

Dissertation

**The Mother and The Child Clinical Psychologist:
A discursive analysis of professional conversations.**

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Figure 1- The Mother and the Trainee Clinical Psychologist: My Mother, my GrandMother and Me. (2007)

My mother is a poem
I'll never be able to write,
though everything I write
is a poem to my mother.

Sharon Doubiago (1984)

Abstract

Aim

Motherhood is placed under a lens by society: mothers are expected to fit within narrowly defined characteristics which dictate who mothers should be and how they should act. Although there are numbers of articles that explore this issue, little attention has been paid to how health professionals, and clinical psychologists in particular, position themselves in relation to societal ideas about motherhood. The research aims to define the discursive resources used by Clinical Psychologists (CPs) to construct the shapes and identities of motherhood, and to explore how these resources were deployed.

Method

A discourse analysis approach is employed. Data came from 3 focus group interviews (N=9), which were set up in order to explore motherhood and mothers. Participants were all qualified CPs working within Child and Adolescent Mental Health Services (CAMHS) in the UK. The research is positioned within a social constructionist frame and takes a critical realist position. The analysis includes elements of both discursive psychology and critical discourse analysis, filtered through a postmodern feminist lens.

Findings

A number of discursive practices and identity positions around womanhood and motherhood were highlighted and a set of interlinked dilemmas emerged for women around how to be a woman and how to be a mother. A further dilemma emerged for CPs which encompassed how they worked with women, and what positions they took when doing so. Womanhood and motherhood appeared to be troubled, which had the potential to oppress mothers attending CAMHS. Female CPs were included within this trouble, however, which created interesting juxtapositions within the deployment of discursive resources. Finally, some positive discursive practices were identified which highlighted acceptance and tolerance of pluralities of being a woman and being a mother.

Implications

Reflection, deconstruction and an opening up of the debate were seen to be useful devices in helping psychologists to expose potentially oppressive practices. Politicisation of psychology was also explored.

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I wish to thank the following for permission to use copyrighted material.

Figure 4 – Steve Nease for the use of his cartoon "Happy Mother's day to Supermoms everywhere".

Figure 5 – DC Comics for use of the image of Wonderwoman.

Glossary of definitions

Anti-essentialist – Arguments against essentialist ideas; for example feminist rejection of essentialism on the grounds that universal claims about women are invariably false and effectively normalise and privilege specific forms of femininity

Culture blindness – Lack of awareness of the impact of culture. Culture blindness can promote an ethnocentric view of culture, which can disguise how culture and cultural discourses are formed and maintained, and how they impact on groups and individuals. (Moncrief, 2007).

Discourse – A discourse is a “group of statements which provides a language for talking about (or representing knowledge about) a particular topic at a particular historical moment” (Hall, 2001).

Essentialism – A philosophical approach that states that every entity possesses a set of characteristics/properties all of which any entity of that kind must possess. All things can therefore be precisely defined or described.

Feminist post-structuralism – A form of Post-structuralism. This body of thought challenges the notion that the categories of ‘woman’ or ‘female’ are self-contained and authentic subject that can be defined and ‘discovered’, and is in fact a discursive construction.

Legitimation – The process by which an ideology becomes ‘legitimate’ through its attachment to cultural norms.

Marginalisation – The process by which individuals and/or groups are distanced and excluded from a dominant, central majority.

Medicalization – The process by which socioeconomic effects are viewed as purely medical (or psychological) issues.

Post-structuralism – Encompasses all theories and methods of analysis that deny the validity of structuralism's method of binary opposition and state that knowledge and meaning is dynamic and unstable.

Positioning – The discursive placement by a speaker of themselves and/or the subject/object of their conversation.

Professionalization – the process whereby people come to engage in a social activity for pay or as a means of livelihood.

Reification – A Marxist term to describe a process by which an abstract idea is made to seem 'real'.

Structuralism – A method of analysing phenomena mainly characterised by contrasting the elemental structures of the phenomena in a system of binary opposition.

Subjectification – the process by which people are both produced by and subjected to an ideology.

Subjectivity – The meanings that are constructed around a particular topic at a particular historical moment.

A letter to my reader

Dear reader,

As you read this work, you may notice that it loosely follows conventions set out for a traditional doctoral thesis in psychology. However, I want to do things a little differently. Within this thesis I write critically about psychology, therefore I wanted to move the structure of this report away from 'traditional' values enshrined within scientific reporting.

Alongside academic texts, I plan to use less traditional sources from the internet. Psychologists and psychological research exist within a context, a multi-culture with internet and newspapers, novels, music, politics, art, history: an effusion of discourse. I feel it is therefore reasonable to present ideas and opinions from all manner of widely available sources, with the caveat that all sources should be treated critically, as a representation of discourse.

I will write in the first person. The reason for this is to recognise that this work is written by someone, a person who lives within a context, and whose work and writing is affected by that context. The auto-ethnographer Andrew Sparkes comments (jokes?!) that academics attempt to:

“emulate Victorian children: that is to be seen (in the credits)

but not heard (in the text)”

(Sparkes, 2002)

The use of the third person could be seen as a rhetorical device which acts to obscure the context of the research, and reify the product of the research. In contrast to this, in line with Harper (2003), I aim to be reflexive in order to make myself more accountable within my research and to shine a critical light on the way I have constructed knowledge within this paper, as well as attempting to declare something of my own position, both historically and culturally. What I write can after all be viewed as a reproduction and reconstitution of some of the very discourses which produce and constitute me.

I plan to weave my reflections through the text, using italics and a different font in order to highlight these sections, and make them explicit. Finlay and Gough (2003) describe

reflexivity as aiming to create insights, situate the analysis and enrich perceptions of the subject.

I hope that in my writing, I manage to avoid the accusation of 'self-indulgence' that has beset some more personal styles of work within other fields. My aspiration would be to achieve writing that is

“personal without the narcissistic quality that so often mars such work”

(Sparkes, 2002).

To achieve this successfully requires the art of knowing when to hold back (Morrison, 1998), though the 'art' could be deconstructed to mean the skill with which one writes an account that fits 'well enough' with conventions in order to be accepted as a piece of work worth considering. As such I will attempt to maintain some conventions as best I can, namely the careful use of research and citation, and the considered use of first and third person narrative. I will also attempt to put forward an argument, a discourse all of its own, and within this I will utilise conventions of structure and sequence.

Speaking of art, I have embedded quotes and images that this work has reminded me of or been in some way inspired by. Although at times I will give some explanation as to why they are included, at times I want to allow the writing and imagery to stimulate your own constructions, without any additions from me. After all, research should stimulate thought, but explanation may wed you to my hypotheses, rather than allowing you to make your own!

The decision to write in a slightly unconventional way could be couched in social constructionism and a critical feminist lens, which frame the work (discussed below, in Section 1.1), so a departure from scientific conventions that have been characterised as essentialist and male (Ussher, 1992) also seems appropriate.

I hope that you enjoy reading the work, that it engages you, and that it is interesting enough to spark some thoughts.

Sincerely,

Sylvia

1. Introduction

The research plans to focus on the complex relationship between mothers, motherhood and clinical psychologists (CPs) working with children and families. A discourse analysis (DA) methodology will be used to approach the research. Section 1 will set out my theoretical position, as well as the personal motivation for the research.

1.1 My Theoretical position

Here I set out the academic and political frameworks that guide and infuse the writing and my thinking.

1.1.1 A Social Constructionist Framework

A social constructionist framework will guide this research. Social constructionism can be viewed as a theoretical framework that underpins DA, as well as a variety of other disciplines, including critical psychology. There is no formally agreed definition for social constructionism, although Burr does suggest a set of features that broadly link all the disciplines within a loose “family resemblance” (Burr, 2003). These are: adopting a critical view of knowledge that appears to be readily accepted or ‘common sense’, viewing knowledge as particular to historical and cultural contexts, and as constructed between people and supported by social processes. Finally knowledge is viewed as determining social actions, so in other words, the construction of an object or topic determines how society behaves in respect of that object or topic, for example rewarding behaviour that is ‘known’ to be ‘good’ (for a detailed exploration see Burr, 1995, 2003; Gergen, 1999).

The use of social constructionism and DA methods rang true for me when I was asked the question: “do you think of beliefs and attitudes as being unchanging entities that can be uncovered?”. I thought about this: although I like to think that my own beliefs and views remain consistent, I often use whichever beliefs I have to hand that will be most persuasive within what I am saying, however much they contradict other ‘beliefs’ that I have used in other arguments.

1.1.2 A Critical Realist Position

Social constructionism is anti-essentialist, and adopts a critical position that assumes one cannot naively access reality. In relation to reality, one can take either a relativist position or a critical realist position. Academics have actively engaged in debating the nature of reality, and how this can be adopted by discourse analysts, for example exploring the pros and cons of taking different perspectives on reality (see contributions to Parker, 1998b for an exploration of these debates).

A relativist position states that what is held to be 'true' or 'real' is always relative to a historical and cultural context. The main difficulty with this perspective is that once one relativises discourse, no single discourse can be more defensible than any other. It becomes impossible to create a critical position (Burr, 1995; Parker, 1992).

