Norway scores high on breastfeeding friendly policy, with generous maternity and lactation leaves, restrictions on marketing of breast-milk substitutes, easy access to professional assistance free of charge, and a widely accept of breastfeeding in public places. Yet, less than half of all Norwegian mothers follow the recommended optimal duration of exclusive breastfeeding.

Contemporary infant feeding discourses have been studied and discussed by several social scientists. Very few, however, have studied the everyday experiences and the varying circumstances under which decisions on infant feeding practices are made. Thus, the aim of the present study was to uncover and explore the socio-cultural factors that are in play when mothers make decisions on how to feed their infants. Particular focus was placed on i) practices, ii) experiences, including difficulties mothers may have faced, ambivalence that may have accompanied breastfeeding, guilt and shame, iii) varying norms on infant feeding in different social groups, iv) possible symbolic expressions of infant feeding practice such as demonstrations of success in motherhood, femininity, competition, prestige, and control, v) social tensions around

the meaning of women's bodies, vi) the value of maternity in our society, vii) the role the natural play in talk that surrounds breastfeeding, viii) conditions for choice, and ix) the authority of science and medicine. A total of 31 parents from one county of Norway participated in the study.

**Ba', Stefano**

**Between play and ritual: Family life with children**

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This paper is part of a research on the interface between 'work' and 'family life' and it explores how children between 0-10 affect parents' strategies in combining home and work. Parents' everyday life with children is analysed as constituting the 'emotional' side of family life and as such is connected with moral frames, and therefore the caring and gendered aspect of family.

Three areas of everyday interaction with children have been analysed: daily transitions, recreational activities (with 'spontaneous' play and 'formal' activities) and family rituals. The concepts of ritual, emotional focus and frame have been used to show how family life is connected to the definition of different spheres and how, framed as sacred, parents perform an implicit management of its boundaries and a symbolic management of the emotions experienced within it.

All the activities and routines set up to make meaningful the interaction with children are here interpreted as symbolic arrangements oriented to "mark off" family practices from the rest of everyday life practices (so deemed to be less "sacred"). This symbolic work, as well as signalling an intensification of parenting, is always associated with the domestic labour of the families practices themselves. These practical and symbolic actions are arranged within the private sphere, with the lack of mediation of the social sphere of paid work. The 'symbolic' disconnection of the 'emotional' and the 'economical' in parents' everyday experience then points at how the work-family issue is "privatised".

**Bailey, Jemimah**

**Fathers and breastfeeding in Ireland**

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There is a strong focus on breastfeeding as a health issue, but its place in the broader sociological picture has largely been neglected, particularly in the Irish context. Specifically the role that fathers play in supporting breastfeeding partners has received little attention. One 1991 study of a group of Irish fathers (Nugent, 1991) measured the involvement men had with their babies over the first 12 months, and yet the method of feeding the child was not even mentioned.

Those researchers who have explored the sociology of breastfeeding (Wolf, 2006; Stearns, 1999; Carter 1995) consistently comment on it as a neglected issue in the feminist discourse. Many of the tensions between women's roles as mothers, lovers, partners and workers can be seen as embodied in the relationship that they, and those around them, have with breastfeeding: "Women are confronted with the dilemma of the sexual or the nurturing, maternal breast" (Stearns, 1999:309).

Fathers play an influential role in the decisions on infant feeding (Okon 2004, Shepherd et al 2000, Kessler et al, 1995, Giugliani et al 1994, Freed et al 1992). A number of intervention studies indicate that providing fathers with information and support can have a positive impact on initiation and duration of their partners' breastfeeding (Stremmler and Lovera 2004, Wolfberg et al 2004, Cohen et al 2002). Other studies show that some fathers feel negative about breastfeeding (Gamble & Morse, 1992; Jordan & Wall, 1990) and may hold misconceptions and feel social embarrassment about breastfeeding (Shepherd et al, 2000).

**Ball, Helen**

**Reducing risk, promoting health; the implications of competing strategies aimed at influencing the practices of parents regarding infant feeding and sleeping**

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Infant care practices have changed rapidly in western societies throughout the twentieth century as parenting philosophies have swung in and out of fashion. The needs of newborn infants, however, have been uniformly constant – and the mismatch between the evolved needs of babies and the changing social needs of parents has resulted in the popularity of infant care practices with detrimental outcomes for infants. Feeding choices and sleeping arrangements are two key examples where the prioritisation of parental needs has negatively affected infant health. Both issues are now firmly on the public health agenda. A health promotion approach is taken to encourage parents to breastfeed their infants, while public health messages in risk reduction provide instruction as to the sleeping arrangements considered most effective for avoiding sudden infant deaths. Parents and health professionals find, however, that the practical details of these two agendas come into conflict in the middle of the night. This paper discusses how parents and health professionals negotiate this conflict; considers why many parents choose to reject ‘reduce the risk’ advice; and questions whether the model of a ‘one size fits all’ advice campaign is an appropriate strategy for influencing infant care in contemporary society.

**Battersby, Susan**

**Midwives dilemmas with mothers’ choices of infant feeding**

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Influencing and supporting mothers’ choice of infant feeding presents a dilemma for many midwives. The media has reported how some mothers feel harassed or bullied into breastfeeding and this has recently recognised in the findings of Lee and Furedi (2005) and in a national Infant Feeding Survey (Hamlyn, Brooker et al. 2002). This exploratory research study utilised a Ground Theory approach and Personal Construct Theory. Phase 1 involved the in-depth interviews of 10 midwives whilst in Phase 2, 711 questionnaires were distributed to six maternity units and 410 were returned giving a response rate of 57.7%.

Although the benefits of breastfeeding are widely recognised there are some women who for various reasons are either unable, or do not wish, to breastfeed. This study highlighted that some midwives encounter a conflict between their health promotion role and supporting mothers’ choices in infant feeding. Midwives feel they are limited in their ability to provide mothers with information that will permit them to make an informed choice about their method of infant feeding and to enable them to safely formula feed their infants because they are bound by hospital policies and the current pro-breastfeeding stance. They can also find it very difficult to actively promote breastfeeding for the fear of engendering guilt in mothers who have chosen to formula feed. Some midwives felt too much emphasis was being placed upon breastfeeding and developed different strategies to deal with their health promotion role.

**Bowcock, Helen**

**‘Just the One?’ Experiences of mothers who have only one child and how they differ from public assumptions about them.**

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“The most obvious consequence of the declining birth rate is the increase of single-child families. To this unnatural and, dare I say, unhealthy situation, add divorce, consumerism and peer-group pressure and the result is an awful lot of spoilt brats”.

This quotation from an article in *The Independent* by the respected journalist, Sue Arnold, is characteristic of a public anxiety about what the ‘single-child family’ appears to represent. Many child-rearing experts assume that the decline in average family size, since the post-war period, must necessarily result in an increase in only children. And like Arnold they express alarm about

the consequences of this apparent phenomenon, both in terms of the behaviour of children brought up without siblings and the correlation with other social problems. Yet official statistics do not show an increase in single child families. Many parents who have just the one child have not had the prerogative of reproductive choice. And regardless of whether they have chosen or not chosen to limit their family to one child, this recent study shows them to be most committed to their parental duties and concerned not to create a 'spoilt brat'.

