

MOTHERING AND WOMEN'S HEALTH: I LOVE BEING A MOTHER BUT... THERE IS ALWAYS SOMETHING NEW TO WORRY ABOUT

Debra Jackson, RN, BHSc(Nsg), MN(Ed), PhD, is Coordinator Research Degrees (MHons and PhD), School of Nursing, University of Western Sydney, Australia

Judy Mannix, RN, BEd(Nsg), MN(Hons), is a Lecturer, School of Nursing, Family and Community Health, University of Western Sydney, Australia

Accepted for publication August 2002

Key words: mothering, women's health, adolescents, family support, feminist research

ABSTRACT

Little about experiential aspects of motherhood and its consequences to the health of women appears in the nursing literature. Rather, the discourses on motherhood in the health literature tend to focus on bio-medical and scientific aspects, pregnancy and the perinatal period. Using a feminist story-telling approach, this paper draws on the experiences of 20 mothers of adolescent and adult children. Findings are grouped into the following themes: On being a mother: 'unconditional love, and how love can really hurt'; adolescence: 'a whole lot more to worry about'; 'easy' children and 'hard' children: 'it's been rear guard action the whole time'; mothers' health: 'just getting through each day'; and, seeking support: 'does anyone really care?'. Findings provide new insights into the nature of mothering, and its perceived long term effects on women's health and well being. Implications for women's health and the provision of women's health services are drawn from the findings.

INTRODUCTION

The maternal role is the defining and central role in life for many women and although not all women are mothers, motherhood lies at the very heart of what it is to be a woman (Maushart 1997). Much research has the reproductive capacity of women as its central theme, but women's experiences of mothering remain relatively unexplored (Bernal and Meleis 1995; Barclay et al 1997). A search of nursing literature raises more questions than it answers. It reveals a discourse that constructs motherhood quite narrowly, with a concentration on the perinatal period and early motherhood (Raftos, Mannix and Jackson 1997). Experiential aspects of motherhood are addressed by surprisingly few authors and researchers, and though there are some exceptions (for example: Barclay et al 1997; Rogan et al 1997), these focus on very early motherhood only. Other discourses such as social work also contribute to what is known about the lived aspects of motherhood, though again, most often the focus is on early mothering (see for example: Lupton 2000).

Little is known about the experience of mothering children in middle childhood and adolescence, or of mothering adult children. Little is known about how mothering affects women and their health over the course of their lifetime, or how women themselves perceive the association between their mothering and their own health.

AIM OF THE STUDY

This study aimed to raise awareness of experiential aspects of motherhood. Specific objectives of the study were to:

- Develop holistic understandings of women's perceptions of the influence of their mothering role on their own lives and health;
- Explore those aspects of motherhood that are experienced by women as being particularly challenging and stressful;

- Develop knowledge to help inform the development of appropriate health and support services for women who are mothers; and,
- Provide directions for further research.

METHODS

Feminism has a central concern with recognising the inherent value of women's ways of being, thinking and doing (Tong 1998), and because of its focus on the concerns and experiences of a group of women, this exploratory-descriptive study was informed by feminist insights (Reinharz 1992). Feminist research principles identified by Cook and Fonow (1986) helped to guide the project. These incorporate: the need for continuous recognition of gender as basic to all social life, (including the conduct of research); recognition of consciousness-raising as an integral aspect of methodology; acceptance of intersubjectivity and personal knowing as legitimate sources of knowledge; acknowledgement of ethical responsibilities in research; and, understanding of the transformative and empowering aspects of feminist research (Cook and Fonow 1986).

The study aimed to develop understandings of experiential aspects of motherhood over a long period, and so experienced mothers were sought. Experienced mothers were considered to be those who had raised children from infancy to teen years or adulthood, so had a minimum of 17 years experience as mothers. This meant that participants had experienced caring for children as babies, toddlers, young children, school aged children, adolescents and teenagers. Most (n=19) also had experience of children as young adults and adults. Inclusion criteria therefore, were that women be:

- mothers of children aged 17 years and over, and,
- able to freely converse and interact in English.

Women were recruited using a snowball approach. Several women who met the inclusion criteria were approached and asked to participate in the study. If agreeable, they were then provided with written information about the study to circulate to others they knew who met the entry criteria. Interested women meeting the selection criteria who made contact with the chief investigator as a result of this information were then invited to participate in the study.