Critical realism states that a material reality (biological, physical, chemical etc.) does exist, but it co-exists alongside a discursive layer, which invents social 'realities' (Parker, 1992). There are issues here too. Willig (1998), though taking a critical realist stance herself, acknowledges problems with this stance. For example realist perspectives open themselves up to becoming subsumed by essentialist discourse through any attempts to define material 'reality', as the act of definition is placed within a discursive realm.

Having read Willig's (1998) position, I felt I might find a critical realist position more useful to me as both researcher and applied practitioner as it can offer a more progressive position to the research. As I will be viewing the research through a feminist lens, this may suit my position better than a relativist stance. Willig warns however of the need for sensitivity to context and reflexivity in order to avoid falling into essentialist traps. She also notes that ultimately all critical realists would accept the view that they hold a relativist epistemology, which sits hand in hand with their realist ontology.

1.1.3 A Post-modern Feminist Lens

Having attended a single sex secondary school that was avowedly feminist in its educational stance, I had assumed that there was no need, no place for feminism in the world. Why would I need feminism when everyone around told me that I as a woman could achieve whatever I wanted to in life, if only I worked hard enough?

I describe this in order to try to explain something of the cultural blind spots I had and indicate where more may lie; also to give a flavour of where I come from as a woman: a working class, Polish Catholic family, parents brought up within a communist society, both parents worked, a middle class, English, private education. In many ways, my lot 'even' as a woman has been relatively privileged.

The more I experience, the more aware I become of unjust inequalities. Critical feminist perspectives have drawn attention to some of these. Sometimes inequality can manifest subtly: pressure from a family for a woman when it is 'time to settle down and have babies'; the attribution of feminine qualities to undesirable social actions, such as the label of 'hysteria' for an expression of emotion; the attempted pathologisation of "pre-menstrual syndrome" as a temporary form of mental illness (Wilkinson, 1997). At other times, they are more overt, perhaps the devaluation of childcare and housework to unpaid 'women's' work' (Burman, 2008a) or the continuing inequalities in pay between women and men. In the UK, in 2007, the median hourly pay rate showed women earning 12.6% less than men (Office of National Statistics, 2007). Use of a median does not take account of outliers, and the text goes on to admit that although women had received on average a greater pay increase than men on the hourly rate in 2007, weekly earnings, especially for those women in the bottom 10 per cent of the pay distribution, were increasing more slowly than men's. Although it is not commented on, one imagines that the same is true for the top 10 per cent. Weekly earnings for women were also lower because women spend fewer hours on average than men in paid employment (as opposed to unpaid childcare). Furthermore, in 2006 in the UK, men were more likely than women to own their own home, whilst women were more likely than men to rent housing from the social sector (Office of National Statistics, 2008).

As a woman, I feel drawn to exploring such inequalities. It is important not to be simplistic with the use of feminism. A white, middle class, educated clinical psychology trainee such as myself will have significantly more opportunities to access resources and resist oppression than a poorly educated, black African new immigrant: for example see intersectionality literature (Phoenix & Brah, 2004; Yuval-Davis, 1997, 2003). It is important for me to keep that in mind as I reflect on the emerging analysis.

This research will utilise a political, critical, feminist psychology lens. Feminist psychology encapsulates multiple traditions which have the following two things in common: they are specifically concerned with the promotion of women, and believe in a need for social change on behalf of women (Wilkinson, 1997). Social constructionist and post-structuralist approaches to feminist psychology are interested in de-constructing psychological phenomena in terms of gender, including the category of gender itself (E.g. Benschop, Halsema, & Schreurs, 2001; Nicholson & Fraser, 1988; Scott, 1988; 1992), and exploring the use of psychology to subjugate women.

There are limitations to a purely feminist position. Parker (2003) explores some of the disagreements between feminism and other postmodern theories, and potential limitations of feminist theory through various postmodern lenses:

“Marxism attempts to place feminism only within a socialist feminist framework ... Foucauldians meanwhile are indignant ... at feminism's identification of power only with male designs... Psychoanalysis then responds by characterising ... feminism as pathological denial of sexual difference ... Against all of these, literary theories and postmodern writers who have helped us to interpret these resources themselves take fright at ... feminism's supposed lack of playful irony”

(Parker, 2003)

For me this quote highlights the importance in recognising that any position will only ever present one truth, which will always remain incomplete. Choosing a feminist position furthermore is problematic because it catches me within the agenda of promoting women and gender at the expense of other possible agenda. For example, by focusing on women and

mothers, I should consider what this research and the position I take within it, might do to men and fathers.

Feminism has a complex relationship with men. For example, Heath (1987) makes the argument that men can only be the objects to be positioned by feminism, because feminism is concerned with the expression of women's voices and challenging dominant (male) structures. Masculinist movements claim that feminism ignores, or even hurts, male rights. The mythopoetic movement also suggests that most men do not even possess the power attributed to them by feminists (Bly, 1990). A possible exception is the way in which feminism has helped to advance the gay liberation cause, by challenging accepted notions of sexuality and gender. Feminism could here be argued to have opened up a space for a group of men who are disempowered by dominant narratives on homosexuality.



Figure 2 - "Mother and Child" by Henry Moore (1983).Etching and aquatint.

“Motherhood is romanticised and idealised as the supreme physical and emotional achievement in women’s lives”

(A Phoenix & Woollett, 1991)

1.2 My fascination with motherhood

I have chosen to focus this piece of research on motherhood and clinical psychology. I am now the age at which my own mother became a mother, whilst not yet a mother myself. Motherhood is described as the most important achievement for a woman (Phoenix & Woollett, 1991). I’m not a mother yet, but I hope shortly to qualify into a career as a Clinical Psychologist (CP). As part of clinical psychology training, all trainees are required to gain

experience working with children and families. Anecdotally, in everyday conversations between Child and Adolescent Mental Health Service (CAMHS) professionals, I heard people make comments such as “well it’s the mum that’s got the problem, not the child”. I participated within this culture of ‘blaming the mother’, but as I began to reflect on it, it made me feel uneasy. I was also intrigued by the portrayal of mothers in the media: anecdotally, high profile cases such as the kidnappings of Madeleine McCann in 2007, and Shannon Matthews in 2008, stuck in my mind. To me the media seemed to represent these mothers in vilified terms. Even in the Baby P child abuse case that rose to prominence in 2009, the two men found guilty of abuse against the little boy seemed to receive comparatively little newspaper coverage. Public and media anger and column inches appeared to me to be focused instead on the various (female) healthcare professionals, including a GP and the social workers responsible for the case. When I ran a Google News search, the articles that were overwhelmingly about the public institutions involved in the case. Sources included major national newspapers, some local newspapers and internet sites for UK major television news networks. I was unable to find any data to verify these ideas. It may have been that this gender difference was particularly powerful because more of the characters were women. Nevertheless, it seemed to me that a strange juxtaposition existed between healthcare professionals and mothers.

As I read about motherhood and mothers’ experiences, I found articles in which mothers constructed themselves as feeling judged by health professionals (E.g. Kirkman et al, 2001). I also found an entire literature base around the term ‘mother blame’, which was using the term in order to resist the subjugation of mothers within child welfare arenas (E.g. Blum, 2007; Breckenridge & Baldry, 1997; Davies, 2008). The more I read, the more interested I became in how my own profession might construct mothers and motherhood, which has grown into the premise behind this thesis.

1.3 Discourse Analysis as a way of understanding motherhood

1.3.1 Discourse, language and power

Foucault argued that language does not simply represent the world, but actively shapes the world through shifts and maintenance of power (Foucault, 1982). Power then affects how we experience the world and take social actions within it, which holds short- and longer-term implications (Hall, 2001). One description of the nature of power is:

“a relation in which one action may influence the action of others [...] Power is not simply defined as the confrontation between two people, but rather it is the meaning given to the interaction.”

(Aston, 2002)

For example, whether or not one chooses to accept dominant discourses of motherhood and ‘fit in’, or reject and resist them (Austin & Carpenter, 2008), one cannot ignore them, as they hold too much power. The nature of power in this instance might be the importance given to motherhood, for example as opposed to fatherhood.

Positioning theory (Davies & Harré, 1990) adds that people position themselves in relation to other people and in relation to discourse (Winslade, 2005). People in a position to shape discourse can control the production of knowledge and therefore gain power (Hall, 2001). Healthcare professionals are currently in a position to influence discourse by virtue of their ability to publish research and to contribute to policy making. This has potentially negative implications for the conceptualisation and treatment of individuals or groups of people. For instance, those less able to shape discourse may be more vulnerable to marginalisation (Hall, 1999). Marginalisation processes are associated with several negative effects on those who are marginalised, including vulnerability to stigma, trauma, discrimination and reduced access to resources (Hall, 1999). The voices of marginalised people become ‘invisible’ and their representation becomes ‘unspeakable’ (Seymour-Smith, Wetherell, & Phoenix, 2002), reducing their ability to advocate for the group and empower themselves. However, marginalisation and oppression may also lead to resistance in the form of resilience,

empathy and differentiation of culture. For example, feminist theorists have suggested that marginalisation of women has enabled them to create and employ power (Scott, 1992).