In this paper I will comment on public assumptions about single child families and then review my findings of a qualitative study of British mothers who have just the one child. I will include what these parents had to say about issues of maternal employment, relationships with other mothers and bringing up an only child. This insight into contemporary parenting provides a clear demonstration of what makes parents feel paranoid, in keeping with critical analysis of the contemporary culture of intensive parenting. It also demonstrates a glaring discrepancy between public assumptions and private lived realities.

**Churchill, Harriet**

**Constructions of responsible parenting: New Labour and maternal perspectives and concerns contrasted.**

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This paper will examine constructions of responsible parenting in New Labour's policy discourses against lone mothers' accounts of parental responsibilities and children's needs. Regulating and supporting parental obligations for children have been central objectives within New Labour welfare reforms, with particular constructions of responsible parenting as consisting of obligations for labour market participation and facilitating children's educational, health and social behaviour development (alongside investments in enabling good parenting via expanded public services). This paper recognises some tensions between these policy objectives, and contrasts policy and maternal accounts of responsible parenting which reveals some mutual concerns but also important differences in how parental responsibilities are defined, practiced and resourced. While policy and maternal accounts revealed similar commitments to parental responsibility for children's welfare, maternal perspectives deliberate issues of care as fixed obligations versus care as everyday responsiveness, maternal welfare, the appropriate relationship between paid work and mothering, children's needs as children versus their needs for future adulthood, the complexity of responding to children's diverse and competing needs, children's capabilities for agency and parenting capabilities. In conclusion the paper commends New Labour's objectives for supporting parents and improving children's outcomes, but expresses concerns that aspects of public regulation and support for parenting could be re-thought with more attention paid to maternal concerns and issues of cultural diversity and social inequality.

**Clements, Dave**

**The State of Parenting**

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The publication of the *Care Matters* Green Paper in October, aimed at transforming the lives of children in the care system, has also brought renewed emphasis to the state's so-called 'corporate parenting' role. It proposes more 'support' for families and early intervention to prevent children being removed from their homes, but is ultimately about much more than just working with families where children are 'on the edge of care'. The new parenting role represents an extension of the reach of the state into the lives of *all* families. Since the introduction of the *Every Child Matters* reforms and the Safeguarding Vulnerable Groups Bill, the message from government has been that all children (and consequently all adults) are subject to its new safeguarding powers.

But the Green Paper has also inadvertently drawn attention to the state's own poor record in this regard. For instance, how 'looked after' (to use the official term) are children when only 1 in 10 of them gets 5 good GCSEs, and just 1 out of 100 go on to university? Many of the nation's homeless - and reportedly 4 in 5 *Big Issue* sellers - and a quarter of the adult prison population were once in care. If these are the outcomes when the state assumes direct responsibility for the

welfare of a small minority of our children, what are the prospects when it seeks to take on responsibility for the rest of them?

The rise of the corporate parent not only threatens to further undermine the confidence, authority and autonomy of real parents to bring up their own children, but evidently fails to offer any kind of alternative. Is there a legitimate role for the state in the upbringing of the nation's children? Or are parents best left to get on with the job themselves?

**Delaney, Ros**

**Sex Talk? Overcoming barriers about sex and contraception after childbirth**

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Anecdotal evidence tells professionals that childbirth is the best form of contraception. However, sexual health problems are the very common after childbirth with Barrett *et al* (2000) arguing that only 15% of women who have a postnatal sexual problem reported discussing it with a health professional.

As health professionals with a predilection for the 'clinical' and the 'prescriptive' we organise antenatal classes to discuss bathing the baby and post partum reunions to recount birth stories, but often fail to address sexual health problems and contraception after birth.(Glazener 1997). Many women who have carefully used contraception for years prior to pregnancy are often not helped to re-engage with the issues following birth. This would seem to be a particular problem for the most vulnerable parents such as adolescent mothers and their partners (Social Exclusion Unit 1999, 2004) where some young women go on to have more than one baby in a short time period (Reeves 2003).

The focus of this paper is to explore the apparent general failure of health professionals to discuss sex after childbirth and provide information regarding reliable contraception. Glazener (1997) tells us that health professionals are encouraged to educate and prepare patients antenatally, for example to be trained to identify problems and deal with them openly and sympathetically. What is brought into question is why this form of rigorous support is not extended to providing sexual health advice in the immediate and often vulnerable postnatal period and why this provision is not a priority for some groups. The paper will explore if this situation caused by a lack of training or is it a symptom of our culture and a British attitude towards sex and contraception.

**Douglas, Susan**

**Understanding Parenting Culture: The "new momism"**

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The "new momism" is a highly demanding and utterly romanticized notion of mothering in which the standards for success are impossible to achieve. How did we get here, especially since the 1970s witnessed a revolutionary critique of how motherhood had been institutionalized to insist that women remain emotionally and economically dependent on their husbands? This talk will review the role that the mass media have played--at least in the United States--in contributing to and reinforcing the new momism since the 1970s. The talk will lay out the discursive building blocks of the new momism and show how the ante for successful mothering had been raised so high that it is simultaneously stressing mothers out and prompting a serious backlash to intensive mothering.

**Faircloth, Charlotte**

**Marginal mothers: the case of 'full term' breastfeeding**

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Based on research in London and Paris with mothers from local *La Leche League* groups (the foremost international breastfeeding support organisation) this paper explores the narratives of women who choose to breastfeed 'to full term' (or, 'extensively'). Since full term breastfeeding goes against social convention, and occurs in a climate of 'parental accountability' noted by the

convenors of this conference, the paper pays close attention to the strategies of rationalisation employed and the identity work undertaken by 'alternative' mothers.

As a question of public health, where 'breast is best', infant feeding choices have arguably become a visible test of maternal devotion – begging the question: Are you a 'bad mother' if you don't breastfeed? In the case of full term breastfeeding, loosely defined here as beyond two, and up to seven years of age, the question, by contrast, might become, 'Am I a better mother because I haven't stopped?'

Save perhaps the breastfeeding activist, neither mother is typically open about her choices. Thus, at the level of being compelled to lie to health professionals, friends and family about their parenting practices, this paper draws parallels between the accounts of women breastfeeding their children past 'normal' time limits and those that bottle feed their babies in the early months.

In exploring the different marginal positions these women enact – since one does something she knows is 'wrong' but is in a majority by 6 months, where the other does something she believes is 'right' from within a minority by the same point – I argue that both sets of women engage with recommendations for best practice (exclusive breastfeeding for 6 months and in conjunction with other foods for up to two years 'or beyond') with a similar strategy: Accounting within the parameters of 'intensive motherhood', validating maternal choices on the basis of what is best for the child (and often in the latter case, in the language of what is 'natural'). This paper discusses both the validation of maternal devotion underlying women's choices to breastfeed extensively and typical objections to this practice and its perceived associations.

By addressing mothers' reactions to the accountability they face in the course of raising their children – some of it with legal repercussions – this paper interrogates at what point a mother is able to decide what is best for her child; particularly in a context where the 'experts' are less informed than the people they monitor.

**Ferris, Denise**

**Regarding the Familiar:**

**The Anxiety and Necessity of the Imaged Public Child**

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I will examine the anxieties, fears and apprehensions concerning photographs of young children in fine art. While there is surprisingly little community reaction to the proliferation of children's representations in advertising and other media, there is often unease surrounding exhibited and published fine art photographs, especially by mother-artists of their own children.