Most participants were Australian born and Caucasian. However, there were some migrants from Western countries (NZ n=1; Britain n=2; Canada n=1; North America n=1) in the sample. The participants were well-educated, with most women (n=18) holding either a trade certificate, such as hairdressing (n=4), a diploma or bachelors degree (n=7), a masters degree (n=6) or PhD (n=1) as their highest qualification. The remaining two participants had not completed high school and had

employment histories in clerical or service work. At the time of the study most of the women (n=19) were engaged in either part time or full time employment outside the home, and the remaining participant was engaged in full time household duties.

Participants were aged in their late 30s through to their mid 50s. Some (n=4) of the women were sole parents at the time of data collection. However, all were currently, or had at one time, been married to the father of their children. The participant women were mothers of between one to four children, who ranged in age from 15-31 years, with at least one child of at least 17 years. All except three participants still had at least one child living with them. All women were resident in Australia, and stories were gathered from women living in metropolitan areas in two Australian States.

Following procedures of informed consent, and the collection of basic demographic data, women were given a triggering statement: *'Can you think back over your years as a mother and tell me some stories about the most challenging, as well as the most positive aspects of your mothering journey?'* This statement proved to be effective in generating discussion, and though a series of additional triggers were prepared, these were not generally necessary.

Each of the conversational style interviews lasted for between two to four hours, with the majority being 150-180 minutes in duration. The interviews were audiotaped and transcribed verbatim. Following transcription, tapes were listened to again, while closely reading the transcripts, thus ensuring narrative-transcription accuracy. Interview data was supported by a researcher journal in which entries were made after each conversation, and as ideas and patterns became evident. Data saturation was achieved after interviews with 18 women, however, two additional women were recruited, to ensure that a full range of insights was obtained. Thus, the final sample consisted of 20 women. All women were given a pseudonym to protect their identities

Ethics clearance

Ethics approval was granted by the University of Western Sydney Human Research Ethics Committee.

Analysis of data

Among other things, feminist research aims to illuminate, substantiate and authenticate women's experiences, concerns and ways of being. Therefore, it is important that analysis of data does not impair the very thing it is seeking to elucidate. Listening is the first step in the analysis of narrative data. Analysis was guided by the work of Anderson and Jack (1991), who warn against listening superficially, because doing so diminishes the likelihood of seeing things in new ways, and limits the interpretive possibilities. Rather, they suggest three ways of listening that can guide the analytical process. These are:

- Attention to moral self-evaluative statements, which make visible the relationships between self-concept and accepted cultural norms.
- Attention to meta-statements, or points in the interview where the participant stops and makes some sort of reflective statement.
- Attention to the logic of the narrative, which refers to the internal consistency and the inter-relationship of themes in the narrative (Anderson and Jack 1991).

FINDINGS

Detailed findings have been grouped into the following themes:

- On being a mother: ‘unconditional love, and how love can really hurt’
- Adolescence: ‘a whole lot more to worry about’
- ‘Easy’ children and ‘hard’ children: ‘it’s been rear guard action the whole time’
- Mother’s health: ‘just getting through each day’
- Seeking support: ‘does anyone really care?’

On being a mother: **‘unconditional love, and how love can really hurt’**

Though mothering was acknowledged as being ultimately rewarding, at times it was experienced as all-encompassing, guilt provoking, unrelenting, labour intensive, and emotionally charged. Mothering is revealed as a taken-for-granted aspect of life - an aspect that is ‘just lived’, and rarely problematised or considered in its entirety. One of the participants, a mother with 25 years experience, opened the conversation with:

The first thing I want to say is that I’ve never really thought what it means to be a mother. I’ve just done it, but not really thought about it. I’ve thought about how I can be a good mother, a better mother, but never thought about what mothering really is. This is the first time I’ve ever thought it through like this, and tried to understand it. (Heather)

Many participants indicated that their inclusion in the study, which gave an opportunity for reflection on the rewards and challenges associated with their mothering, was enriching, legitimating and validating. For example, at the conclusion of the conversation with a woman who had experienced long term stress with one of her children, Melissa stated:

Melissa: I don’t even think I’ve spoken like this to anybody I don’t think I’ve ever disclosed all of that. I have never spilled my guts like this before. Not the whole story anyway. You know there’s been little snippets here and there but for the first time it’s a whole picture. This is the first time I’ve gotten it all out as one story.