I have found the ideas presented by theorists within this field to be rich and thought-provoking, whilst at the same time recognising that I was drawn to some ideas more than others, as illustrated by my theoretical position, outlined above. The political scope for empowering the marginalised and disempowered is fascinating, whilst at the same time a sense of gloom can overwhelm me, when reading about the entrenched nature of some power structures. Edley (2001) sums this dilemma up in a particularly pleasing way, as he describes the nature of language and discourse; he suggests that to talk at all is to join in conversations which have been running for sometimes hundreds of years, re-done and re-worked for each particular context and moment. This says to me that the conversation is well rehearsed, but is open to modification.

In common with other healthcare professionals, CPs are in a position to:

“defin[e] expectations about the typical ‘characters’ [...] patients might act out”

(Seymour-Smith et al., 2002).

In other words, CPs have the power to construct discourses and to position themselves and others, that will carry more weight than the discourses and positioning of some groups of people (e.g. service users, lay people). Consequently, they have the potential to maintain power structures that marginalise and disempower various CP client groups. It is therefore pertinent to explore how CPs employ language and discourse in relation to such client groups, for example mothers.

Although there is a growing body of literature around discourses of motherhood, and healthcare professionals’ discursive positioning of mothers, there has been a lack of research specifically exploring how CPs position the mothers. This project therefore seeks to explore the discursive resources that CPs draw on or reject when talking to other CPs, and to consider how such discourses might impact on the women that CPs work with.

1.3.2 What is discourse analysis (DA)?

The terms discourse analysis, discursive analysis and DA will be used interchangeably within this thesis. DA is an applied means of analysing semiotic resources and symbolic structures, such as language and pictures, using among others, some of the concepts that have been outlined above. DA binds together a wide number of approaches. This includes but is not limited to critical approaches such as Critical Discourse Analysis (CDA) (E.g. Fairclough, 2001), Foucauldian (E.g. Carabine, 2001), psychoanalytic approaches (E.g. Hollway & Jefferson, Frosh & Baraitser, 2008; 2000), and discursive psychology approaches (E.g. Edwards & Potter, 1996; Potter & Wetherell, 1987).

CDA, for example, views language as a form of social practice and focuses on the ways social and political domination are reproduced by text and talk. In common with CDA, or perhaps even as a form of CDA, Foucauldian DA focuses on the mechanisms of power, knowledge and discourse, and is interested in exploring how these mechanisms operate to subjectify individuals and groups of people. Specific to Foucauldian DA approaches is the use of historical or 'genealogical' investigation as applied to a body of resources. Psychoanalytic approaches apply psychoanalytic theory and principles in order to attempt to interpret data from, say, a Kleinian or a Lacanian perspective. Hollway's post-Kleinian approach for example seeks to uncover psychological processes such as the unconscious motivations for investment within a particular discourse. Discursive psychology approaches entail the examination of text in terms of discursive features as social actions that 'do' something to their authors or their audiences.

Reader, I take this opportunity to refer you to Sections 3.1 and 3.2, below, for further discussion of some of these methodologies and their limitations.

Within a mental health setting, DA has been used in order to: develop genealogical accounts of psychiatric categories; describe discursive resources and their deployment; and investigate the interactions and practice of psychotherapy (Harper, 2006). This thesis sets

Candidate number 07152565

out to describe discursive resources available to psychologists, specifically those working in CAMHS, with regards to mothers, and the deployment of these resources.

2. Literature review

This literature review explores some of the accounts of motherhood, attempting to present political, societal and psychological constructions of motherhood. This is followed by professional discourses within healthcare and more specifically within CP. These are scrutinised to see how different writers have begun to investigate and de-construct healthcare hegemonies.

2.1 Current constructions of motherhood

HELMER – “An atmosphere of lies contaminates and poisons every corner of the home. Every breath that the children draw in such a house contains the germs of evil.”

NORA – “Do you really believe that?”

HELMER – “... Nearly all young criminals are the children of mothers who are constitutional liars.”

From “A Doll’s House” (Ibsen, 1879)

The way in which women ‘should be mothers’ seemed to be troubled by a narrow, prescriptive construction. This construction was characterised by a discourse of patriarchal motherhood. This narrative seems difficult for mothers to live up to (Austin & Carpenter, 2008). Groups of women who fall outside this category become ‘bad mothers’, vilified and then discursively marginalised by society (Rolfe, 2008). Some groups of women falling outside of the ‘good mother’ dominant discourse, for example mothers with mental health

or substance misuse issues, or mothers whose children have behavioural or emotional difficulties, are often already marginalised by society, through economic or social mechanisms, for example by virtue of being working class or from an ethnic minority. Austin & Carpenter's 2008 paper dealt with mothers of children with ADHD. It explored the way in which these mothers experienced judgement of their motherhood, based on the behaviour of her children. It also discusses how they managed to find a voice and troubled such dominant discourses.

2.1.1 Motherhood: child development and mental health

Negative portrayals of motherhood and societal discourses of mother blame may also bring women into the mental health arena. Self-accusation and social stigma of not being a "good enough mother" have been implicated in female depression (Johansson et al, 2009). Mental health problems are also implicated in 'bad mothering', for instance 'causing' poor mother-child interactions and impaired cognitive and emotional development in the child (Dennis, 2009). Maternal depression is even associated with infant growth impairment (Stewart, 2007), although it is described as both a cause and a result of growth impairment. Teenage motherhood has been associated with "adverse mental health" for the mother and poorer outcomes for the children (Boden et al, 2008; Shaffer et al, 1978), although the authors admit that the link could be non-significant once other factors are accounted for.

The relationship between 'bad mothers' and mental health sits within wider discourses around women's mental health. The feminist writer Susan Bordo explores the female body's historical vulnerability towards being physically shaped and controlled by cultural and societal discourses (Bordo, 1993, 1998). She suggests that women are particularly vulnerable to biotechnological tools such as Prozac and cosmetic surgery, which appear to promise an easy route towards conforming to cultural and societal norms of appearance, behaviour and performance. Childhood 'mental health' issues such as childhood obesity (Kokkonen, 2009) and Attention Deficit Hyperactivity Disorder (ADHD) (Austin & Carpenter, 2008) are often blamed on mothers. Singh (2004) adds Ritalin, the drug used to treat ADHD,

to the list of biotechnological tools to help women conform to society. Ritalin promises to elevate mothers to the status of good motherhood through the enhancement of the child's behaviour. Biological hypotheses with a medical cure have become attached to childhood mental health diagnoses such as the ADHD label.

Bennett's (2007) Foucauldian analysis of interviews with mothers of "ADHD children" explores the various facets of 'blame' associated with ADHD, and in particular blame that lands on the mother as a result of the discourse of "disordered child = bad mother". A discourse of biological bases of ADHD may therefore offer a reprieve to both the child and the mother and can be used to resist the mother blame that occurs when women appear to fail to match dominant discourses of mothering as a 'normal, natural, innate' skill for women to possess. Bennett therefore concludes that ADHD is not a problem for mothers per se. It instead highlights the difficulties of gender inequality which are alluded to within rhetoric that positions the 'woman as mother' as the best candidate for child rearing. Blum (2007) also discusses this in her paper, but takes a more pessimistic tone than Bennett. In the case of ADHD she suggests that mothers' resistance is futile, if for example the mother is not seen to be unrelenting in her attempts to resolve the difficulties. Blum also raises the interesting dynamic of mothers, in a gender unequal society, raising sons who have difficulty fitting in with that society. Women as mothers may not themselves be expected to work, but are expected to prepare their children to compete in the world of work.

2.1.2 The Good Mother

"An important element of such traditional constructions is that mothers should ensure that independent provision is made for their children in such a way that neither the children nor the mothers themselves come to public attention."

(Phoenix & Woollett, 1991)

Phoenix and Woollett (1991) explore political and social constructions of motherhood in western countries, and in particular in the United Kingdom (UK). They propose that the mother's role is primarily seen within essentialist terms. Women are cast as biologically and evolutionary programmed for reproduction and for the protection of the child during pregnancy and in the first few years of its life, and this ideology is presented as fixed and unproblematic (Alcoff, 1997). As presented in the quote, above, the mother is responsible for transmitting cultural values and ensuring that children grow up to comply with dominant discourses of appropriate behaviour. She is expected to be loving and nurturing and constantly alert to the child's needs, and only to receive support from the 'nuclear family': biological parents and children (Franzblau, 1999). In the UK in 1991, good mothers were described as being in stable heterosexual relationships, preferably married; motherhood happened "at the right age" (25 to 35), and good mothers were independent of government financial support; it was still important for them to stay at home with their child, and a well-behaved child was taken as indicative of a good mother (Phoenix & Woollett, 1991); this situation was not markedly different by 2008 (Burman, 2008a).