Apart from its compelling realism, what are the other inherent qualities of photography, the literal and illusory, which influence interpretation? And how does still photography's limited capacity to represent agency, relationship or individual identity create flexible readings. How grounded in reality are the fears that the display of such photographs may normalise children's images being consumed (and therefore produced) for illicit reasons?

For centuries children's images have been in popular and artistic use, while the advent of the mother-artist and photography are more recent phenomena. When mother-artists photograph their children and evidence maternal pleasure through their subject should the public exhibition of such intimacy be censured? I argue that when mother artists publicly exhibit photographs of their children, there is malleability of meaning, particularly when displayed without text, which contributes to a deep uncertainty about such a public display inciting 'mother blame' as a consequence. The mother/artist particularly is taken to task and held not only responsible for the child's public depiction but its reading and accountable for any lack of clarity in interpretation. Considering photography's increasingly contentious role in the construction of childhood is it necessary for mother-artists to make the private realm public and represent the domestic? Does this put their children at risk?

While questions of the child-adult power relationship, informed consent and the consequences of children's representation are fundamental; the condemnation of existent reports from the domestic sphere has consequences for society's perception of the maternal and the necessary understanding of the construction of childhood.

**Francis, Ara**

**Understanding the Gendered Nature of Intensive Parenting: The Importance of Action and Interaction.**

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This paper is part of a larger research project that examines the experiences of twenty-five fathers and thirty-five mothers whose children have significant "problems" (i.e. learning disabilities, drug and alcohol addictions, mental health difficulties, and physical or developmental delays). In the past decade, a number of scholars have written about the intensive nature of contemporary childrearing ideologies and practices. Given this climate of "anxious parenting," how do parents cope with the experience of having a child who is "less than perfect?" The paper at hand explores how mothers and fathers experience the stigma, grief, and guilt associated with having a "problem child." After discussing data drawn from ethnographic interviews with sixty middle-class participants, I consider the possible sources of differences between fathers and mothers. Whereas much of the previous literature has focused on the gendered nature of childrearing ideologies – such as the ideology of "intensive mothering" – I argue that *doing* of parenthood leaves mothers particularly susceptible to stigma, grief, and guilt when their children have problems. The interview data from this study suggests that when mothers are disproportionately responsible for the routine practices of childrearing, they are more likely to become engaged in face-to-face interactions that hold them accountable for their children's behavior. It appears that the threat of "mother blame" – ever present in women's interactions with teachers, doctors, and other parents – encourages them to behave in ways that reinforce and ultimately reproduce the ideology of intensive mothering.

**Furedi, Frank**

**Understanding Parenting Culture: Politicising intensive parenting**

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Intensive parenting culture is underpinned by a radically new definition of childhood that claims that the defining feature of children is their vulnerability. Accordingly children are constantly 'at risk' and require constant parental intervention to negotiate every dimension of their life. Accordingly the past three decades has seen the steady expansion of the role of parenting. With its expansion the authority and status assigned to good parenting has also increased. The principal idea transmitted through the dominant narrative of child rearing is that of parental determinism – that is the claim that the style and quality of parenting determines how children develop and progress in the world. This paper explores the way in which contemporary culture conveys this message and the role of advocacy organisations and policy makers in politicising the issue of parenting.

**Gale, Liz**

**An Uneven Playing Field? The medicalisation of pregnancy and the 'risk management' of postnatal support.**

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Evidence suggests that there is an increased tendency to medicalise pregnancy – screening, ultrasound scanning and monitoring of all pregnancies (National Institute for Clinical Excellence 2003). This corresponds with an increased medicalisation of birth – routine interventions in normal labours (Kitzinger 2005) and rising Caesarean section rates (Clinical Effectiveness Support Unit 2001). In addition, numbers of midwives are decreasing (Nursing and Midwifery Council 2005) potentially leading to a reduction in the amount of social support provided, specifically in the postpartum period. This results in women being transferred from hospital when

medically rather than psychologically fit to a community service that also has less staff than previously (NHS Workforce Review Team 2006). The National Service Framework for Children, Young People and Maternity Services ( Department of Health 2004) recommends ‘post-birth care based on a structured assessment’ however anecdotal evidence suggests that the decision for home visit is based on risk assessment performed by a professional rather than maternal choice. The focus of this paper is to explore the dichotomy between antenatal and postnatal care and to question why, when there is evidence to suggest that antenatal support improves outcome – specifically psychological wellbeing (Oakley et al 1996), the same support postnatally is being reduced. This is despite recent findings (MacArthur et al 2005) suggesting a similar improvement. Outcomes at this stage may be even more important – the long term health, both physical and mental, of the whole family and the empowerment of parents to provide appropriate parenting for their children.

**Gillies, Val**

**‘Tell them what they want to hear and then do what works’: navigating the contemporary politics of parenting**

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The long history of state involvement in family life has reached new heights in recent decades. Parenting is no longer accepted as an interpersonal bond characterised by love and care. Instead it has been re-framed as a job requiring particular skills and expertise which must be taught by formally qualified professionals. In particular, working class or socially excluded parenting practices are held up as the antithesis of good parenting, largely through their association with poor outcomes for children. In this paper I draw on data from a qualitative study of parenting resources to explore mothers and fathers experiences of managing institutional frameworks and formal support structures. I show how guidance and regulation are commonly prioritised over needs for practical, material and financial help. I also highlight the extent to which parenting prescriptions are detached from the lives and values of those they are directed at.

**Goh, Esther**

**Powerful or powerless? The experience of single children being raised in 4-2-1 families in urban Xiamen, China.**

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Research effort has been channelled into examining the ‘little emperors’ in China after the implementation of the unique one child demographic policy since 1979. Researchers were keen to understand whether these children were ‘spoiled’ since they grew up not having to share or compete for resources with siblings. Most of these research efforts were interested to investigate the outcome in terms of academic achievement, personality traits and psychosocial characteristics of these children.

This paper, however, takes a different angle by examining the micro dynamics of how these single children exercise their agentic power to influence their interactions with the four grandparents and two parents (4-2-1 phenomenon). The research site was in urban Xiamen, China. Data was collected via ethnographic immersion in the field where I followed five three-tier families over six months between March and September 2006. All these families had grandparents and parents jointly raising grandchildren. A set of supplementary data was also collected via surveying the middle generation (N=389) in the joint parenting mission between the two senior generations.

Having grandparents and parents revolve around one child at home makes him/her feel very powerful in some respects. The intense ‘parental gaze’, however, can be suffocating and oppressing. This paper examines tactics which these children employ to accept and resist influences from the parental figures. Through the in-depth analysis of interviews with six children, nine grandparents and eight parents, this paper sheds light on the fortunes and misfortunes of being single children within these families where resources, parental emotions and expectations are directed at them.



**Haigh, Jo**

**To Posh To Push: Elective Caesarean Sections and Moral Panics**

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This case study investigates how the complex debate about the rising rate of caesarean sections was covered by the British Press and crystallized into the slogan, "Too Posh To Push". A textual analysis of press articles utilizing Stanley Cohen's (1972) Moral Panic Framework was conducted followed by an Internet based audience study to ascertain women's interpretation of the slogan. The author concludes that overall the TPTP label and exaggerated press coverage have caused women who have had caesarean sections to feel negatively labelled and has also resulted in ambivalent attitudes amongst women and health professional regarding maternal choice in childbirth.

