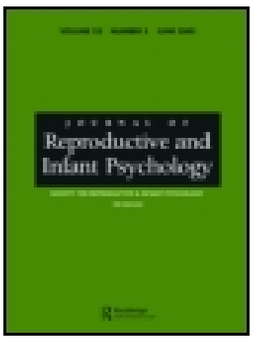

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Being a 'good mother'

STEPHANIE BROWN, RHONDA SMALL and JUDITH LUMLEY
Centre for the Study of Mothers' and Children's Health, La Trobe University, 463 Cardigan Street, Carlton 3053, Australia

Abstract: This paper draws on tape-recorded interviews with 90 women who gave birth in Victoria, Australia in 1989, followed-up when their infants were around 2 years. Half of the sample had been assessed as depressed 8–9 months post-partum using the Edinburgh Postnatal Depression Scale (case/depressed group), the other half had low scores indicating they were unlikely to have been depressed at the time of the original survey (control). Fifteen of the women in the case/depressed group and two women in the control group had scores of 13 or higher on the EPDS at the time of follow-up at 2 years. The interviews explored a broad range of topics related to the experience of motherhood in the first 2 years after giving birth. The paper focuses on a section of the interviews in which women were asked to describe their conception of a 'good mother'. Women who had been depressed at 8–9 months post-partum compared with women not scoring as depressed at this time, and those depressed at follow-up compared with women not depressed at follow-up, did not differ in their ideas of what is involved in being a 'good mother'.

Introduction

In the last five decades profound social and economic changes have transformed women's lives. Whereas in Australia in 1947, 6% of married women were in the paid workforce, by 1990 this figure had risen to more than 50%. The introduction of the principle of equal pay for work of equal value in 1972, and of government-funded child care have made it both easier and more financially rewarding for women to combine paid employment with motherhood. On the other hand women's average weekly earnings remain a fraction of male average earnings; in 1992 the median full-time wage for women was still only 83.7% of male full-time weekly earnings. In 1989 44% of women with children in the newborn to 4-year-old age range were in the paid workforce or were actively looking for work (Ochiltree and Greenblat, 1991). As the economic recession of the late 1980s and early 1990s deepened, many families lost one or both incomes. Job losses in manufacturing and the public sector placed substantial stresses on families, particularly those who lost jobs, or whose jobs were threatened. In 1991, 9% of couples did not have either parent employed (McDonald and Brownlee, 1992).

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What does it mean to be a mother in this environment? Research on motherhood commonly focuses on aspects of psychological adjustment, and/or maternal depression. It is unusual for women's own accounts of their experiences as opposed to the results of standardized instruments to be reported; feminist analyses of motherhood provide rare exceptions to this generalization (Oakley, 1979; Walkerdine and Lucey, 1989; Phoenix *et al.*, 1991; Bortolgia Silva, 1996). This paper draws on tape-recorded interviews with 90 women who gave birth in Victoria, Australia in 1989, followed-up when their infants were around 2 years of age. Half of the sample had been assessed as depressed using the Edinburgh Postnatal Depression Scale (EPDS) when their infants were 8–9 months old, the other half had low scores indicating they were unlikely to have been depressed at that time. The interviews explored a broad range of topics related to the experience of motherhood in the first 2 years after giving birth. All women were asked how they would describe a 'good mother'. This paper is based on the conversations that followed.

An earlier Australian study by Harper and Richards, in which 60 first time mothers were asked to answer a very similar question found that women generally adhered to one or other of two overlapping discourses about 'good mothers' (Harper and Richards, 1979). Harper and Richards labelled these as the 'old style good mother' and the 'new good mother'. The 'old good mother' discourse, they argued, stressed the importance of love and security, and 'passive qualities—patience, reliability and willingness to spend time' (Richards, 1985). The 'new good mother' according to this typology is more interested in retaining her own independence and individuality, and in providing a stimulating environment for her child's development, rather that the 'loving presence of a patient mother' (Harper and Richards, 1979).

Our aims in the current study were threefold: first, to explore what being a 'good mother' meant to women who took part; second, to investigate whether the overlapping discourses identified by Harper and Richards were present or extended in the ideas of mothers in our sample; and third, to investigate whether women who had been depressed at 8–9 months post-partum compared with women not depressed at this time, and women depressed or not depressed at follow-up (18 months to 2.5 years after the birth) had different ideas about being a 'good mother'.