Mothers in CAMHS settings are unlikely to fit criteria for a 'good mother', as they are more likely to be mothers within marginalised social groups, or to have children that don't fit socially accepted behaviours. Increasingly, there are academic accounts that resist the 'good mother' discourse (E.g. Lupton, 2000), as well as an increased proliferation of discourses within popular culture and media (E.g. Bristow, 2006), however these are still marginal discourses. Lupton studied first time mothers, focusing on the ideals of good motherhood that first-time mothers held before giving birth, and then their experiences during the first six months of their children's' lives. Before the birth, the mothers-to-be described 'good mothers' as being selfless, devoted to their children, loving them unconditionally. Good mothers also possessed strong emotional control in order to protect children from negative emotions, and breastfed their children. Interestingly, 'good fathers' were positioned by the women as secondary characters, holding less important roles in raising children. In practice, although women often found motherhood to be emotionally satisfying, they also described

themselves as not meeting their ideals of good motherhood, and found their new identities burdensome and in conflict with their old identities.

2.2 Professional discourses of motherhood

2.2.1 General healthcare discourses

Critical accounts of professional involvement with parents or mothers tended to be negative or ambivalent towards professionals. A number of papers found ambivalent or contradictory discourses around constructions of authority and expertise (E.g. Aston, 2002; Lupton & Fenwick, 2001); these seemed to form a dilemma between equality and expertise in the positioning of mental health professionals, or as one paper put it “human relations experts (Avdi et al, 2000). Avdi et al focused on parents’ talk about the process of assessment and diagnosis of a child with autistic spectrum disorder. They found that parents’ constructions of mental health professionals appeared to be ambivalent.

Professional bodies were seen to act as a government watchdog:

“The aim of child welfare policies is surveillance, with threat of removal of children as the ultimate sanction of the state and thus the greatest inducement to parents to reform their behaviour”

(Phoenix & Woollett, 1991).

Wilson’s (2001; 2003) study brought out themes of surveillance and the institutionalisation of mothering practice. In this study 5 child health nurses were individually interviewed on two occasions, using a semi-structured interview technique in which nurses were primarily asked to talk about their day to day life. The data was then analysed using a Foucauldian DA approach. A paradox was constructed within the data: society expects mothers to protect their children, and yet mothers are not trusted to do this without ‘expert’ help using “scientific mothercraft”. For example she described child health nurses being caught between professional discourses dictated by authoritative bodies and the mothers’ own lay

discourses about healthcare for their children. Similarly, the relationship between nurses and mothers was described as 'precarious', and constructed nurses' agenda governed by surveillance, opposed to mothers' agenda as centring around concealment.

Although Wilson includes the caveat that her analysis emerges because of her position and experiences, she does not give away many clues as to what these might be. She also does not provide many details about her participants beyond their occupation. It is reasonably argued that whatever one might describe within a paper in terms of position or social categories is in itself just discourse, a social action and a partial truth. Nevertheless, it is useful to read how researchers position themselves and their research subjects in relation, and adds to the rigour of an analysis. The omission in Wilson's papers is therefore noticeable.

Aston's 2002 paper focuses on the experiences of new mothers and nurses in post-partum classes. She contextualises her work within a theoretical framework, which acknowledges theorists influencing her work, including a variety of feminist authors, and Foucault. She also provides a historical context, locating her work within a time and place. The methodology used included participant-observation of the classes themselves, followed by individual interviews with mothers and nurses, which formed the basis of the analysis. *As with all DA papers, the process of the analysis remains shrouded by vagueness of description and a lack of detail. I discuss this further below, in Sections 3.7 and 7.2.*

Most of the DA accounts of motherhood that I found focus on mothers of newborn children. Accounts of professional involvement with mothers of older children seem to be sparser. The majority of accounts utilised a Foucauldian analysis in order to understand power. Whilst such analyses were undoubtedly useful in exposing power structures, they did not seem to provide a framework for progressive solutions. I realised that I wanted to use an approach that provided a more dynamic, broad-based account of power than that often provided by Foucauldian DA accounts, for example drawing on approaches emerging from feminist post-structural thinking (Scott, 1988; 1992).

2.2.2 Psychological constructions of 'good' motherhood

The psychology of the mother rose to particular prominence in the period following the Second World War. A number of well-known psychologists, psychiatrists and psychotherapists have engaged with discourses of motherhood, from Freud (1933), Winnicott (1971) and Bowlby (1988), to current psychologists such as Hollway and Featherstone (1997), Webster-Stratton (1998) and according to Routledge's website, their most popular mental health book: "Why Love Matters" (Gerhardt, 2004). Dominant psychological constructions of motherhood, particularly those emerging from developmental psychology, have historically fit with dominant social constructions of motherhood.

2.2.2.1 Psychoanalytic constructions

Psychoanalytic theory has offered ideas that have attempted to resist dominant discourses of motherhood. Winnicott's concept of the 'good enough mother' (Winnicott, 1960) for example, could be viewed as attempting to broaden the definition of a 'good mother'. Feminists who support psychoanalytic arguments claim that psychoanalytic theory has encouraged a liberating focus on women, mothers and daughters, encouraging resistance of patriarchal systems. Hollway (1997) and Parker (1997, 2005) liberate women by allowing them the space to feel ambivalent towards their children (Hollway, 1997; Parker, 1997; 2005). However, others argue, that psychoanalysis embraced traditional ideologies of womanhood as inextricably linked to motherhood at a point when women were attempting to create lives for themselves beyond the family home. For example Doane and Hodges (1992) present an analysis of object relations theory texts by Klein, Winnicott, Chodorow and Kristeva, and conclude that the texts are highly prescriptive and determine the attributes of the "good enough mother" with the needs of the child taking centre stage. Doane and Hodges challenge whether for example, the need for the caregiver to mirror the infant is as universal as is assumed. Psychoanalytic theory therefore presents a complex discourse that at times troubles dominant discourses of motherhood, and at times aligns itself alongside them.

2.2.2.2 *Child development literature*

Bowlby's attachment theory proposes that the child needs its mother in order to learn how to form relationships. Maternal deprivation, either through physical absence of the mother, or a more emotional 'lack of attunement' with the child, is said to lead to difficulties in emotional regulation and problematic relationship patterns (Bowlby, 1988). Attachment theory has been criticised, with accusations of misogyny (Alcoff, 1997; Franzblau, 1999, 2002) and of presenting the mother-child relationship divorced from its social context:

“To talk of what children needed from mothers without understanding the social position of women was, from a feminist perspective, to miss the point.”

(Orbach, 1999)

Some recent thinking situates Bowlby within a social and historical context that necessitated his patriarchal stance, and finds worth in attachment theory's relational focus (Orbach, 1999), recognising equality, reciprocity, and mutuality, as key features of attachment. It constructs the mother's role in transmission of culture to the child, in order to make the child recognisably 'human'.

Another strand of child development has influenced applied interventions, such as parenting groups or courses (E.g. Webster-Stratton, 1998). These have tended to be based on learning theory and behaviourism. They have often been presented as manualised, universal approaches ignoring individual differences between families and omitting social and cultural context.

Marshall (1991) deconstructed several popular childcare books and parenting manuals. The aim was to explore constructions of motherhood presented in such books. The work exposed the way in which childcare manuals constructed a psychological discourse which

obscured alternative meanings and presented a limited, professionalised account of motherhood.

2.2.2.3 Identity research

'Identity' is a contested concept (Benwell & Stokoe, 2006). One strand of theory positions identity and the self as an essentialist construction that an individual is born with or spends their childhood developing, but remains fixed within different contexts and across an individual's adult lifespan. This version of identity claims to be able to access 'the real person'. Another, opposing, post-modern, strand constructs identity as fragmented and dynamic, constantly shifting within conversations, across contexts and lifespans, and co-constructed relationally through discursive practices. This form of identity is not something an individual owns, rather it is something an individual does. The more post-modern take on identity fits best with the social constructionist approach that frames this research.

The 'postmodern' construction (or de-construction) of identities of motherhood has been the focus of a number of research papers (Duarte & Goncalves, 2007; Hollway et al, 2009; Kirkman et al., 2001; Taylor, 2003). For example, Kirkman et al's paper explores the narratives of teenage mothers in Australia. The women describe an awareness of the canonical narrative of judgement and condemnation of teen motherhood, as well as their own autobiographical narratives which tend to represent themselves as decent, capable mothers. By de-constructing these two narratives, this paper seems to challenge anti-teenage mother rhetoric.

Interestingly, most research, essentialist or post-modern, appears to focus on mothers with young children, suggesting that once the child has grown up, motherhood identity becomes invisible.

2.2.2.4 Social constructionist views of motherhood

Social constructionist psychology deconstructs motherhood as a category, as well as the psychological theories of motherhood. Two key texts were identified. Burman (2008a)

deconstructed motherhood and the family as part of a deconstruction of child development literature. Secondly, Phoenix, Woollett and Lloyd (1991) explores a variety of psychological constructions of motherhood, and some ways in which psychological theories reify dominant constructions of motherhood.