**Head, Emma**

**Dangerous sleep? An analysis of sleep advice aimed at new parents**

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Sleep is one aspect of the care of infants that has been subject to surveillance, advice and research. A key debate of expert opinion around sleeping is the desirability of co-sleeping versus solitary sleeping for infants and parents. Much of the debate around sleep is in terms of the risks that co-sleeping might pose to infants, in terms of SIDS and concerns for generating straightforward public health messages. However, there are other dimensions to the debates around sleep which are not confined to the safety discourse. These include particular constructions of babyhood; the appropriateness of shared/separated sleeping spaces; concerns about fostering independence and ideas of naturalness and the dominant cultural norms of parenting. This paper will firstly consider the messages around sleep in some official and expert advice literature aimed at new parents in Britain. Secondly, the practices of co-sleeping and solitary sleeping in an age of 'intensive parenting' will be considered.

**Heimerdinger, Timo**

**Infant feeding decisions in Germany 1950-2000. Historical-ethnographic perspectives on the popular discourse.**

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As in many other countries, we can see in Germany various shifts in infant-feeding behaviour in the last 60 years. After 1945 the popularity of bottle-feeding increased up to 1976, when bottle-feeding reached its height. Since the late 70s the infant-feeding behaviour trends towards breast-feeding. In my paper I will focus on a historical-ethnographic perspective on this issue. Starting from a content analysis of popular infant-feeding advice books from the last decades, first of all I will confront the results with the breast-feeding and bottle-feeding rates, as far as we know them. Research activities recently focussed on the normative character of advice manuals and on the problem that their effects on quotidian behaviour can hardly be measured.

Asking for the relationship between the guidebooks and the everyday life reality in the special case of infant feeding we have to realise, that this relationship is neither very close nor always evident. Therefore the norm-setting impact of these texts has to be doubted. So I shall seek for new ways to use advice-manuals as a source for ethnological research. I will try to read them as a cultural result. This perspective will help to identify the "hot spots of cultural uncertainty" and thus will help to understand which cultural patterns could be important in the infant feeding decision of mothers or even parents.

Contextualizing the baby-feeding data not only with the at advice literature content of the time, but also with other relevant political and sociocultural tendencies, we can understand infant-feeding behaviour as a everyday life statement charged with certain political or ideological implications – of which the interpretation of "intensive motherhood" is only one of various possibilities.

**Hoggart, Lesley**

**Teenage Motherhood and the construction of ‘alternative’ moral agendas**

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This paper considers abortion decision-making in the context of New Labour's policies on teenage pregnancy. Moral angst at the comparatively high levels of teenage pregnancy in the UK was an important catalyst to developing this policy. Beginning in 1999, when Tony Blair reacted to hearing about two pregnant twelve year old girls by calling for ‘a new moral purpose’, New Labour (as well as much of the Press) has drawn upon notions of morality in its campaign to change teenage sexual and reproductive behaviour. This paper argues that morality is a contested concept and shows how pregnant teenagers may draw upon alternative moral agendas. This is explored through discussion of the results of two research projects on Young Women, Sex and Choices. The discussion focuses upon young mothers' own moral justifications for their decision-making and shows how different moral frameworks inform the decisions that some young women make. One such framework is structured around notions of taking responsibility for previous behaviour; another is centred upon the ‘immorality’ of abortion. These moral agendas serve to disrupt the ‘moral campaign’ against teenage parenting and propel many pregnant teenagers towards young motherhood.

**Holgate, Helen**

**‘I wish they’d ask instead of just judging first’**

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This focus of this presentation will be some of the findings from a recent empirical study which examined the experiences of a group of 11 young mothers aged 15 – 19 years at the time of giving birth. Discourse analysis was used to extrapolate a conceptual understanding of these experiences which were framed within a contextual analysis of policy and media representations of young motherhood. The elicited discourses I will focus on are the young mother’s internalisation of the Good-Bad mother binary that informs and exacerbates their experiences of maternal ambivalence. These discourses will provide a platform upon which to build our discussion about the ways in which young mothers are contesting the assumption underpinning much of the current policy and media representations of young pregnancy and parenthood that begin from a conceptual framework that it as a problem.

**Holt, Amanda**

**Parenting Orders, Youth Justice Policy and the discursive shaping of subjectivity**

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This paper forms part of a PhD study that examines the extent to which a variety of dominant discourses are reflected in parents’ narrative accounts of their child’s offending behaviour after being issued with a Parenting Order by the courts. Underpinning this thesis is the Foucauldian assumption that political, legal, medical and psychological institutions circulate powerful discourses and, while informing youth justice policy issues, these discourses and associated practices can also be seen as performing a regulatory role by positioning parents and shaping their subjective experiences. The focus here is on outlining discursive tensions in criminal justice policy of the practice and implementation of Parenting Orders. It is argued that tensions and contradictions can be found in policy debates around principles of ‘intervention’, ‘responsibility’ and ‘blame’. These will be examined and implications for understanding the experience of parents, young people and youth justice agencies will be discussed.

**James, Grace**

**Law’s Response to Pregnancy/Workplace Conflicts: A Critique**

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Drawing on original empirical research this paper considers law’s engagement with pregnancy/workplace conflicts. It considers why, despite an unprecedented effort to make Britain family-friendly and laws which clearly prohibit pregnancy-related discrimination at work,

thousands of women annually experience pregnancy/workplace conflicts. Nuffield Foundation funded research conducted by the author, which assesses over 6,700 relevant employment tribunal decisions, shows that a plurality of experiences do exist, exposes the tensions of everyday life and provides a new understanding of how/why pregnant women's reactions to conflict in the workplace often denies them the legal protection on offer. The implications of the study's findings are explored and lessons drawn which challenge the premise and parameters of current attempts to regulate pregnancy and parenting in 21<sup>st</sup> Century Britain.

**Kanieski, Mary Ann**

**Best Be the Ties That Bind: Discourse and Discipline in Bonding Research**

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During the 1970's, researchers became intrigued with the problem of bonding, the development of emotional attachments by a new mother for her infant. This paper will argue that the development of a discourse of bonding, and its dissemination into the popular media, constitute the formation of a disciplinary regime, regulating the behavior of new mothers. Through an examination of the discourse of bonding and attachment theory in childrearing manuals, popular magazines, and newspapers, this paper will analyze the messages given to mothers about normal behaviors thought to promote bonding after childbirth. It will examine the discourse related to bonding and attachment theory and the ways in which this discourse has become a truth that shapes our understanding and expectations of mothering. The implications of the discourse of bonding are multifold. Bonding discourse establishes normal mothering behavior. It demands a form of parenting that is woman-centric, and time-consuming. It requires that mothers engage in self-surveillance to avoid the risks of poorly attached infants. As a result, bonding discourse promotes a traditional understanding of femininity in a time of women's greater participation in the paid work force. Most seriously, bonding discourse personalizes problems that are structural in nature. By focusing on the choices a mother makes, it ignores the larger structural context in which childrearing is performed.

**Keenan, Julia, H. Stapleton and Alan Wade**

**Feeding the family and regulating a healthy balance: women anticipating first time motherhood**

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Pregnancy and early family formation are times when household processes, attitudes, and expectations may be examined and revised, including those concerning food choices, cooking and eating practices. Indeed, foetal well-being, and indeed health outcomes throughout the life-course are increasingly linked with pregnancy-related behaviours. On-going debates about obesity and healthy eating also ascribe food and eating practices with a heavier moral 'weighting', particularly within family settings.