Methods

The 1989 survey of recent mothers

In the original study, questionnaires were sent to a representative sample of women ($n = 1193$) in the state of Victoria, Australia, 8–9 months after they had given birth. The sample was all confinements in the second week of February

1989, except in one hospital where the sampled week was the second week of September 1989. Women who had a stillbirth or known neonatal death were excluded. After excluding duplicate responses, questionnaires returned from outside the study dates, and questionnaires returned 'addressee unknown', the response rate was 71.4% ($n = 790$). A full account of the survey methodology is provided elsewhere (Brown and Lumley, 1993).

The questionnaires included the Edinburgh Postnatal Depression Scale (EPDS) which has now been validated in three studies in the United Kingdom, and also in one Australian study (Cox *et al.*, 1987; Harris *et al.*, 1989; Murray and Carothers, 1990; Boyce *et al.*, 1993). Using the conservative cut-off score of 13 or higher, 15.4% of women who returned questionnaires at 8–9 months post-partum (119/771) were assessed as potentially clinically depressed (Astbury *et al.*, 1994). Social factors associated with maternal depression at a univariate level were: not having a partner; being born overseas in a country where English is not the first language; and living in metropolitan rather than rural parts of the state. The mothers' age, education, family income, and number of other children were not associated with depression, although women over 35 having a first baby were significantly more likely to score as potentially depressed than mothers in this age group with more than one child (Astbury *et al.*, 1994).

These findings prompted a follow-up study in which we attempted to contact all women who scored as potentially depressed (scores of 13 or higher) who gave a phone number indicating they were happy to be involved in further research, and a randomly selected comparison group of women whose scores on the EPDS indicated they were unlikely to be depressed (scores of less than 9). The follow-up study was undertaken 12–18 months after women had completed the original survey.

The follow-up study

The methods used in the follow-up study are reported in detail in two earlier papers (Small *et al.*, 1994a, b). Ninety women took part in the study. The case group consisted of 45 women who scored greater than 12 on the EPDS at 8–9 months postpartum, while the control group had all scored less than 9, indicating that they were very unlikely to have been depressed at the time of the original survey.

Women in the study were aged between 19 and 41 years, with a mean age of 30.4. Only four were not living with a partner. Fifteen women were born overseas; eight of these were of non-English speaking background (NESB). Twenty-five women had one child, 33 had two children, and 32 had three or more. Forty-eight per cent of women were in the paid workforce, the majority working part-time. Fifty-two per cent had completed the final year of secondary education, and 56% had post-secondary qualifications. At the time of the original

survey, 38% had a low total family income (<$30,001 p.a.), 31% had a family income in the middle range ($30,001–$40,000) and 31% had an income of greater than this amount. In four cases fathers were at home full-time; two of these had recently been made redundant. Women in the follow-up sample differed from the total population (i.e. the original survey sample) in being older, more likely to be multiparous, and less likely to be single or of NESB. It is likely that women on higher incomes were also over-represented in the follow-up sample. The characteristics of the follow-up sample are discussed in Small *et al.* (1994a, b).

Five standardized questionnaires, including the EPDS were sent to women in the follow-up study for completion prior to being interviewed at home. Fifteen women in the case group scored as potentially depressed at the time of follow-up, compared with only two in the control group (Small *et al.*, 1994a).

The home interviews followed a semi-structured interview schedule and covered: partners' and women's participation in housework, child care and parenting; social and emotional support, 'time-out' from mothering, physical health (for women and children), women's own family and childhoods, paid employment, expectations and experiences of motherhood; and for women who had been depressed what this experience was like, whether they sought help, and factors involved in recovery.