Debra (researcher): Do you feel all right about telling it... about telling this story?

Melissa: Yeah it’s good. Actually it feels great (laughing).

Above all and despite everything, motherhood is an exceptional journey of growth and discovery.

Being a mother has helped me to grow as a person. It teaches you things about yourself, and has even shown me some horrible things about myself. I have had to learn to cope with all sorts of things, and have had to learn to compromise and negotiate, I’ve had to learn to accept things I don’t like. I’ve learned about unconditional love, and how love can really hurt. I’ve had to learn how to be patient, even though I’m an impatient person. Getting there is so hard. But now they are grown, isn’t it wonderful to be able to look at your children and think, they are fine people, and I’ve had something to do with that. (Heather)

Heather says that ‘getting there is so hard’, and of the 20 participants, 17 reported experiencing significant amounts of stress and distress over a number of years that they attributed to mothering. This stress touched all aspects of their lives and relationships. Participants could not imagine life without their children, and most (n=19) overwhelmingly felt the experience was a life enriching one, even with the unrelenting hard work of mothering. Only one participant said that for her, there was nothing positive to come to her through her mothering experiences.

Adolescence: ‘a whole lot more to worry about’

Though two mothers felt that infants and young children were most challenging, other participants (n=18) overwhelmingly identified adolescence and young adulthood as being the most difficult and challenging of their mothering experiences.

The teenage years were the most stressful. I have two children and from the age of about 14 or 15 we had this changed person living in the house, and I found that extremely hard to cope with. I guess part of it was I felt like I was losing control of them, like when they are young you can say, ‘can you go and do this now’ or whatever. You can get them into a pattern but once they reach those teenage years you have to learn overnight how to re-negotiate with a non-negotiator. (Caroline)

Participants identified a number of areas of difficulty associated with children at this stage. These related to factors such as children’s increased demands for autonomy and freedom, and the escalating influence of peer pressure, as well as increased difficulties with exerting effective parental control. These factors culminated in maternal concern and anxiety:

I thought things would get easier as the kids grew up but there’s a whole lot more to worry about. I worried about them getting in trouble, getting hurt... about them using drugs and drinking. Then when I wasn’t worried

about those things, I'd be worried about how they were going at school or if they'd be able to hold down jobs. (Tania)

Another area of stress for the participants was their children making life choices that they as parents found difficult to live with. These choices most often pertained to substance use/misuse, choice of romantic partners, issues associated with personal freedom, and decisions involving career or education. Participants also had great concerns about the general health, mental health and emotional well being of their children during this time. They raised issues such as low self esteem, disturbed body image, depression, anxiety, lack of social confidence and potential for suicide as being areas of concern to them during their children's adolescent years. Substance use and abuse also caused participants to have concerns over their children's emotional well being.

We had trouble at school, suspensions, violent outbursts, truancy. Over the next few years he lost interest in all the things he'd always enjoyed... he was sullen and moody and irritable most of the time. Eventually we started to suspect he was using drugs, but he denied it and it took quite a while before we could actually prove it. Then came the day we caught him red-handed. It was only dope (cannabis), but boy can that be lethal. He was just out of control when he was on it. The sad or bad thing is that we knew he was on a downhill spiral but there was nothing we could do to stop it. Everything we tried didn't work. We tried to change schools, get tough, be softer and more understanding, we put him on contracts for his behaviour, rewards, punishment. We sought professional help. Nothing worked. (Brenda)

There were concerns about assisting their children to deal with feelings of sadness and despondency. However, this was not easy because participants generally had great difficulty establishing good communication with their children at this stage of development, especially when children were unhappy or miserable. This was felt to be because there is more of a tendency for children at this stage to be secretive or reluctant to discuss certain issues with parents, perhaps for fear of parental disapproval. Participants felt it was sometimes difficult to offer emotional guidance, and this was particularly so for participants whose children were young men.