This paper reports on initial findings from a qualitative study ongoing as part of The Leverhulme Trust's interdisciplinary programme: *Changing Families, Changing Food*, that explores the ways in which food and eating practices are manifested and negotiated within diverse and dynamic family settings, including those where women may have concerns about food and body shape pre-existing pregnancy. This paper draws upon the first of three rounds of interviews with 30 pregnant women undergoing the transition to motherhood for the first time. One third of the study participants are of normal weight; one third are overweight, and a third are managing diabetes.

Our findings show that women as prospective mothers envisage themselves as taking primary responsibility for feeding their families, and that this is increasingly framed with respect to maintaining and optimising healthy bodies and healthy food relationships. This paper discusses expectant women's relationships with 'expert' guidance given about dietary regulation and infant feeding. This includes the different ways in which women respond to, and experience expert guidance as enabling and/or anxiety provoking in the context of their own lives.

**Klingaman, Kristin P. and Helen L. Ball**  
**Maternal satisfaction on the postnatal ward after caesarean section delivery**  
**Contact: [kristin.klingaman@durham.ac.uk](mailto:kristin.klingaman@durham.ac.uk)**

The main objective of the research was to ascertain the degree to which caesarean section affects a woman's prenatal intention to breastfeed her infant. The study involved a series of semi-structured interviews that were conducted face-to-face on the postnatal ward and periodically by telephone after hospital discharge. Seventy-five newly delivered mothers who underwent either scheduled or unscheduled operative birth were approached, recruited and interviewed on the postnatal ward of a tertiary-level teaching hospital in Newcastle. This paper will present data on prenatal feeding intentions, parturition experiences, postnatal ward feeding and maternal discussions of their attitudes that contributed to their realised caregiving strategies. Results will be discussed antenatal information and postnatal support will be discussed.

**Knaak, Stephanie**  
**Philosophical and Sociological perspectives on intensive mothering: Intensive Mothering and the Problem of Choice**  
**Contact: [sknaak@shaw.ca](mailto:sknaak@shaw.ca)**

This presentation explores the concept of choice in intensive mothering culture, and aims to stimulate discussion and investigation into various questions pertaining to the relationship between choice and intensive mothering. How is choice framed and contextualized in intensive mothering culture? How has the context of choice changed over time? Do mothers today have more or less choice than their mothers or grandmothers did? In what ways? How do mothers today feel about the choices they have? How does choice relate to the decisions mothers make, and to the particularities of their mothering experiences?

In exploring these kinds of questions, I draw from my own research on the topic of infant feeding, including data I have recently collected on Canadian mothers' infant feeding experiences, and from my paper, "Breast-Feeding, Bottle-feeding and Dr. Spock: The Shifting Context of Choice." I describe how the environment of choice has shifted in the last half-century and discuss how today's infant feeding environment is characterized by a discourse of choice that is increasingly moralized, constrained, and emotionally burdensome. I argue that choice must be examined and theorized as distinct from decision-making, and consider how choice in infant feeding mediates mothers' infant feeding decisions and experiences.

**Knaak, Stephanie**  
**Sleep deprivation as a problem of entitlement: The influence of contemporary mothering ideology on mothers' personal wellbeing**  
**Contact: [sknaak@shaw.ca](mailto:sknaak@shaw.ca)**

This paper explores the issue of entitlement as it relates to sleep and self-care among mothers of babies and young children. Using qualitative data from interviews with 32 Canadian mothers, this paper first articulates the connections mothers make between their abilities to get adequate rest and sleep, and their emotional wellbeing. The paper then outlines the main reasons mothers give for their ability to adequate rest and sleep. As this paper argues, the degree to which they feel entitled to their own self-care—including the need for rest and sleep—is of central importance. This paper argues that the problem of entitlement to self care, and the damaging effects it can have on mothers' emotional wellbeing and day-to-day functioning, can in large part be attributed to mothers' personally held beliefs about "good mothering," beliefs directly mediated by a broader ideology of intensive mothering.

**Kukla, Rebecca**

**Philosophical and Sociological perspectives on intensive mothering Measuring Mothering**

**Contact: [rkukla@gmail.com](mailto:rkukla@gmail.com)**

Good mothering is properly measured in terms of an entire, decades-long parenting narrative. Yet we have a tendency to measure motherhood in terms of a set of signal moments that have become the focus of special social attention and anxiety; we interpret these as emblematic summations of women's mothering abilities. Women's performances during these moments can seem to exhaust the story of mothering, and mothers often internalize these measures and evaluate their own mothering in terms of them. 'Good' mothers are those who pass a series of tests – they avoid a cesarean during labour, they do not offer their child an artificial nipple during the first six months, they get their child into the proper preschool, and so on. In particular, the feeding of infants and young children has become an area riddled with such tests of proper motherhood. Distorted representations of the risks of less-than-perfect feeding pervade both popular and medical media, and mythic stories of the single improper feeding that will ruin a child's palate, health, or emotional well-being abound. This reductive understanding of mothering has had counterproductive effects upon health care practice and policy, encouraging measures that penalize mothers who do not live up to cultural norms during signal moments, while failing to promote extended narratives of healthy mothering.

**Mackenzie, Robin**

**Sacrificing the fatted calves and childhood obesity**

**Contact: [R.Mackenzie@kent.ac.uk](mailto:R.Mackenzie@kent.ac.uk)**

Public health governance over children's health by definition involves monitoring parents. Intensive parenting has come to include an expectation that the kinds of food children eat, the exercise they do or do not engage in and their degree of obesity and fitness will be accepted as the responsibility of the parents. Given the number of single parent families headed by women and the role of women in food preparation for the family, this has a clear gender dimension, often a strand in the demonisation of what are framed as nontraditional families. Single mothers are frequently chastised in the media as bad mothers who have doomed their obese children to lives of ill health and stigmatisation.

There are various difficulties with this. The association between poverty, social class and ill health muddies assertions of moral shortcomings here. In addition, the evidence base associated with obesity is less straightforward than is frequently asserted. While public health authorities have a legal obligation to engage in preventative education in order to conserve healthcare resources, the role of obesity in chronic disease is contested. Campaigns to persuade the United Kingdom populace to engage in habits promoting health as defined by self-deprivation, regular exercise and nutritious food intake have largely failed. As the pharmaceutical industry seeks to move into lifestyle drugs in order to develop sources of income threatened by generic medications as patent protections become out of term, the appeal of drugs which allow us to stay slim, muscular and happy without will power is self evident. Recreational drug use may also be contained by a plethora of pharmaceuticals which purport to contain 'addiction' by preventing subjective experiences of pleasure being associated with drug consumption. The promise of identifying genetic markers and specific neurochemistry associated with excessive risk taking, along with pharmaceuticals to modify this, has also been mooted.

Thus public health governance read as the tyranny of health expands with ease into the territory of childhood. While vaccination of children has been justified in terms of herd immunity, and the blanket prescription of ritalin as treating ADD, prophylactic administration of treatments purporting to prevent excessive intakes of food, recreational drug use and risky behaviour afford new opportunities for medicalisation, disease creation and parental monitoring. These, and the salient ethical and legal issues they raise, will be explored.