Coding and analysis

The question 'How would you describe a good mother?' was asked towards the end of the interviews. We deliberately chose not to precode any responses for this question. Developing a coding framework proved to be a challenging and time-consuming task. A preliminary coding schedule was developed by two of the authors after reading through 20 of the transcripts. One member of the research team then began coding the transcripts using this coding schedule. Prior to coding, the transcripts were shuffled so that the order for coding did not reflect the order in which interviews had been undertaken, and to ensure that women in the case/depressed and control groups were not clustered. The only identifying information on the transcripts was a number which did not indicate the woman's status as either a member of the case or the control group. In this first round of coding the categories we applied were fairly broad, and it was apparent that many women's responses did not fit within the coding framework we were using. As a result, we reworked the coding categories and coded the transcripts again, this time with double the number of categories we had used in the preliminary schedule. After a further attempt, we decided to code women's responses in three domains. These were: qualities and attributes; a somewhat shorter list of child care tasks; and a third section in which we recorded comments from a small number of women who talked about how 'good mothers' balance

their own needs in relation to the needs of their children. This formed the basis of the final coding schedule.

In all, we revised the coding categories (and recoded the interview transcripts) four times before we were confident that they gave adequate cover to what women had said. At this stage a staff member at the Centre who was not a member of the research team for the study spent a day reading and independently coding this section of the transcripts. Any differences in coding were discussed with a member of the research team and agreement reached about what was the most appropriate coding in each case. There were five cases where agreement could not be reached, and these were referred back to the full research team to decide on final coding.

Statistical analysis comparing the responses of women scoring as potentially depressed on the EPDS 8–9 months after the birth (case group, $n = 45$) with women unlikely to be depressed at this time (control group, scores of less than 9, $n = 45$), and of women scoring as potentially depressed at follow-up ($n = 17$) with women whose scores on the EPDS at follow-up were less than 13 ($n = 73$), was carried out using the Analysis and Statcalc components of EpiInfo 5.0.

What does it mean to be a 'good mother'?

Table 1 summarizes the characteristics women identified in response to our question 'How would you describe a good mother?' Discussing first the qualities women mentioned most frequently, the 'good mother' is required to be loving and caring, to have 'never-ending' supplies of patience, to spend time with her children willingly and regularly, and in this time provide her children with the right sort of attention, stimulation and guidance. She is required to remain calm and relaxed at all times, to be a good listener and communicator, and to be understanding and sensitive to children's needs. Among the tasks she must perform competently are the disciplining of her children, teaching of appropriate behaviour, and everyday basic care tasks of feeding and keeping children clean. In order to manage all this she must have highly developed skills in juggling competing demands; she must be responsible, consistent, fair, able to 'handle' (control?) her children in any situation, never lose her temper—and it would also help if she was energetic, creative, and had a sense of humour. Of course, most women mentioned only a few of these, and it is the heterogeneity of women's responses, rather than the similarities, that is immediately striking about the list in Table 1.

Patience, of all the qualities women associated with being a 'good mother', was the most likely to be mentioned first.

> a good mother is someone who's patient, always there ... caring, loving, can do ten things at once, that knows how to put two kids on one lap.

Often spending time with children and patience were linked together.

Table 1. Descriptions of 'good mothers' (n = 90)*

Attributes	
Caring and loving	38%
Patience	25%
Calm and relaxed	11%
Listens to and talks to children	8%
Understanding and sensitive	7%
Responsible	7%
Able to juggle competing demands	7%
Non-judgemental	6%
Consistent	5%
Does their best	5%
Able to handle children in any situation	4%
Is there any such thing?	4%
Never loses temper	4%
Not perfect	4%
Children respect her	2%
Fair	1%
Creative	1%
Energetic	1%
Tasks	
Spends time with children	26%
Fosters children's emotional development	16%
Does the basics/attends to feeding, hygiene	11%
Disciplines children	8%
Always there for children	8%
Keeps children under control	5%
Sense of self	
Good mothers are good at what I'm not good at	15%
Children come first	8%
Confident about being oneself	5%
Keeps a sense of own interests and needs	2%

*Percentages refer to the proportion of women identifying each factor; more than one factor could be identified by each woman.

> A good mother is one who has time and patience for her children. Patience I think is the big key for children.

> [A good mother] Somebody who spends a lot of time with their kids, has a lot of patience.

For some women our question seemed relatively straightforward. They gave brief responses that had an almost 'matter of fact' quality to them, and there was little indication that being a 'good mother' posed any more than everyday difficulties. Other women were very open about how they tried to be 'good mothers', but often felt they lacked the necessary patience and ability to make time for their children.

> Oh, you have to be more patient, I think. You have to learn to be more patient. I don't know. I'd say you should put your kids before anything else; before your housework and everything—although I don't always, but I think you should.