My eldest son had a close friend who killed himself at 17 and that really knocked my son around and even now, when he gets down I still worry that he thinks suicide might be an option. I think boys have a hard time with feelings, especially expressing sadness and stuff. It's hard to try to guide them through emotional stuff when they won't talk about their feelings. (Tania)

Participants knew that they had to relinquish responsibility for their children's health and welfare as the children became independent adults, and this was perceived as being difficult, in light of the fact that the

young people were felt to have varying degrees of insight into their health status and health needs. In addition, participants grappled with how much help to give older teen and young adult children - especially financial help. When children were younger parental responsibility was felt to be more clearly defined. However, while participants wanted (and were willing) to provide financial help to their older teen and adult children, there was also a concern that they not 'spoil' the young person, or in some way impede the young person's passage to independence. Participants disclosed making regular financial contributions to young adult children living overseas, contributions of lump sums to assist with major purchases, assistance with expenses associated with medical and dental services, and regular weekly contributions to children who were students, or who were dependent on social security.

'Easy' children and 'hard' children: ***'it's been rear guard action the whole time'***

Raising some children was easier than raising others. Indeed two of the participants reported very few troublesome issues occurring during their children's teen, adolescent and young adult years. However, even when participants did experience great difficulty with one or other of their children during those years, they found that other children were much easier and didn't cause the same amount of stress.

My daughter is... I guess she's an ideal child... she's a normal child. I mean they all do things that you don't approve of but she was the sort of child where I could say 'I don't want you to do that because of this', and she'd accept that, whereas my son would be just the opposite. He'd say 'yes mum' and the moment he was out the door he would do what ever it was he wanted to do and having him as a teenager was incredibly stressful. Incredibly so. I had some life experiences I could well have done without - he grew marijuana, he drank too much, he nicked off from school. You know, he did everything that you could imagine that would cause you grief, and he was very difficult. (Janice)

There was no pattern noted that related to the place in the family of the children who were perceived as being more difficult, but use of drugs and other substances were identified by 12 participants as being very disruptive to their children and also to family life. Generally, children who were described as being very challenging and difficult to rear were involved in some sort of drug usage.

Debra (researcher): *You describe your son's behaviour as extremely disruptive. What do you attribute that to?*

Janice: *Umm... probably I would say mostly drugs. I think he would have pushed boundaries anyway, but the drugs certainly made it a lot more difficult because they gave him a certain amount of bravado that he wouldn't have had without them.*

There was recognition of their children as individuals with individual needs. Participants also described having to adjust their parenting styles to respond to the different needs of their children.

With my daughter most of the mothering has been supporting and nurturing. With my son it's been rear guard action the whole time. (Diana)

Participants had an awareness that sometimes the children suffered as a result of their individuality, or because they were different in some way. Margot found her children's schooling to be very stressful, with constant conflicts with the school, finally leading to her choosing to enrol her children in another school. Margot attributed a lot of these problems to the fact that her children were all true individuals. Explaining some of the problems she had experienced with the first high school she noted:

If you were a normal, everyday kid that plays sport they [the school] were fine. My kids are all very different, all a bit whacko, all individuals and they're not the norm, which makes them unique in one way, but I would have liked the boys to play tennis and play football. It would have been easier.... (Margot)

Mother's health: **'just getting through each day'**

The stress and labour associated with motherhood lasts for many years and is unrelenting in nature. The participants talked of chronic tiredness that was linked to the work of mothering, while simultaneously working outside the home.

It is unrelenting. Every day, every week, there are the things that have to be done, that you just have to find the energy for, no matter how tired you might get. Like doing the shopping, making sure there is food, cleaning, washing, just the work of it. And usually you can just plod along with it until something happens, like one of the family gets sick, or there is some sort of trouble with the police or school, and then you have to find more energy to deal with the new crisis. But sometimes you find you haven't got any more energy. What happens is you neglect yourself and just keep on trying. I love being a mother but, God, it's hard work. And it goes on and on and on... there is always something new to worry about. (Margot)

Participants whose children were very challenging described almost continuous disruption and extreme stress that lasted up to six years per child. One of the participants, when talking about issues related to her 20-year-old son who was still causing her considerable anxiety stated:

I have to acknowledge that I can cope with enormous amounts of distress because I live under it every day. I don't sleep very well and most of the time I'm depressed... one day it will finish [the stress caused by her son]. I only hope it's not the day I die. (Diana)

Participants living with unrelenting stress identified it as a factor that negatively affected their health. They

described experiencing headaches, depression, severe emotional upsets, anxiety, sleep disturbances, eating disorders, gastro-intestinal upsets and elevated blood pressure at times.