**Macvarish, Jan**

**Teenage mothers - the antithesis of contemporary models of 'good' parenting?**

**Contact: [J.Macvarish@kent.ac.uk](mailto:J.Macvarish@kent.ac.uk)**

*'Some people know what they're doing and some people don't I suppose, but when you have a baby it all comes natural. No matter how much people tell you, you never do what they say. You end up doing it your own way anyway.'* (Mother-to-be, aged 18 years)

Based on an examination of contemporary teenage pregnancy policy and its critics, and informed by a qualitative study of teenage parenthood, this paper argues that the politicisation of teenage pregnancy and the widespread denigration of teenage motherhood are fuelled by anxieties about parenting in general. In particular, the contemporary re-casting of parenting as a skill, which assumes that adequate child-rearing requires planning, self-scrutiny, the acceptance of support and intensive 'techniques', sits uneasily with common characterisations of 'the teenager'. Teenage mothers and their children are therefore cast as 'vulnerable' and in need of 'intensive support' from professionals and the state to ensure the welfare of themselves and their children. Evidence from this study of teenage parents suggests a disjuncture between the help and support required from the point of view of the young parent and that assumed to be necessary by policy-makers.

**McLaughlin, Janice**

**Intensive parenting or Intensive caring? The narratives and experiences of parents of disabled babies and infants**

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Parents of disabled children experience an intensification of what is expected of them as parents; they do so in a context where social responses to disability mean that they are stepping outside 'normal' narratives of family and where also they are far more embedded in medical practices that sustain their child's life. At the same time however, they also experience a feeling of loss, where instead of being parents, they are intensive carers, which in terms of both daily practices and questions of identity, is lived and framed as different. For example, the medical treatments they are required to participate in that keep their child alive, or are aimed at improving their development and quality of life, turn their home into a medical environment of oxygen tanks and various assistive technologies. Such activities leave little time for what they understand as 'parenting'. This paper, based on a 3 year ESRC ethnographic study working with families in two locations in the UK, investigates the ways in which parents of disabled babies and infants explore their changing experiences of caring and parenting and the distinctions they draw between the two. This is put in a social and political context in relation to issues such as gender, community support and intensive medical interventions within hospital and home environments. Parents seek to find space and time to participate in activities they identify as parenting, sometimes by resisting requirements to be medical carers or to have medical interventions within the home. The paper, by its focus on disability, contributes to discussions of what is framed as parenting and what is framed as caring in everyday settings of shattered public/private boundaries, the presence of medical technology and 'different' narratives of family.

**Meyer, Anneke**

**Parenting in a climate of fear: the case of paedophilia**

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Much contemporary research has suggested that parenting is becoming increasingly restrictive and prohibitive (e.g Furedi 2001; Holloway and Valentine 2000). Driven by a culture of fear and anxiety about children's safety, parents aim to protect children through ever more supervision and control. Paedophiles, and the risk of one's child becoming a victim of sexual abuse, arguably represent one of the biggest and most publicised current fears.

This paper is based on research into parents' attitudes regarding paedophilia and their parenting practices. While levels of fear are high and all parents control their children's movements and activities in the name of protection, the extents and forms of regulation vary considerable.

Therefore this paper aims to examine the multiple factors which inform parenting (in the context of paedophilia), i.e. to unravel the ‘culture of fear’ behind increasing regulation. These factors include several discursive figures – namely those of ‘the paedophile’ (Meyer 2007), the innocent child (e.g. Jenks 1996) and the good parent (e.g. Lawler 2000) – which construct the paedophile risk in a particular way. These constructions have got complex and contradictory implications for parents, for while they fuel fears and generate a sense of parental responsibility for child protection they also suggest that a ‘good parent’ allows a child significant freedom to develop an autonomous self. These dynamics will be examined as a possible explanation for why even a fear as big as paedophiles tends to translate into a variety of forms of parenting and restriction, rather than simply constant supervision by all parents.

**Murphy, Elizabeth**

**Dealing with Deviance: mothers’ accounts of feeding their babies**

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Infant feeding is emblematic of the many areas of contemporary life in which individuals are presented with expert assessments of risk and called upon to modify their behaviour accordingly. Epidemiological findings associate formula feeding with heightened risk to the baby’s health and mothers, in particular, are called upon to protect their babies from such risk by modifying their feeding practices.

The location of infant feeding at the intersection of a number of powerful and mutually reinforcing contemporary discourses – of risk and responsibility, of expertise, and of motherhood – places women who feed their babies in ways which go against expert advice in moral jeopardy. The obligation to exercise prudence in the light of expert risk assessments is a profoundly moral one and this obligation is heightened when, as in the case of infant feeding, the potential consequences of imprudence are borne not by oneself but by another for whom one has responsibility. Moreover, this obligation is cross-cut by the maternal imperative to put the interests of one’s child first and, in particular, to pursue one’s child’s short, medium and long-term physical and psychological well-being whatever the personal costs.

The majority of women do not, in fact, follow expert advice about infant feeding. In the UK around 30% do not initiate breast feeding at all and a further 48% do not breast feed for the minimum recommended period. In this paper, I shall draw on data from a longitudinal qualitative study of infant feeding, carried out in Nottingham, England, which examines how such mothers deal with the threats to their moral identities which arise as a result. Thirty-six mothers were interviewed repeatedly at fixed intervals between late pregnancy and their babies’ second birthdays. Although the interviewers were self-consciously neutral, the question, ‘How could you as a responsible mother choose to feed your baby in ways that put your baby at risk’ hung in the air in the interviews and a great deal of the women’s talk focussed on their motives for feeding their babies as they did. This moral repair work is just one of the many obligations borne by new mothers and I shall examine what the kinds of accounts mothers offer can tell us about their experience of mothering in an age of intensive parenting.

**Narramore, Naomi**

**Meeting expectations? The emotional management of parents who give birth to a child with a disability or critical illness**

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Giving birth to a child with severe health problems impacts upon parents at an emotional time of transition, particularly if there were no concerns during pregnancy. Thurgate and Warner (2005) state that when parents realise they do not have a “perfect” child a grief response may be triggered. Even if an “informed choice” can be made during the pregnancy, the reality of caring for a baby who is critically ill or disabled can be an enormous and unexpected shock for both parents.

The focus of this paper is to explore how health professionals should “manage” parents’ practically and emotionally following the birth of a disabled/critically ill child. Especially at a time when, according to Emond and Eaton (2004), the parents’ mental health may be compromised and as Linkhorn (2006) says they may perceive themselves as being subject to prejudices and oppression.

At this stressful and emotional time parents need support and guidance, as they may have to change their expectations for their child’s development and even life span. Parenting a child with complex needs is emotionally more intense, with primary support often coming from parent support groups more than health professionals. Whilst government initiatives like Every Child Matters and Sure Start seek to address many aspects of parenting, not all parents receive appropriate support from health professionals at this vulnerable time. The focus of this paper will be to look at the emotional impact of parenting such children in more depth, and to explore how health professionals can address this issue in order to support parents more effectively.