> I always admire those women who've got all the patience in the world, that can sit down and play and be really creative, yeah. I'd like to be like that, but I'm not.

Spending 'quality time'

What did the women in our study mean when they said 'good mothers' have 'time to spend with their children'? Although there were six women who stated unequivocally that it was important for mothers to be 'always available' or 'full-time at home', most women did not say this. The women who identified spending time with children (but not all one's time) as important elaborated on this in a variety of ways. In some cases what women said appeared to be an extension of the qualities Harper and Richards associated with the 'old style good mother'.

> I think I am a good mother. One that can cope. Just a good mother is someone who can just tune off other things and devote her time to her children, and not rush them around and expect them to keep up. ... mothers that sort of keep the same speed as their children, not rush them, and being frazzled which I have done from time to time too. That's when I don't feel a good mother.

But it is not just the need for patience that is emphasized here; the belief that a 'good mother' is someone who can switch off other things and devote her attention entirely to her children is also stressed. This suggests a different conception of motherhood, in which the time mothers spend with their children has an important purpose. Several other women reiterated this view:

> [A good mother] One that's very patient and thinks of the child before themself. Like sometimes I want to finish what I'm doing but I know she wants me to do something, and that's a bit frustrating. But now sometimes I just leave—like when I first brought her home I would just worry about if the house wasn't clean and this and that, but now I worry about her more than making sure the house is alright. *So when the child comes first I think, mainly, and taking time to play with them and read to them.*[our emphasis]

Other recurring themes in women's beliefs about 'good mothers' centred upon the importance of listening to children, and being sensitive to their feelings. Sometimes this was linked to statements about children's individuality, and the need for mothers to tailor responses to the particular characteristics and personalities of their children.

> [A good mother] someone to talk to, someone that would understand how you feel, if you don't feel like talking, but knows what to do to make things better. Just to be there when you need someone.

> A good mother would be someone who spends quality time with her children and knows their personality traits well enough to cater to their need, not just their general care, I guess is what I'm trying to say. That you know them well enough to be able to turn each situation to suit them, 'cos each child is so different.

> I don't know, [a good mother] one that can sort of handle their child in any situation, sort of like letting the child not do what they want, but sort of still showing them what they want to say without just squashing their feelings, by the same time, still letting them know who's the boss.

These accounts add another layer again to spending time with children. They

describe mothers who are skilled at reading their children's behaviour and feelings, and who make use of this knowledge to 'turn each situation to suit them'. The idea of 'quality time' is merged here with the belief that mothers have a responsibility to provide children with guidance, but in subtle ways linked to children's individual character traits and personalities.

The possibility of perfection

The child care advice literature available to mothers generally assumes that mother–infant interaction is pivotal to the psychological, emotional and relational life of the child, and that it is the quality of the interactions between mother and child that determines future psychological development (Hardyment, 1983; Chodorow and Contratto, 1989; Marshall, 1991). Penelope Leach, for example, gives the following advice to new mothers in her book, *Baby and Child,* which although first published in 1977 is still one of the most generally available parentcraft books used by Australian mothers:

> The more you can understand him (the child) and recognise his present position on the developmental map that directs him towards being a person, the more interesting you will find him. The more interesting he is to you the more attention he will get from you and the more attention he gets the more he will give you back. (Leach, 1989, p. 9)

Leach outlines the perfect symmetrical relationship between mother and child where understanding and meeting the baby's needs contributes to the mother's sense of purpose and self, and the baby's response in turn fuels the mother's interest and capacity to give appropriate care and attention to her child. Woollett and Phoenix (1996) have recently pointed out that this conception of maternal responsibility is also endorsed by textbooks in the field of developmental psychology.

For a very occasional woman in our sample, motherhood did seem to be like this.

> A good mother is one who cares for her children and her family, provides a happy environment for them, also feels fulfilled and satisfied in some senses in what she is achieving.
>
> *Most of the time would you see yourself as a good mother?*
>
> Yes, yes. I'm always here for the children, and I do things for them, love them.

Others had found a workable way of relating to their children that accommodated the times when they felt their responses were less than perfect.