Burman comments on the narrowed focus of research on the mother-child dyad, which has emerged from the field of developmental psychology. This has obscured the complexity of family life, the interactions of multiple family members during childrens' upbringing. This has lead to a lack of complexity and the creation of simplistic models in the formulation of child development. (Burman, 2008a).

Phoenix and Woollett (1991) note several ways in which psychological constructions of motherhood have entrenched and enhanced dominant "common sense" discourses. This focuses on psychological research and literature that has an influence on wider discourses. Psychological research can be viewed as confirming dominant constructions of motherhood through the way in which it is created, within a rhetoric of 'scientific objectivity'. In constructing 'normal' motherhood, psychologists have tended to omit their own experiences from the research. Research into 'normal' motherhood tends to use population samples based on dominant cultural norms. Concurrently, women who embody minority groups, such as working class or minority ethnicity groups, are often over-represented within samples intended to represent 'pathological' mothers (Phoenix & Woollett, 1991).

These texts do not explore the application of such psychological constructions within the forum of clinical psychology. CPs call upon, and are subject to a variety of psychological and social discourses when working with families; these include discourses which dictate professional involvement in motherhood.

2.3 Professional discourses

This section presents accounts of clinical psychology discourses, as well as a description of the social context in which the profession has developed, which may illuminate some of the social interests at work in creating and maintaining discourses around motherhood.

2.3.1 Discourses in Clinical Psychology

“Psychology is the scientific study of people, the mind and behaviour. It is both a thriving academic discipline and a vital professional practice. Psychologists and psychological research have a big impact on all aspects of public life, particularly in areas such as education, health, the economy, industry and social justice”

(British Psychological Society, a)

The purpose of Clinical Psychology is defined as:

“aim[ing] to reduce psychological distress and to enhance and promote psychological well-being by the systematic application of knowledge derived from psychological theory and data”

(British Psychological Society, b).

The philosophy of the profession is described within the same text that acknowledges all people as having the “same human value” and “right to be treated as unique individuals”. It also positions CPs as equal partners within therapeutic work, and highlights the Code of Ethics (British Psychological Society, 2006) that CPs should follow. In therapy, the

profession's philosophy and aims are described as being achieved through the deployment of core skills of assessment, formulation, intervention and evaluation.

In their book entitled "What is Clinical Psychology?" Marzilier and Hall (1999) introduce readers to the profession as it has developed in Britain, with comparative descriptions of the US and other European countries. The demand for an applied psychology profession arose from the 'need' to recruit suitable service personnel for the Second World War. Psychometric testing, followed by the application of behaviourism, were the staple procedures of the emerging profession through the 1940s, 50s and 60s. CPs established themselves within a scientist-practitioner framework. The 70s and 80s saw the spread of clinical psychology, and its establishment within mental health services. The profession's training became a doctoral programme in the 1990s and is described as equalling that of the medical profession in terms of academic competence and length of clinical experience. This positions CPs as capable of achieving professional independence alongside the medical profession.

CPs have traditionally dealt with 'mothers' in the context of CAMHS, initially when conducting neuropsychometric tests with children; as CPs began to hold a therapeutic role, they applied psychological research to therapy, so initially they worked with mothers using behavioural approaches to parenting. As their therapeutic scope widened, CPs have used other approaches including CBT, systemic and psychodynamic approaches. Through assessment, CPs are able to decide to locate problems within the child, the mother or parents, or within wider systems, which has implications for treatment, and for how mothers are constituted through discourse.

2.3.2 Critical Psychology perspectives on Clinical Psychology

Three main concepts of a critical psychology perspective of CP: critique mainstream psychology's focus on the individual at the expense of the group/society level; state that such assumptions are believed to enable inequality and oppression, thus hurting already marginalised, powerless groups; finally these outcomes occur despite CPs' personal

intentions to the contrary (Fox, Prilleltensky, & Austin, 2009). Critical psychology aims to present alternative accounts to those offered by mainstream psychology. For example, Harper demonstrates how the discursive practices of mental health professionals help to:

“construct notions of mental illness and positions their clients in particular ways thus substantially influencing the processes of referral, assessment and intervention”

(Harper, 1999).

Jane Ussher describes CPs as both legitimated by, and contributing to, discourses of positivistic science (Ussher, 1992). She argues that CPs within the upper echelons of the profession have been able to influence social, psychological and professional discourse through their positions editing journals, heading up professional training programmes, and positions of power within institutions such as the British Psychological Society or policy advice committees.

I have already described some of the arguments put forward by critical psychologists around motherhood in Section 2.1, above. When women come into contact with a setting such as CAMHS, additional complications occur. Within a single CAMHS referral, there might be multiple clients: the child, the parents and a variety of government agencies such as social services. This complicates the way in which discursive practices are targeted. As CPs gain increasing access to formal powers and status, they may come under additional pressure to collaborate with institutional discourses at the expense of siding with the child or parents. In an already complex CAMHS setting, CPs may therefore find it difficult to position mothers in a non-marginalising way. David Smail argues that the cost of the advance of clinical psychology is the metaphorical risk of ‘selling its own soul’ for self-interest in the form of increased salary, status and power (Smail, 2006).

Taking a critical view of this research, it strikes me that I elevate the status of motherhood above any other legitimate female subjectivity; by juxtaposing mothers with CPs, a relatively high-status female-dominated profession, I could risk leaving female CPs open to some of the

judgements that prevent women from being able to create valued alternative positions to motherhood. Secondly, by focusing only on mothers, I am potentially marginalizing the role of fathers and perpetuating stories that may exist in society about the importance of mothers over fathers in parenting.

2.4 A reflective, critical analysis of the critical position

Parker and Burman (1993) present a chapter on problems and difficulties with discourse analysis and the maintenance of a critical position. The critical position can at times seem circular and/or vague. An essentialist position at a minimum merits an argument that it creates an anchoring point from which one can choose to depart. A critical realist argument assumes some truths as well, but we have little or no access to those truths, so there remains no measuring stick. There is a danger, then, that through taking a critical position one could de-stabilise an existing status quo only for it to be replaced by a status quo in which more people were oppressed. As an anecdotal image, the US government has often been accused (correctly or not) of deposing rulers of foreign countries in favour of new leadership which has eventually been depicted as the worse of the two.

One wonders what the ultimate goal of a critical or a postmodern position is, probably because there doesn't seem to be one goal or one position. Indeed goals are presented as dynamic and pleural. However, if that is the case, it makes it difficult to know what the point really is of being critical. Is it critical to present alternative sides to the argument? Or is it critical for the sake of being critical?

In a paper that is overall arguing in favour of a post-modern approach to research analysis, in this case psychoanalysis, Frosh and Baraitser (2008) discuss and critique one of the key tools in post-modern analysis: reflexivity. They note several difficulties, including how much account can be given out of the investment of the researcher within the knowledge-making process. This is a particularly relevant critique for me to acknowledge, as this thesis presents a high degree of reflexivity and I make much of my investment within the knowledge-making process.

2.5 Research rationale and aims

The aim of this study is to contribute to the understanding of how CPs working with children and families in CAMHS employ language and discourse to position mothers. Particular attention will be given to the discursive resources drawn on or rejected by CPs. These questions will be explored within the context of wider societal and cultural discourses.

Principal research questions:

- What discursive resources do CAMHS professionals draw on or reject when talking about mothers and motherhood?
- How are these resources constructed within language?
- What implications do these have in wider contexts?

3. Methodology

I plan to take the reader through my thinking and give some flavour of the process underlying the creation of the research methodology and the way in which I undertook the analysis, given the uniqueness of every discourse analysis.

3.1 Choosing a methodology

There are several ways to analyse and interpret words. One possible way to explore the data was Hollway and Jefferson's (2000) free association narrative approach. This method takes a top-down, theory driven approach to analysis, using post-Kleinian psychoanalytic theory as a way to interpret words.

My interest in this approach emerged from my initial interest in dynamics between and within mothers, such as the psychoanalytic concept of maternal ambivalence (Hollway & Featherstone, 1997). I was particularly interested in thinking about how dynamics change as CPs take on roles of motherhood themselves.

However, there are a number of criticisms of the method that I could not see as being defensible. Critiques included: interpretation of speech in terms of signifiers of the unconscious becomes problematic when alternative explanations could be utilised (Spears, 2005); the appropriation of psychoanalytic technologies out of context (Burman, 2008b; Frosh & Baraitser, 2008); the disregard of the social and historical context within which the data is created (Wetherell, 2005); finally Parker warns of caution in use of psychoanalysis in the interpretation of data, due to its essentialist assumptions about individuals (Parker, 1997; 1998a).