**Perrier, Maud**

**Performing Intensive Mothering: The Influence of Class on ‘Motherwork’ accounts**

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This paper is based on my doctoral research about younger (under 18) and older (40+) mothers’ accounts of first-time motherhood. When ‘telling their stories’ both older and younger mothers, in very different ways, are using the ideology of Intensive Mothering in order to assert their status as ‘good’ mothers. In this paper I will be examining in what ways these mothers’ class positions are shaping their conceptualization and practice of Intensive Mothering, and how it is being used to legitimate or reinforce their status as good mothers. Here younger mothers, who are aware they are being surveilled and judged, are especially keen to establish that they are doing ‘all the right things’ for their children and working hard at being a mum. By conforming to middle class notions of what constitutes ‘good mothering’, they aspire to evade the criticisms young mums face about being inadequate mothers. On the other hand middle-class older mothers who are already confidently displaying mastery of intensive mothering, are able to exert more power to define what ‘good mothering’ means to them according to their ‘values’ or personal experience. I will be arguing, through detailed analysis of accounts of mothering practices, that the Ideology of Intensive Mothering has differential influences on younger and older mothers’ narratives in relation to their class positions: whilst w/c young mothers have to take on a more ‘standard’ version of what constitutes ‘good’ motherhood, m/c older mothers possess enough ‘cultural capital’ to transform the discourse according to their own norms and values. In light of this, I will consider how we might refine the concept of Intensive Mothering to encompass class differences.

**Radcliffe, Polly**

**Monitoring Substance Misusing Parents**

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Recent calls for children to be removed from substance misusing parents who prioritise their drug/alcohol use over their childrens' needs, reverse public anxieties surrounding the mistaken removal of children from loving parents by over-zealous social workers. Substance misusing parents and mothers in particular would seem popularly to breach rights to parenthood. By exploring competing discourses of support and surveillance surrounding a project set up to target substance misusing parents in East Kent, this paper explores how professional intervention can redeem such parents. We discuss how substance misusing women are practically and discursively invited to accomplish the gendered identity of motherhood. The Substance Misusing Parents Project is a partnership between social services and Kent Council on Addiction, in order to give targeted support to substance misusing parents where there are concerns about their capacities to care for their children. The object of the project is to engage parents in drug and alcohol treatment services with home visiting and drug testing by specialist drug workers. Social work assistants can provide families with parenting advice including stimulating and disciplining children, routines of bed-times, meal planning and getting to school on time. We argue that in order to minimise professional concerns, mothers must engage in specific ways with discourses of parenting and



harm reduction. We look at how mothers can negotiate surveillance of their parenting through behaviour that can be coded by social workers as responsible, compliant and motivated.

**Reece, Helen**

**The Changing Meaning of Parental Responsibility**

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In this paper I argue that there has been a shift in the meaning of parental responsibility from parental authority to parental accountability. I examine the mechanisms through which this shift occurred, I look at related developments and analyse the consequences of parental accountability, which I suggest are damaging. I illustrate the dangerous consequences of parental responsibility as parental accountability through recent examples.

**Reeves, Jane**

**Absence makes the professional try harder? Meeting the needs of socially excluded young men who become fathers.**

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Research on socially excluded young fathers has been minimally addressed in the literature (SEU 1999, 2004). Indeed, research on young parents which informs health and social care professionals is often presented 'through the eyes of the mother' (Reeves 2006). Young parents in general and young fathers in particular are notoriously difficult to gain access to and engage with (Tyrer *et al* 2005) particularly if they have had previous negative involvement with the statutory services. Moreover, as Daniel and Taylor (1999, 2001, 2003) point out, professionals working in the health and care services often have an intense 'maternal' focus and this often excludes fathers from discussion and decisions about their children.

The focus of this paper, drawing on two narrative studies of young fathers aged between 15-24 from the US and USA, is to evaluate the features of professional relationships that young fathers describe as finding helpful. Indeed, the findings discuss moving away from a culture of parenting classes, which all the young men interviewed described as finding problematical and in some cases embarrassing, to a culture of support which actively draws on their strengths and helps them become providers for their new families.

**Rich, Ann**

**Grandparents and parenting: towards a theory of Grandparenthood.**

Contact: [A.Rich@greenwich.ac.uk](mailto:A.Rich@greenwich.ac.uk)

This paper explores the changing role of contemporary grandparents with many demonstrating a willingness and ability to take on parental responsibilities for their grandchildren, where they may face challenges and opportunities in difficult times. Three main forms of grand parenting are identified in the literature, those who have primary responsibility and are raising their grand children as their main carers perhaps in response to crisis situations, those who live in extended families and participate in care, and those who provide day care while the child's parents work. The latter has increased because of the increasing frequency of divorce, single parenting and the lack of available or subsidised child care in the United Kingdom.

When grandparents step into a troubled situation and attempt to offer stability and security for their grandchildren they may have to manage the combined responsibilities of family caregivers and parental figures. Grandparenthood is a tenuous role, lacking clear agreement on behaviour norms. In the culture of advice and parenting support, while care must be taken not to undermine parenting skills or make judgements about the ability to cope with the demands of childcare, an exploration of the impact on grandparents and children must be undertaken. Due to the complex web of interrelated factors the process and outcomes of care giving by grandparents is not well known in the literature. It is proposed therefore that it is timely for research to be undertaken to explore and develop a theory of Grandparenthood.

**Rogers, Christine**

**Regulating parenting: blame and problematic diagnosis in parenting 'disabled' children**

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Becoming a mother of a learning disabled child with emotional and behavioural difficulties, whether the impairments are apparent at birth, or discovered later, can have a dramatic impact on the parents and family. This paper suggests that internalised norms and social pressures on mothers to produce 'perfect' babies and meet all their needs, are immense. The emotional roller coaster that parents experience is predominantly about perceived expectations that include giving birth to a 'normal' child, the expected celebrations and imagined future of their child. The parents may feel shock, loss, denial and disappointment. This emotional experience of actually being told, or the parent feeling that something is 'not quite right' with their baby or child can cause emotional anxiety and conflict for both the parents and the professionals. Prior to a diagnosis professionals often initially look for causes of the difficulty, and if the difficulty predominantly manifests in emotional and behavioural difficulties, look to the parents via consultation, therapy, or surveillance. This in turn affects the family as a whole, and often at crisis points 'disables' the family as a unit.

**Seamark, Clare**

**Positive experiences of teenage motherhood**

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Teenage pregnancy is seen as a cause for concern in the United Kingdom; however there has been little research from primary care looking at the experiences of teenage mothers and the implications for primary care and society. In order to try and understand more about the experiences of teenage mothers a qualitative study was undertaken in a general practice in south west England. Nine women, who had conceived their first child while still a teenager, agreed to participate. Semi-structured interviews were undertaken, audio-taped, transcribed and analysed using interpretative phenomenological analysis.

The women expressed positive attitudes to being mothers and described how it had affected their lives. For some motherhood had been the impetus to change direction and consider a career, because they had someone else they were responsible for. They recognised that they were still young enough to enter further education or other aspects of employment as their children grew up.

For the women in this study having been a teenage mother did not mean that their life and future were all over. Motherhood and bringing up children was valued in its own right. The women were realistic about their futures and often making plans to develop their careers.

**Smyth, Lisa**

**Gendered Spaces and Intimate Citizenship: The Case of Breastfeeding**

**Contact: L.Smyth@qub.ac.uk**

This paper argues that infant feeding policies and politics are shaped by the gendered dynamics of public and domestic spaces, raising questions of intimate citizenship for women (Plummer 2003). Building on recent feminist work on the social and political, as distinct from the biological value of breastfeeding for women (Hausman 2004; Wolf 2006), this paper will argue that official efforts to increase breastfeeding often take a narrow approach, for example, through education campaigns. Focusing on health promotion work in the field of infant feeding in Northern Ireland, this paper will argue that a culturalist policy approach has had the effect of privatizing the practice of breastfeeding. This has taken place in the absence of broader policies which call into question, or seek to challenge, assumed cultural norms concerning women's bodies, sexuality, and maternal identities in the region.