> [A good mother] Someone who's tolerant, consistent, I suppose natural in the sense that they can express all their feelings. ... this is all hypothetical, it doesn't really happen like this.
>
> *Do you see yourself as a good mother?*
>
> Oh, I'm on the better end of each of those things (laughs). I mean sometimes you're

> not, sometimes it's easy to fly off the handle, things like that, but if the kids see you do that, then I think you have to accept that they're going to do that too. I mean it's all part of life, isn't it, it's real life. You can't create an artificial environment for them.
>
> *So most of the time you would see yourself as a good mother?*
>
> Yeah, I think I do a reasonable job.

But several women were far less sanguine about what it is like to try to be a 'good mother' on a constant basis.

> I don't know how to word it, but [a good mother] remains calm around their children. Like if they're really het up about something, go somewhere else and express their concern. You know, go out in the back paddock and scream and yell. I've been guilty of spinning it [getting angry] with —— [child] a couple of times, or near him, and I've seen what it's done to him, so if I'm getting uptight about something I try to get away from him before I show it.
>
> *Do you see yourself as a good mother?*
>
> No. (laughs) ... I don't know. I desperately want to be a good mother, and I like being a mother. But, yeah, I seem to be full of failures, and I think a lot of that stems from receiving a lot of criticism, but also you know, I think I am fairly insecure as a person, too.

Although the focus on mother–infant interaction in post-Freudian psychology renders it *de facto* a theory of motherhood, the implications for mothers of, in theory at least, shouldering the responsibility for children's social and intellectual development, have rarely been researched or described (Woollett and Phoenix, 1996). What are the effects for women when they find themselves unable to be consistently patient, understanding, loving and attentive? It is clearly impossible to be these things all the time, but how do women determine what is enough patience, or under what conditions it is okay for them not to remain patient, loving, calm, etc.? One woman who had four children summed up this dilemma by concluding that a 'good mother' would have to be a superwoman.

> A superwoman! A good mother. I don't know. Anybody that could discipline their children and be able to turn around and feel all motherly toward her child must be able to work miracles, because I certainly can't do it. If I'm angry because I'm disciplining, I certainly can't go up and give them a cuddle. I just can't do that. It would be nice to be able to get over the emotions I suppose. Or to be able to relax and enjoy them without all the pressures of running a household and that as well.

When we first began doing the interviews all of us felt some unease about asking women how they would describe a good mother. The notion of good mother and even the qualified good enough mother popularized by object relations theory (Flax, 1990) carries the implicit assumption that some women do not make 'good' or even 'good enough' mothers. It is almost axiomatic given the tradition within Western rationalist thought of thinking in dualities, that these

other mothers—the ones who are not good mothers—must logically be bad mothers. The dichotomy good/bad belies the possibility of being both good and bad or sometimes the one/sometimes the other (Oakley, 1992). As we have seen, few women challenged the good/bad dichotomy. The attributes they described as being the qualities of good mothers, in the main, also fitted within an either/or framework. When women found themselves unable to remain patient, calm, understanding, loving and attentive to their children's needs, they felt they were not good (and therefore bad) mothers.

Balancing acts

One of the stumbling blocks women described coming up against in attempting to be 'good mothers' was housework. Research by the Office for the Status of Women shows that new mothers in Australia spend an average of 56 hours per week doing unpaid work (Bitman, 1991). This includes doing household cooking, laundry, cleaning and shopping as well as tasks associated with the care of children. The effort involved in trying to juggle these competing responsibilities was a topic that came up often in the interviews. The comments below illustrate a tension that several women described between being a 'good mother' and managing to get housework done.

> *Do you see yourself as a good mother?*
>
> Yes and no. Yes, when I don't yell and scream. Depends like if I'm really busy that day and I'm not—like if I'm not that busy, it's fine—like I don't mind; but if I like now and then you can't let go of the housework and let go of all the things you have to do around the house because it's gonna put you back behind. That's the only thing I find really hard.

The kind of work that women do when they are at home with small children remains, despite all the efforts that have been made to draw attention to it, a socially hidden form of labour. The census does not count hours of unpaid caring and household work; time spent taking children to kindergarten, school and visits to the local doctor or health centre; or the number of hours involved in doing the weekly shopping. When new mothers are depicted in TV commercials and the popular daytime and evening 'soapies' they usually show a relaxed mother and a freshly bathed, smiling, and obviously thriving baby. Sick babies, babies with feeding problems, mothers with mastitis, mothers who are chronically tired from long term sleep deprivation and the physically demanding nature of motherhood with its routine of domestic labour are also rarely seen.