I don't know how I didn't have a stroke or something, I was so stressed. I was wrecked. I shook all the time. I wasn't sleeping. I cried every single day for at least a year. My blood pressure went through the roof. I got bad headaches and I always had a sore stomach. I always felt on edge and nervous. I felt inadequate and sad all the time. Other times I'd feel like I was going to explode with the pressure of holding it all in. (Tania)

In addition to the negative health effects that participants attributed to stress, several also linked the extreme stress to traumatic incidents such as accidents and poor performance in work and other areas.

I was extremely stressed and anxious. One day I had quite a bad car accident just because I was so stressed and not concentrating on my driving. (Caroline)

It's impacted on me in so many ways. I am just so totally physically and emotionally and mentally drained by the whole experience. I'm a lot more anxious than I used to be and it takes all my energy just to get through each day... you know, to cope, just getting through each day. (Sarah)

As the narrative above suggests, the business of surviving, of coping with the demands of every day can be exhausting and overwhelming. The text also suggests that the negative effects of the anxiety and stress can persist for periods of time.

I couldn't sleep. It breaks into everything. You don't enjoy things because you're always worried about where he is and what he's doing... it can be really quite detrimental to your health. I don't think I was functioning very well at work. The stress and anxiety makes you think you'll explode with it and yet you still have to somehow stay calm, keep going to work, keep on holding the family together, not overreact to anything.... (Melissa)

Seeking support: **'does anyone really care?'**

Participants discussed their needs for support and their attempts to get it. For some participants in partnered relationships, their partners provided the greatest support. One other participant stated that she gained a lot of support from a small group of longstanding friends. However, participants indicated that there were problems associated with seeking support. Some of this difficulty pertained to a belief that there wasn't really anywhere to go for help. Most participants stated that they felt unable to draw on their usual support network of family and friends. When gently probed as to why they felt they couldn't access support from usual sources participants gave different reasons, but all related to a reluctance to disclose the nature and extent of the problems they were having with their children. Marilyn said:

He was my son who you want to be proud of (sic)... I wasn't proud of my son in lots of ways and I didn't want other people to know that. (Marilyn)

Some participants had more complex reasons for non-disclosure to their friends. When giving her reasons for not confiding her difficulties with her son in her very close friend of many years standing:

I could never tell her and I don't know why. I guess it was such a trauma for me that I probably wanted part of my life free of it. I just needed to have a little break in my life that was free of that trauma. (Diana)

But later in the conversation when talking about criminal charges against her son, Diana raised the issue of mothers remaining silent and denying themselves the support of friends in order to protect the child from the disapproval of others.

I do damage control. I didn't want my son to have to deal with this in later life. I wanted it to be over. If everybody knew about it they would ask what was happening and I didn't want that. (Diana)

There was also an issue of mothers feeling they themselves would be judged and blamed by their friends and family.

My husband and I had a good relationship. We used to chat about it a lot, you know, and try to work out what was going on and think back to when we were teenagers. Other people are going to make judgements because I have always worked and I actually had people saying to me 'well it's because you work': 'if you were home to control the children that would never happen'. That always sent me on a guilt trip. (Caroline)

Diana sought specialist counselling for her son, and this also gave her a source of support. It was interesting that in describing her meeting with the counsellor, Diana said:

I got my son in to a counsellor who was wonderful and she said 'I'm not into mother bashing. You know, a lot of this stuff has been your son's behaviour and what we have to do now is work it out and there's no point in blaming people. Let's figure out how we can deal with it'. And she was wonderful, she was very good. (Diana)

Diana valued the counsellor stating clearly that she (Diana) was not going to be blamed for her son's predicament; that blame was futile; and the task they had was to look ahead. Several other participants (n=6, including Diana) also actively sought professional help but generally found these to be unhelpful, with participants describing so-called therapeutic environments as hostile to women and mothers. Brenda describes her feelings following a counselling session:

I could tell the counsellor thought everything was my fault. I felt blamed. He asked me a lot of questions that were... [long pause] critical of me and he seemed to look at me with contempt. He did more harm than good. I can honestly say I have tried to be a good mum and when I

went to that place I went there with the intentions of learning new skills and strategies to help us, but I felt so uncomfortable there... it was a disaster going there. (Brenda)

Margot and Tania recounted similar, unsatisfactory encounters with counselling.