Other approaches that were considered included Interpretative Phenomenological Analysis (IPA), Conversation Analysis (CA), Narrative Analysis (NA) and DA. IPA (E.g. Smith, Flowers, & Larkin, 2009) aims to produce an account of an individual's subjective experience of the world. The research question was less interested with what CPs described as their subjective experience, and more with how they described motherhood and mothers. Also, the position

taken within this research project rejects the idea that it is possible to produce an unproblematic account of an individual's subjective experience. A NA approach (E.g. Lawler, 2002) would have been more useful if I was talking to mothers, as this kind of analysis focuses on how people make and use stories to create meaning and interpret the world. CA (E.g. Hutchby & Wooffitt, 2008) mainly examines micro-features of conversation; the research however aimed to situate the emerging data within its wider context. DA (E.g. Wetherell, Taylor, & Yates, 2001) appeared to best suit the aims of the research as it provided scope for analysis of both micro and macro features.

3.2 Discourse analysis

DA can be viewed as a mysterious process, as writers on the topic both resist the urge to create a construction that imposes 'a way to do' DA on other researchers, and attempt to describe methods in loose, general terms that will fit a variety of different situations (Harper et al, 2008). A number of papers have more recently attempted to provide a detailed, transparent account of their analysis, which I have found useful as a DA novice (Bennett, 2007; Harper, 1999; Stevens, 2001; Stevens & Harper, 2007). Harper et al (2008) also provide a useful account of the process of undertaking a DA as a novice, as part of a research thesis to meet the requirements of a Doctorate in Clinical Psychology, which has been particularly useful in helping me to negotiate this research.

In terms of DA theory, I draw on Stevens (2001) in terms of the juxtaposition of theoretical ideas informing my approach to analysis. These include Potter and Wetherell's discursive psychology (Potter & Wetherell, 1987), Davis and Harré's positioning theory (1990), critical psychology (Parker, 1992) and Critical Discourse Analysis (Fairclough, 2001) approaches. Stevens draws attention to the differing stances these approaches take in relation to the realism-relativism debate and their focus on power relations and social change, but nevertheless, advocates utility of each approach within a single analysis, despite tensions. See also Section 3.8 for a discussion on rigour.

3.2.1 Discursive psychology

Potter and Wetherell (1987) present their original approach to DA as an approach that builds upon work by contemporary theorists (including linguists, philosophers, historians and sociologists of science). It presents a viable alternative to traditional social psychology research, with its attempts to uncover second-order 'truths' underlying data, such as cognitive structures, views or attitudes. Their approach takes a social constructionist position and adopts a critical, relativist stance to data, and examines speech and writing as a form of social action.

The discourse analyst using this approach would seek to uncover interpretative repertoires, patterns of text or speech (E.g. 'bad mother') which form social actions (E.g. 'persuade someone'). The assumption the analyst makes is that interactions and speech are doing something within their own right, referred to as the 'action orientation of language' (Potter & Wetherell, 1987). Billig's (1988) concept of ideological dilemmas explores how competing repertoires form contradictory partial truths:

"Interpretative repertoires of the 'same' social object [...] are themselves constructed rhetorically. In other words it implies that the different ways of talking about an object or event do not necessarily arise spontaneously and independently, but develop together as opposing positions in an unfolding, historical, argumentative exchange"

(Edley, 2001: p204)

Potter and Wetherell also describe speakers' use of smaller patterns of speech which they refer to as 'rhetorical devices'. These are conversational features used to achieve certain effects within various patterns of discourse, for example to build up or undermine an interpretative repertoire. Table 1 is taken from Edwards and Potter (Edwards & Potter, 1996; Potter, 1992), and lists some of these. Within my own analysis, I would want to explore what kinds of interpretative repertoires and rhetorical devices are used by

psychologists when constructing talk about mothers, and to consider the social function of those repertoires.

<i>Device</i>	Purpose
Category Entitlements	People in particular categories are expected to know certain things and the veracity of their account can be warranted by virtue of category membership.
Vivid description	Can be used to create the impression of “perceptual re-experience” or indicate that the speaker has particular observational skills.
Narrative	Related to <i>vivid description</i> . Can be used to increase the plausibility of an account. Offers an opportunity to fuse memory and attribution or event description and causal explanation.
Systematic Vagueness	Converse of vivid detail. Can provide a barrier to easy undermining whilst at the same time proving the foundation of an inference.
Empiricist Accounting	Has characteristic of scientific talk and writing: treats phenomena as agents in their own right and either deletes the observer or treats them as a passive recipient.
Rhetoric of argument	Constructing claims in the form of a logical or well-known argument type which makes them external to the speaker.
Extreme case formulations	Can be used to make a claim or report more effect by drawing on extremes of relevant dimensions of judgement (Pomerantz, 1986)
Consensus and corroboration	A major way of warranting the factuality of an account by depicting it as agreed across witnesses or assented by independent observers.
Lists and contrasts	Lists, particularly three-part lists can be used to construct descriptions which appear to be complete or representative. Contrasts formulate a ‘factual’ version against a more threatening or unconvincing alternative.

Table 1 - Rhetorical devices: all texts quoted from Edwards and Potter (1992).

3.2.2 Positioning theory

I will also draw on Davies and Harré’s (1990) ideas about positioning: a conversation is made up of a series of speech acts, the meaning and status of which are co-constructed by all the participants within that conversation. Speech acts are the currency with which identities are built up, through the positioning of an individual within fragments of identity and the discursive practices that give meaning to those fragments. Positions can be either created

reflexively, whereby one positions oneself, or interactively, where one positions someone else. As with any currency, one can only spend what one has access to:

“Whatever we might say (and think) about ourselves and others as people will always be in terms of a language provided for us by history

(Edley, 2001)

Furthermore, subjectivity is not considered to be a fixed goal, but something dynamic and shifting, as people take up multiple subject positions. This multiplicity may lead a person to shift between contradictory positions. Contradiction is seen as useful, as it offers choice and therefore the possibility of acting with agency, to accept or reject the positions on offer. Individuals can however be subject to interpellation, in other words they might be called on by discourses. They may also be subjectified or ‘troubled’ by discourses, positioned with little agency or choice by dominant discourses within their culture (Edley, 2001). The concept of ‘trouble’ was particularly useful in thinking about subject positions. Wetherell describes trouble as:

“moments of repair, hesitation, conflict, disjuncture, unease, misunderstanding and self-correction one finds in social interaction – those moments where the unexpected arises in discursive practices, those times of confusion, retreat and difficulty. Those moments are, I think, enormously revealing about social organisation and social relations. They are revealing about how multiple identity positions are articulated in practice and they are revealing about psychological organisation, people’s personal trajectories, their personal forms of order and self-configuration as well as the micro social order.”

(Margaret Wetherell, 2005)

Troubled subject positions therefore represent those positions which create discord for the individual, or which are entirely ‘invisible’ and ‘unspeakable’. Mothers of children with a

diagnosis of ADHD (Austin & Carpenter, 2008), and single women (Reynolds & Wetherell, 2003) represent troubled subject positions. Conversely untroubled subject positions are also interesting in considering who is able to achieve an untroubled subject position, and why.

3.2.3 Critical psychology

Critical psychology, as advocated by writers such as Ian Parker (e.g. 1997), calls for a more politically activated, critical discursive psychology than that proposed by Potter and Wetherell. It is particularly concerned with the exposure of marginalising discourses and the hierarchies of power which maintain them. The analysis will draw on ideas from Parker and Burman's work (E.g. Burman & Parker, 1993; Parker, 1992; 1998a) and Critical Discourse Analysis methodology (Fairclough, 2001) which poses questions designed to help the analyst identify the discursive pattern of a social problem, the obstacles involved in tackling the problem, the way in which the problem maintains social orders, possible solutions and reflections on the analysis. This methodology is particularly appealing as it offers a way forward, recognising the opportunity to strengthen emancipatory discourses at the same time as exposing marginalising ones.

3.3 Ethical approval

Ethical approval was sought and obtained from the Norfolk Research Ethics Committee (part of NHS East of England) (Appendix 1). There were no formal ethical concerns raised regarding the potential for harm to participants. Research governance and sponsorship was secured through the University of Hertfordshire (Appendix 2) and relevant NHS Research and Development departments.

3.4 Design

3.4.1 Focus Groups

A focus group research method was employed. Focus groups are a research method which aims to create data through the group interactions that develop on a topic or series of

questions set by the researcher (Morgan, 1996). For a student DA project, it is recommended to collect 3-4 hours of interview data (Madill et al, 2005). Group sizes had aimed to be three to six participants per group, but it was difficult to recruit; nine participants were recruited and formed three groups of two to four participants per group.

3.4.2 Interviews

Focus groups were based on a semi-structured interview, including 3 video vignettes (see Section 3.4.3 below) and loosely followed the interview schedule (Appendix 9). The interview schedule was developed from ideas that emerged from the literature review, and reading about focus groups, for example how other trainee CPs constructed and ran focus groups (Harper et al, 2008). Questions focused on the vignettes, and were designed to explore how participants constructed the women in the videos, and to elicit wider psychological/health/societal discourses. Questions also explored any personal and professional stories that emerged pertaining to motherhood.

Interviews were recorded on two digital voice recorders, lasting just under two hours each. A short debrief ended each interview. Participants were able to reflect on their experience of the interview and provide feedback about the interview process. The Professional Guidelines for Clinical Psychologists (Division of Clinical Psychology, 1995) and Health Professions Council Ethical Guidelines (Health Professions Council, 2008) were followed during researcher's contact with all participants.