In the descriptions women gave of 'good mothers' we also saw only part of this picture. No one in this section of the interviews talked about how difficult it is for mothers to remain patient and calm when they are themselves physically exhausted or unwell. Nor was there any mention of babies that cry for several hours a day no matter what strategies are tried to console them; babies who

never have a sleep during the day, and want to be constantly in someone's arms; or that wake several times a night until well beyond the first year. Women talked at length about what it is like to manage under these and other stressful circumstances in other parts of the interviews, but they were silent about these stresses when we asked them about 'good mothers'.

Why did women talk about housework intruding upon their capacity to be good mothers, and not these experiences? One plausible explanation is that domestic labour has a legitimacy as a demand on women's time that being tired, physically exhausted or having a baby that cries a lot does not. The perfect mother-baby unit described by Leach (1989) and supported by developmental psychology textbooks (Woollett and Phoenix, 1996) excludes these realities, except as the consequences of mothers being poorly adjusted to their role. Implicit in Leach's description of the strategies parents might use to calm a crying baby, for example, is the assumption that if these strategies are tried a 'good mother' will succeed in allaying her baby's cries. If she does not succeed it is imputed to be a failure of her mothering style; she either needs to become less anxious or more attentive and receptive to her particular baby's needs (Leach, 1989). Housework, on the other hand, is something which it is clear all mothers must contend with. The child care advice books counsel that a lowering of standards may be necessary in the short term, but there is no debate regarding the necessity of some basic housework getting done (Leach, 1989; Spock, 1969)

Silences

The desire to maintain involvements that predate a woman's entry into motherhood—the life she had had before—was rarely something women mentioned in the context of talking about 'good mothers'. It was as if 'good mothers' did not have partners or friends with whom they liked to spend time alone; go for a walk without their children, or play sport; read a book; have lunch with friends; or go to work and enjoy it. Elsewhere in the interviews women talked about how they missed doing the sorts of things they had done in their spare time before they had children, and a proportion of women described how they had tried to keep up at least some of these activities. But when it came to the question of 'good mothers', the idea that mothers might do things for themselves, even occasionally, was rarely raised.

Counter to the sense conveyed by Harper and Richards (1979) that the qualities of independence and individuality are associated with an emerging concept of the 'new good mother', we could find no evidence that the notion that mothers may have lives that extend beyond their children's lives was any more common in 1990/91, than when they interviewed couples in the mid-1970s.

In women's accounts of 'good mothers' we also rarely heard about fathers or

about other people (family members, friends, day care staff, etc.). Why? The isolation of the mother–child dyad is, of course, a physical reality for a majority of women. Over 70% of partners were absent from the home for 10 or more hours a day, or worked more than 5 days a week, and most women did not have family members whom they could rely on to make a regular contribution to child care. Although some men contributed a great deal in the time they were at home, and four fathers were at home full time, the reality for most women was that they did the majority of the work of caring for their children during both day-time and night-time hours (Small *et al.*, 1994c).

But the isolation of mother and child in women's accounts of 'good mothers' was about more than women's greater responsibility for the physical workload of child care, and about more than the amount of time women spent 'alone' in the company of their children. It also had a potent psychological dimension (Chodorow and Contratto, 1989). The sense that 'good mothers' offer their children a very special commitment, and have a very deep-rooted emotional bond with their children that is non-transferable to others came across strongly in some women's comments:

> Well, ... just to be a friend of them, and always take care of them, not to leave that role to any fathers or other relatives. It has to be—I mean mother has to be first, of education, of everything! Even if you're planning to buy something for them, just mother has to think about it first, what they really need.

> Well, I'd say a good mother is someone to talk to, someone that would understand how you feel if you don't feel like talking, but know what to do to make things better. Just to be there when you need someone. Someone to help you with things, do things with you, and all those sorts of things, be a friend.

Fathers were only rarely brought into the constellation of women's thought about 'good mothers'. Reference to mothers and fathers working as a team, as in the following extract, was therefore unusual.

> A good mother is one that's ... as a team you have to work, as a husband and wife. As long as they're happy. I want them to be happy throughout their life, and doing what they're happy doing. It's really difficult to answer that. I just want my children to be happy and have a good life, and go to the beach, and things like that.