We started to have some family counselling and the counsellor wanted us to do all these things that were not conducive to our family anyway. In the end there was far more anger between me and my husband and son. I wanted my family back. It wasn't worth it. And the counsellor was very hostile to me. She was condescending and patronising. (Margot)

At one point I went to a youth and family crisis centre place. It was awful. The guy I saw had a real blame attitude and he didn't like women at all. He said it was all to do with inferior parenting... I felt humiliated and as though I'd been abused after seeing him so I never went back. (Tania)

Having such unsuccessful encounters with professional helpers only made these women feel more marginalised and alone. Following the encounter with the counsellor, Tania then went to see her family doctor, and she found his responses a lot more helpful. The text below suggests that the doctor's actions of giving his time, showing concern, and listening to her distress were experienced as being healing.

Then I went to the doctor and tried to tell him, but I was so upset that when I started talking I just broke down and couldn't talk. But he was so nice, he just let me sit there in his room and cry for a while... It was very emotional for me because it was the first time I felt anyone really cared enough to see my hurt and pain. It felt like everyone else who knew about my troubles judged me as a bad mother and judged my son as a bad person, so I never felt I could tell them anything. But that day with the doctor I felt I could let my guard down and cry it out. He suggested counselling but I felt too fragile to go through with it. So he said I could come back and see him anytime I wanted. (Tania)

DISCUSSION

Periods of family conflict and impaired communication are features of adolescence, and though these issues are recognised as being part of the developmental journey for many young people (Henricson and Roker 2000), the findings of this current study suggest that mothers may not expect the degree or duration of upheaval that can accompany adolescence. Shek and Ma (2001) suggest that parent-adolescent conflict differs between fathers and mothers, with mothers generally avoiding overt conflict more than fathers. However, Edwards et al (2001) found that mothers reported a higher level of anger intensity when in conflict with their adolescent children than fathers.

Parenting adolescent and adult children can challenge maternal feelings of competence. Participants described feeling inadequate at times, and feeling exhausted by the demands of mothering. Nicholson (1983) clearly captures the mixed emotions, guilt, sacrifices and physical labours associated with mothering, when years after her four children had grown to independent adulthood, she reflected:

Perhaps I loved them too much, yet I look back and see all the things I did not do for them, the many times I failed them, and I feel I did not love them enough. But how could I have done more? For years they occupied most of every day. They gave me sleepless nights, an aching back, pricked sewing fingers, sore feet, cheap clothes, neglected teeth. My patience was exhausted on them, my freedom taken away, the bloom of my young womanhood vanished while I cared for them, when my mind was at its best I was helping with their homework, and the time of my greatest physical ability went to give them strength... my main impression is one of never-ending work, tiredness, sacrifice, frustration, monotony, continued doubts, smiling forced patience, loneliness, but no time for myself (Nicholson 1983, pp.4-5).

As Nicholson suggests, and as the women in this study confirm, the responsibility embedded in the mothering role can cause considerable and on-going stress. Tensions and conflict occur as women struggle to simultaneously meet the many demands upon them, and the expectations of those around them. Despite the difficulties associated with mothering at this time, all participants in this study still invested a lot of time and energy in fostering relationships that were as positive as possible. Discussing the practice of mothering, Leonard (1996, p.129) states that children have a connectedness with their mothers that takes priority over other concerns or commitments. This was true for the mothers in this study. They all prioritised issues related to their children above all else. This proved to be exhausting, especially given that most mothers had more than one child, and all had other pressures on their time. For some participants, this meant taking time out from work to assist their children with problems associated with schooling, the justice system, or other personal problems.

The role of parents is ill defined in this period (Henricson and Roker 2000) and the degree of control parents should exercise over their adolescent children is not clear. According to Leonard (1996, p.129), in framing mothering as a practice, 'the mother does not view her child as an autonomous equal deserving of care by virtue of his or her rights. Rather, the child's helplessness and need and relationship to her solicit her care'. Developmentally and socially the child is poised between childhood and adulthood and is prone to demand increased autonomy. This challenges mothers to reconstruct their relationships with their children, so as to meet the changing needs of their children.