The focus groups did not run as planned. One participant, Anna left Group 1 early. There were also technical difficulties in Group 3, which meant that I could not show the vignettes and had to ask non-vignette questions first; after a one month gap, the group met again to discuss the vignettes. This appeared to have an impact on the flow of conversation, as it felt to me as though it was more difficult to facilitate a flow of conversation in the second half of this group, partly because we had moved away from the original interview structure, which had been designed to encourage a flow of conversation.

3.4.3 Vignettes

I decided to find and use video vignettes taken from the video sharing website “YouTube” (www.youtube.com). YouTube struck me as being a source of footage that would reflect aspects of society in a more naturalistic way than any written vignette that I might have created. A video also has multiple symbols located within it that would otherwise be absent from a written text, but might trigger conversation. YouTube videos are freely available within the country that they are posted in, and can be commented on by the general public, thus making the website a repository of societal discourse within the process of construction.

I searched the website using a number of search terms, including ‘good mother’, ‘bad mother’, ‘mad mother’, ‘teenage mother’, ‘anxious mother’, ‘working mother’. These search terms emerged from reading narrative and discursive accounts about subjectified motherhood positions within society (E.g. Kirkman et al., 2001; McCormack, 2004; Rolfe, 2008). When selecting clips, I wanted to ensure that clips were based in the UK, so that they were culturally relevant to participants. I also decided to use ‘real’ clips of actual women, for example home videos or documentaries as opposed to fictional clips from comedies or soaps.

I found it difficult to find suitable clips to show. Clips portraying mothers that might be considered ‘mad’ or ‘bad’ tended to depict extreme examples. This contrasted sharply with clips I found using the search term ‘working mothers’. The content of those clips seemed to focus almost exclusively on creating a practical yet stylish wardrobe for the working mother, or adjusting to nursery care provision. I felt that there would be an interesting juxtaposition between the final choices, and they would hopefully stimulate some interesting conversation about mothers.

The video clips I chose were discreet snapshots of the lives of three women. I was able to view the full documentary episode for the “Anxious Mother” vignette, below, but was not able to view a wider context for the other vignettes. Although the groups commented on the

lack of information present in some of the clips, in particular the third clip, it struck me that this was similar to information sometimes presented in a referral letter. Information can be incredibly brief within a referral, and yet professionals are often expected to, and make, snap judgements. The wider context of the women's lives was therefore somewhat less important to me than presenting a small snapshot of mother's life, much as might happen in a referral letter or an assessment session. Another point to consider looks at the wider context of a film. Even if participants had access to a wider section of film for each woman, it would not present a greater 'truth' about that woman, it would only ever present a partial truth, edited by the mothers, in what they choose to talk about, and again by the film-makers, in what they choose to present, or cut out. In the same way, during the therapeutic process, clinicians only have access to a partial truth about a family's life, edited by the family members, and again by what (and how) the clinician chooses to focus on and note down.

3.4.3.1 Young mother

http://www.youtube.com/watch?v=tOam_BHmU88&NR=1

2 mins13secs (BBC Worldwide).

This clip depicts a segment from a BBC documentary called "Schoolgirl Mums". The clip is entitled "Pregnant and homeless" and is about the life of a teenage mum. She is depicted at home, interacting with her son and getting on with the activities of daily life. This is interspersed with close-up head shots of the mother talking to an interviewer (off camera), narrating her story of motherhood. Only ambient sound is used.

3.4.3.2 Anxious mother

<http://www.youtube.com/watch?v=wlkYTwAZW8M&feature=related>

1min32secs (Channel 4).

This clip depicts a segment from the "Cutting Edge" series of documentaries, shown on Channel 4. The clip is entitled "Don't talk to strangers" and shows a clip of a mother and daughter driving in a car. They are talking about the threat posed to the daughter by other people. The daughter's voice is heard off camera, describing her mother's talk about kidnap.

The daughter is then seen playing with a friend, using the play to depict a kidnapping scenario. A background instrumental tune is used, perhaps to convey suspense or a sense of discord.

3.4.3.3 Working mother

<http://www.youtube.com/watch?v=-zf8QDQdhKE>

36secs (sophiehowe).

This clip depicts a woman emerging from a building with “Labour” election posters in the window. She is shown speaking to camera, walking with her 3 children in shot. She describes her plans for the day to the interviewer (off camera), telling him that she is taking her 3 children to school, before going “off on the campaign trail again” later. Only ambient sound is used.

3.5 Participants

3.5.1 Selection criteria

Within a DA study, sample size is deemed to be of less importance than it might be in other studies. A large sample would not necessarily reveal any more concepts than a smaller sample might have revealed, but could create a large amount of work (Potter & Wetherell, 1987). Potter and Wetherell describe a number of discourse analytic studies that focus on one single text or transcript. This is deemed sufficient, depending on a comprehensible and comprehensive account of the nature and origin of the material being analysed.

A decision was made to recruit qualified CPs working within CAMHS. Primarily, this would enable an exploration of use of motherhood discourses specifically within a professional context. Participants were required to have completed a UK qualification in clinical psychology so that all participants would have encountered the discursive practices used within UK training and professional practice.

3.5.2 Recruitment

Purposive sampling (Thompson, 1999) was used to recruit participant CPs to the study. All qualified CPs working within CAMHS in two NHS mental health trusts were contacted by standard initial e-mail (see Appendix 4), by a lead contact person working within their trust. Project information packs (see Appendix 5) were sent to all individuals who expressed an interest in the study. Participants who returned the consent forms attached to the project information pack were contacted to arrange a suitable time and location for the focus group. A list of participant names was distributed to all participants within a group in order to allow participants to opt out at that point. No participant chose to opt out. Two participants were additionally recruited at a CAMHS psychology meeting. One interview took place at the University of Hertfordshire and the other two interviews were held at convenient CAMHS clinics.

It should be noted that the way in which I have written this section makes the recruitment of participants appear to be an objective value-free exercise, which of course it was not. I used contacts that I had made to help me with my recruitment. Most of my recruits told me they remembered how stressful it was to conduct research, especially trying to recruit participants.

Informed consent to take part and have interview extracts analysed and published was obtained at the beginning of the interviews. I went through the pre-interview briefing sheet (Appendix 6) with the participants and answered their questions. The participants signed consent forms (Appendix 7). Issues relating to confidentiality were discussed thoroughly. Participants were also reminded that they had the right to withdraw consent at any time. Prior to the interviews, I asked all participants to complete a brief participant screening questionnaire, which asked participants to report (if they wanted to) brief demographic information that I thought might be interesting to reflect on (Appendix 8).

3.5.3 Participant profile

9 female CPs were recruited to the study. No men expressed an interest in participating. The names, precise age and work locations of individual participants will not be revealed to maintain confidentiality. All participants have been given a pseudonym first name. All participants could be described ethnically as white British. Participant characteristics as described in Table 2 were gathered as part of the participant screening questionnaire. The questions were intended to encourage the participants to position themselves in relation to their culture, and the research, through the use of categories.

<i>Group</i>	<i>Name</i>	<i>Age</i>	<i>Parent/ non-parent?</i>	<i>Preferred therapeutic modality</i>	<i>Social class</i>
Group 1	Anna	30s	Parent	CBT/systemic	Middle
	Becky	20s	Non-parent	Eclectic	-
	Charlotte	30s	Non-parent	Social constructionist/ Constructivist	-
Group 2	Dina	40s	Parent	Social constructionist	Working/middle
	Ellie	30s	Non-parent	CBT	Middle
Group 3	Frieda	30s	Parent	Systemic	Middle
	Giselle	50s	Parent	Integrative	Middle
	Helen	30s	Non-parent	Integrative (narrative +CBT)	-
	Isabelle	20s	Non-parent	Integrative	Middle

Table 2 - Participant characteristics

Self-declared information collected from the participant screening questionnaire.

3.6 Transcription

Data from all focus groups was transcribed verbatim, using the transcription conventions set out in Section 4, below, which were similar to those used set out by Potter and Wetherell and Coates' "Transcription Conventions 1" (Coates, 1998; Potter & Wetherell, 1987). DA

does not necessarily require such detailed transcription, however I thought that basic details about intonation and timing would aid me in being able to 'hear' my transcripts during analysis. Potter and Wetherell refer to the dilemma of detail versus time taken to transcribe. I transcribed my first transcript according to the conventions seen, but this was incredibly time consuming, at a ratio of 30-40 hours per hour of transcript. I decided to transcribe the remaining transcripts with less detail, but then re-transcribe any interesting extracts with full detail at a later stage. As I was transcribing, I included comments in the margins of the document, with any initial thoughts I had, to help me begin the thinking process.