Does being depressed make a difference?

For most women, becoming a mother is a 'journey into the unknown' (Oakley, 1979). The realities of the birth, and the first few months and years of life with a new baby are often very different to women's expectations. Two-thirds of women who took part in the follow-up study found the demands of caring for children harder than they expected (Small *et al.*, 1994c). Women who had been depressed at the time of the original survey were no more likely than those not depressed at this time to say that being a mother had been harder than they expected.

In the literature on depression after childbirth, it is commonly assumed that unrealistic expectations about motherhood are linked to the onset of depression (Byrne and Raphael, 1995; Condon, 1995). The follow-up study provided an opportunity to test this hypothesis by examining the extent to which women depressed at the time of the original survey (n = 45), and those depressed at follow-up (n = 17) held different ideas about what is involved in being a 'good mother'.

The analysis was undertaken 'blind' to the case/depressed or control status of the women whose reflections on motherhood are described above. Only after we had completed the qualitative analysis did we make a computer file that enabled us to look at these questions. What we found was that there was no association between any of the most common beliefs expressed—good mothers are patient, loving, give their time freely to their children, stimulate and encourage children's emotional development—and depression at 8–9 months after birth, or at the time of the interview.

Given the variety of ideas about 'good mothers' conveyed in the interviews, which meant in some categories we had very few responses, we grouped together a number of the categories to make one variable which we call 'the perfect mother'. We included in this variable all the attributes of 'good mothers' which fitted within a dichotomous either/or framework (patience, loving and caring, consistent, fair, non-judgemental, responsible, calm and relaxed, able to handle children in any situation, listening attentively/talking with children, showing sensitivity to children's needs, never losing one's temper). Our hypothesis was that women who experience depression might be more likely to adhere to an either/or construct of the 'good mother'; that the sense of failure inevitable within this construction of motherhood may contribute to depression. In fact, we found this was not the case. Women who had been depressed at 8 months post-partum compared with women not depressed at this time, and those who were depressed at follow-up compared with those not depressed at follow-up were not more or less likely to adhere to this conception of the 'good mother'. The beliefs women expressed concerning 'good mothers' were shared beliefs—culturally pervasive and therefore normative in our society.

Conclusions

There are several conclusions which may be drawn from the findings of the study. The primary conclusion is that women who had been depressed at 8–9 months post-partum, or were depressed at the time of the interviews did not differ in their concepts of 'good mothers' from women not depressed at either of these timepoints. Thus it would appear that depression does not explain the ideas about 'good mothers' held by women in the study, nor does it appear that

depression can be explained by them. This, we wish to suggest, renders problematic the current emphasis on educating and 'better preparing' pregnant women for motherhood where this is accompanied by a belief that education will reduce the likelihood of an individual woman becoming depressed later on (Condon, 1995; National Goals, Targets and Strategies for Improving Mental Health, 1994).

Another set of conclusions pertain to the ideas women expressed about 'good mothers'. Over and over again as we talked to women during the interviews, we were struck by the energy and commitment women gave to motherhood, and the daily juggling of other commitments this required. Although most women accepted the impossibility of fulfilling their ideal of being a 'good mother' all of the time, the weight of trying to live up to this ideal was very apparent. The silences in women's accounts of 'good mothers' were notable: paid work, fathers that share in the tasks of parenting and housework, having time to oneself. To what extent had women's ideas of what is involved in being a 'good mother' changed since the 1970s? To the degree that we are able to answer this question, we could find very little evidence of a substantial shift in the ideas about 'good mothers' expressed by women in our study and the women interviewed by Harper and Richards more than a decade earlier (1979). Whereas Harper and Richards' study focused on first time mothers, our study drew on a population based sample of all women giving birth in a selected time period. When we conducted the follow-up interviews, some women had already had a subsequent child, and over two-thirds had older children. We cannot unpackage the various ways in which women's views about 'good mothers' may be coloured by having older or younger children. Nor do we know the extent to which women were relating to current experiences, or drawing on the range or their experiences since first becoming mothers. What is clear from the interviews, is the heavy burden on women of attempting to reconcile pervasive beliefs about being a 'good mother', with the many competing demands in women's lives at this stage in their lives.

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