Situating breastfeeding in the context of debates concerning intimate citizenship, this paper will argue that breastfeeding can promote women's autonomy if it is regarded as a reproductive right, within a broader capabilities framework. The possibility that women might practice breastfeeding in a range of social spaces has the potential to challenge the gender dynamics of public and

domestic spaces, as a range of 'breasted experiences' become available. Lack of official recognition for a right to breastfeed on grounds of assumed cultural norms raises larger questions concerning women's intimate citizenship.

**Smythe, Suzanne**

**The Good Mother: Literacy advice to Canadian mothers in the 20<sup>th</sup> Century**

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Often presented as a means of communicating the latest in scientific research to parents, literacy advice is a key strategy used by educational institutions to address persistent gaps in literacy achievement across socio-economic groups. The rationale for creating and disseminating literacy advice is that if families adhere to it, their children will become literate, succeed in school, and become productive members of society. Drawing on Foucauldian approaches to discourse analysis, feminist theories, and the concept of mothering and literacy as situated practices, my doctoral thesis research considered literacy advice to mothers as a gendered practice of power rather than an institutional truth.

Based on the analysis of literacy advice published in North American parenting magazines, child raising advice manuals, and family literacy and parental involvement promotional materials in the nineteenth and twentieth centuries, the proposed presentation will consider the ways in which literacy advice to mothers is deeply rooted in the cultural ideal of the "good mother." The research found that discourses of domestic pedagogy, intensive mothering, and the "normal" family normalize middle class domesticity and the ideal of the good mother as essential preconditions for children's literacy acquisition and academic success.

The findings suggest that while women's domestic literacy work is often invisible, reliance upon this work to promote children's academic success intensified in the late twentieth and early twenty-first century. This trend may not only contribute to the reproduction of gender inequalities, but also has implications for equity in literacy learning opportunities among diversely situated children and families.

**Vincent, Carol**

**Living, working, and mothering in the inner city**

**Contact:** [c.vincent@ioe.ac.uk](mailto:c.vincent@ioe.ac.uk)

In this paper we draw on data collected from our current ESRC-funded project which explores the engagement of working class families in inner London with childcare. Here we focus in particular on the lives of the mothers, drawing attention to the way in which women are required to – and in many cases require themselves – to negotiate competing current discursive imperatives. The most fundamental of these is that they are to be both 'good' mothers and, through engagement in the labour market, 'good' citizens. We consider the mothers' aspirations and priorities around mothering, their concern with 'respectability' and 'responsibility' and also the constraints of time, money, and space which act to hinder the working-out of their ambitions. We examine the position of both at-home mothers and those who do paid work, and conclude that both groups are vulnerable to charges of not being either a 'good' citizen (because of dependence on benefits) or a 'good' mother (frequently long hours at work). The contradictions are such that they seem to render an impossibility the women's search for respectability and a 'better' life.

**Wall, Alison**

**What Choice in Infant Feeding Methods?**

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There is much debate about infant nutrition. We face the concerns of obesity, cardiovascular health, bone health and cancers, with the acknowledgement that nutrition in the early years is critical to future long term health outcomes. Research demonstrates that breast milk is the optimal diet for infants, and yet despite Government targets and policy initiatives the rate of breast feeding has not markedly increased over the years. We know that one third of women choose to formula feed from the onset, and that 75% mothers are using formula by four months. It is very difficult to

assess the effects of exclusive breast feeding as so few mothers achieve this. This paper will argue that health professionals and policy makers need to look at the evidence and respond by providing balanced and appropriate information. We have a responsibility to the parents for whom we provide a service. There needs to be a collaboration between all sectors in order to meet these requirements.

**Wall, Glenda**

**Mothers' Experiences with Intensive Parenting and New Brain Research**

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The trend toward increasingly intensive mothering notable in child-rearing advice since the mid-twentieth century was accelerated in the 1990s with a focus on maximizing children's brain development through ample and appropriate stimulation in the early years. While claims about the potential of early education and stimulation to enhance brain capacity have been the focus of some debate in the scientific community, there has been little attention paid to their implications for the experience of parents and families. I have argued in previous work that the discourse which surrounds these new imperatives is interconnected with a trend toward increasingly child-centred and intensive parenting, and a neo-liberal rationality which emphasizes individual responsibility and self-management over the social support of families. Based on 14 in-depth semi-structured interviews with Canadian mothers of pre-school children, this study examines mother's experiences with this advice and the social expectations of good motherhood that accompany it. Explored in the interviews are the ways in which mothers are interpreting and responding to the new imperatives, and the impact that these social understandings are having on their experience as mothers. Findings from this research suggest, among other things, that the acceptance of this expanded definition of children's needs is resulting in increased guilt and stress and decreased health and well-being, especially for those mothers attempting to combine both employment and mothering, that mothers are implicated in these new responsibilities far more than fathers, and that children are increasingly conceived as planning objects whose ultimate design, intelligence, and future success is dependant upon optimal parental (and especially maternal) input and investment.

**Webb, Jan**

**Managing the Risk of Parenting**

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The aim of parents is to enable their children to become autonomous individuals capable of participating fully in the culture in which they live (Korbin 1997). Furthermore, the quality of parenting is reflected in an adult's ability to recognize and adequately meet a child's needs in a developmentally and emotionally appropriate manner (Donald & Jureidini 2004). Within contemporary society however, parents are faced with the tensions of providing boundaries whilst affording children rights. This in itself brings risks and a common thread that runs through approaches to parenting is the attempt to define a threshold of acceptable parenting. Above the threshold and a parent is good enough and below is not good enough. This paper will consider what the minimum requirements are and explore different dimensions of parenting. The concept of good enough parenting will be revisited in relation to risks that parents have to take, within the context of contemporary policy related to improving outcomes for children as enshrined in the Every Child Matters: Change for Children Agendas (Department for Education and skills 2003). The current dominance of a risk management approach to safeguarding children will be addressed within the context of a 'risk society' and the importance of the safety and well-being of the child will be examined. It will be suggested that we need to achieve a better balance of ensuring the safety of the child, meeting the child's developmental needs, and supporting family functioning if we are to help parents manage the risks.

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**Compulsory intensive mothering: caring for a child with a disability**

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This paper looks at intensive mothering of a child with a disability. It draws on a variety of sources, including statutory provisions from the UK and elsewhere, the advice provided by government agencies to parents of children with disabilities, and the author's own experiences as the working mother of a child with Down Syndrome.

The official caring ideology for carers of children with disabilities is a variation on intensive mothering. For instance, government-funded literature aimed at new parents emphasises the importance of "early intervention" programmes. Much early intervention work is carried out by carers themselves. This is time-consuming and requires carers to take on a role closer to that of a professional than a mother. Funding for mainstream education is limited and access to essential can involve a protracted fight.

It is not surprising, then, that only a small proportion of mothers of children with disabilities are in paid employment. As a result, many families with a child with a disability live in poverty. In recent years there have been a number of initiatives aimed at making paid employment easier. For instance, parents of a child with disability now have the right to request flexible hours until the child is eighteen. Some efforts have also been made to ensure that childcare is available, and some additional tax credits are available to cover extra childcare costs.

The problem is that there is a clash between these two policies. An intensive mothering philosophy is always difficult to combine with paid work and this is magnified in the case of children with disabilities. This has implications for the success of government initiatives.