When experiencing problems associated with mothering, avenues of support were hard to find and

though various approaches to support parents have been developed, such as parent effectiveness training for example, these are not accessible to all families. In this particular study, where specialist services were approached (n=6 participants), all but one of the participants reported feeling hostility and blame from therapists. This caused the affected women to cease use of the service. Subsequent to this, one participant approached her family doctor and reported this as helpful.

The stigma that many participants in this current study felt in reaching out to friends and family for support during very difficult times has been previously noted by Nelms (2000), who found that mothers caring for adult sons with HIV/AIDS felt stigmatised, and marginalised from many of their usual supports because of their sons' homosexuality, drug use and disease. These mothers reported having to keep secrets about the nature of their son's illness from employers, from many friends and relatives and even from clergy (Nelms 2000). Nurses are ideally positioned to provide support for mothers under stress. However, as Fenwick, Barclay and Schmied (2001) note, research on parent and nurse relationships is limited. Nelms (2000) calls on nurses to reflect upon their own values and attitudes, so as to better meet the needs of women as mothers.

In a study of early mothering Fenwick et al (2001) identify chatting between mothers and nurses as an important clinical tool that has the power to influence a woman's confidence, her sense of control and her feelings about herself as a mother. Similarly, one of the reasons that women participated in this current study was that it gave them the opportunity to talk about their experiences and perhaps develop new understandings of mothering. Participation in the study gave them the opportunity for reflection and the women enjoyed being given the opportunity to share their experiences (similarly Nelms 2000). Nelms (2000, p.57) suggests nurses include 'inquiries about mothers' relationships with their children into all women's health assessments as part of evaluations of women's well being'. Thus, nurses could create a space for women to tell the stories of their mothering. The potential value of this is reflected in Tania's narrative in which she recounted the story of her visit to the family doctor. In giving her a safe space to speak her pain and distress, and in allowing her voice without making her feel judged, Tania experienced her encounter with the doctor as helpful and caring, and one that moved her towards healing. While this was the experience of only one of the women, it does raise the importance of providing a safe space for women to speak. It also highlights the healing potential of story telling, especially for people in situations of extreme stress and anxiety such as many of these participants had been in at times, and who simultaneously felt that their usual supportive networks were not available to them. Health professionals may not necessarily be able to provide material assistance to women experiencing family difficulties associated with mothering, in that we may not have the resources to reduce the demands on

women who are mothers. However, health workers do have a role in providing the support and the safe spaces for women to give voice to their pain and distress, and this could make the difference between coping and not coping with very difficult circumstances.

IMPLICATIONS FOR FURTHER RESEARCH

Additional research is needed to further explore the experiential aspects of motherhood. In addition, further research is needed to:

- develop supportive strategies to assist women throughout their mothering years, such as facilitated discussion groups, or other interventions utilising a peer support framework;
- gain understandings into parent/nurse, parent/therapist relationships;
- explore the experiences of women from social and cultural minority groups; and,
- gain the perspectives of women whose children have a history of no contact with their fathers.

LIMITATIONS TO THE STUDY

The main limitation of this study is that it is of Western Caucasian middle class women. It needs to be acknowledged that experiences around motherhood may be different for women of other cultural or minority groups. The women who participated in this study were well-educated, and the majority were overwhelmingly in partnered relationships. Where women were sole parents, the children knew and had contact with their fathers. Therefore, perspectives of women who are mothers of children who have no contact with their children's fathers may not be fully captured in this study. In addition, none of the women in this study were affected by extreme poverty. Poverty limits the options available to people when they are trying to problem solve, and therefore would almost certainly complicate aspects of the mothering experience.

CONCLUDING COMMENTS

Surprisingly, little about experiential aspects of motherhood and its consequences to the health of women appears in the nursing literature. This paper makes clear links between women's health and motherhood, and casts

light on the life-long nature of mothering. Though all but one of the participants did enjoy their mothering and considered it an enriching and overall positive aspect of their lives, many experienced considerable stress associated with their mothering, and that in itself carries implications for women's health and makes it of interest to nurses. Findings of this study provide new insights into mothering as it is lived, and its perceived long term effects on women's health and well being.

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