Blake Poland has written a noteworthy article on transcription quality. He deconstructs the meaning of transcribing "verbatim", and exposes transcription as a process of re-construction that is subject to a number of decisions, based on theoretical and pragmatic concerns (Poland, 2003). I realised I was trying to "get it right", to convey a sense of "what really happened within the room", which places my transcribing within a realist ontology, and reifies the transcript. Instead, Poland recommends situating the transcript as something separate from the original interview, a re-construction by me, of a co-authored conversation, situated within its own context. Any misheard elements of conversation, were misheard by me and I have then tried to make sense of them, much like a conversation between me and the recording.

On reflection, I was aware of several choices I made at the time of transcribing. For example, I decided to leave out tone, beyond what could be inferred through the use of grammatical symbols. I also placed speech marks round phrases where the speaker appeared to be imitating someone else, although it was often a judgement call as to when they stopped imitating. My decision to transcribe the transcripts myself was partly because it would aid me in familiarising myself with the data, but also partly due to Poland's point that transcribers who "do not have a stake in the content and are struggling word for word to get the material committed to paper may not catch what is going on"(Poland, 2003). This is of particular concern to a discourse analyst, as the meaning is made from the text.

3.7 Analysis

Potter and Wetherell (1987) suggest that coding stage serves as a means of preparing the data for analysis, by breaking down large amounts of data into manageable, related chunks of data. Given the length of time taken to transcribe each transcript, coding began on the first transcript before all the groups were transcribed. This influenced initial thoughts as I transcribed the remaining two groups.

Each transcript was analysed line by line, coding according to a set of codes that related to my research questions. I constructed these following the initial reading, as well as inspiration from wider literature. The codes highlighted all instances of professional/psychological talk, psychologists talking about mothers, psychologists inferring something about themselves as psychologists, psychologists talking about themselves as mothers/women or children and finally societal or 'lay' talk (e.g. as indicated by statements such as "my friend said", "people say", "like what's written in the tabloids"). These were loose categories of talk and were designed to be inclusive.

Coding was used throughout the analytical process. As questions were posed or an idea emerged, the transcripts would be re-coded, looking for patterns, metaphors and ideas that might fit with the idea. There were frequent moments when the data set felt too big to manage, contained too many ideas to make use of. Harper (2003) describes such a struggle with the analysis as being constructed as a common feature of DA, perhaps as a result of the anxiety induced by such an unstructured, open-ended approach to analysis. Ideas gradually took shape and I noticed myself drawn to concepts of identity, perhaps because the construction of 'professional' and 'personal' identities resonated within me, which in turn grew into a structure for the analysis.

3.8 Criteria for rigour and evaluation

Taylor (2001a) explores the different attempts at evaluation of discourse analytic research. I found this book particularly useful as a novice, because it attempted to bring together several different approaches to DA, and considered them from a practical point of view as an aid for budding researchers such as myself.

Potter & Wetherell (1987) identify two criteria of evaluating DA research: ‘coherence’ and ‘fruitfulness’. Coherence refers to the coherence of the analysis in the way it is argued and accounted for, and fruitfulness refers to the ability of the research to identify new accounts of discursive practice. Nixon and Power (2007) propose a framework for rigour which incorporates Potter and Wetherell’s ideas:

Criteria
1. Clear research question: is it appropriate for DA?
2. Clear definition of discourse and species of DA
3. Effective use of theoretical framework — clarity and explicitness in epistemological and ontological positioning
4. Transparency in analysis methods and application of theory to the analysis
5. Clarity in selection of talk/texts
6. Concepts/criteria/strategies to guide analysis

Table 3 - Criteria for rigour (Nixon & Power, 2007)

Practical ways in which I attempted to use these criteria in order to establish and maintain rigour included the creation of an audit trail by keeping a reflective diary. During the analysis stage, I aimed to ground my findings both in the features of the data, and in wider literature, in order to illustrate the potential significance of any discursive patterns, as well as allowing me to present other accounts that were not necessarily present or dominant within the focus groups.

In order to maintain rigour in the analysis, I have attempted to use extracts from across all three groups to try to give each group a voice. In some groups, there were voices that took a more dominant role, and possibly had a greater exposure within extracts presented. I did however try to ensure that every voice was represented within the extracts that were used to highlight various points in the analysis, to give a brief flavour of their role within the group. I

was however looking at the rhetorical devices and repertoires available within the talk generally, and exploring how these lead to positioning. It therefore seemed more important to ensure that different positions and devices were covered rather than ensuring that all voices were equally represented, because the assumption would be that people could take different positions

I did however try to explore whether linguistic phenomena were available/deployed across more than one group, and have included extracts from 2 or 3 groups within key points. This should increase the credibility of the proposed phenomenon as something that might exist within a more public sphere.

4. The Analysis

The analysis section will be presented slightly differently to a traditional research report, where one would expect separate results and interpretation sections. As the results of this research are not taken to be objective 'truths', discussion will be included alongside analysis. Analysis will be organised through presentation of an illustrated summary of the concepts and key points that I interpreted from the data (Taylor, 2001b).

The main concepts explored within this analysis are the identity work carried out by CPs centring on professional identity, womanhood and motherhood.

The analysis within this thesis has frustratingly required me to make many choices about which paths I should take and which leads I should follow up. Inevitably, many ideas have had to be discarded. I was unable to examine how psychologists constructed men and male identities, for example: positioning of male psychologists and fathers. I also chose to focus mainly on how biological mothers were constructed, and have generally not considered step mothers or adoptive mothers.

Table 4 - Transcription conventions used in extracts (Coates, 1998; Potter & Wetherell, 1987)

Transcription symbols	Example	
[square brackets]	A: and then [I said] B: [yeah] exactly	Represents overlapping speech
= equals sign	A: and then I said= B: =yeah exactly	Represents 'latching' where there is no perceptible gap between the end of one person's speech and the beginning of another's.
(2), (.), (#)	A: It was like this (#) he came out (.) and (.) then (1.5)	Numbers in brackets represent pauses in seconds. (#) represents a pause of 0.1> to <1 seconds.(.) represents a brief pause of 0.1 seconds, like a catch between words.
Hyph-	A: She wa- no she di-did it	A hyphen indicates a broken off utterance or a stutter.
: colon	A: she was so:: wrong!	One or more colons indicate an extension of the preceding sound.
<i>Italics</i> , CAPITALS, *asterisk	A: I couldn't <i>believe</i> it, HOW COULD SHE? I *trusted *her	Italics indicate an emphasis on the word. Capital letters indicate words spoken louder than surrounding talk. An asterisk preceding the word indicates it is spoken quieter than surrounding talk.
.hh, hh	A:and .hh I just thought	A full stop preceding a word indicates an intake of breath. .hh indicates an in-breath. Hh indicates an out-breath. Number of h's indicate length of breath.
.?!,	A: What was it then?	Punctuation marks indicate intonation rather than grammar
"speech marks"	A: She just said "yeah"	Speech marks indicate the speaker imitating another person
(xxx)	A: Yeah *I *could (xxx)	Indicates inaudible speech
((double brackets))	A: Hahaha! ((laughs))	A non-speech element such as laughter or a descriptor
[square brackets]	A: [Name] was going to	Indicates deliberately omitted text, for example names, for confidentiality purposes.
(Anna:L122;G3)		A citation following a quote indicates the quote's location within the text. The citation includes the speaker's name (Initial): line number (L); and group number (G).
bold	A: Yes, and I recognised this	Bold has been used to highlight parts of the text that are explored further within the text.

I would also like to note that the analysis of certain features, was made easier by the fact that I could hear the recordings, which gave me additional interpretative repertoires. Of course, the extracts cannot convey this that well, and my interpretation on tone may well be different to someone else's interpretation.

I have included the transcript for Group 1, in Appendix 9.1, to provide greater context for the conversations. Two extended extracts from Groups 2 and 3 are also located in Appendix 9, to give some further context to some of the extracts. I will refer the reader to the appendices with relevant extracts.

There was not space within this thesis for a full exploration of all the interesting features that emerged from the data. The professionalization of motherhood was a particularly interesting feature that appeared to emerge. A set of rhetorical devices also appeared to emerge from CPs' talk about motherhood, which were focused on balance, gender neutrality, and 'the child's best interests'.

5. Analysis: Construction of professional identities.

This section explores how CPs constructed their professional identities, and contributes some thoughts and analysis as to how these constructions were used within the group context.

Although this thesis ostensibly tackles the discourse of motherhood, the subjectivity and identity of the CPs in the focus groups emerged as being critical to the analysis. An analysis of identity construction may therefore give an insight as to how CPs position themselves, as well as indicating how they are then able to position mothers (see Section 2.2.2.3, above, for thoughts on identity).

For me personally, identity has been particularly on my mind whilst writing this thesis. The thesis comes at a point at which identity is significant to me; personally, as a woman in her late 20s, deciding whether or not to be 'settling down' or focusing on my career; professionally, I will hopefully qualify as a CP and start to practice and make choices for myself about the direction of my career. This section may then represent some of the discourses for presenting and accounting for my identity that may be open to me on qualifying, as well as a consideration of what these discourses may do to others (e.g. other professionals, clients etc.).

5.1 “Thoughtful talk”

A possible set of rhetorical devices, *‘thoughtful talk’*, was identified. These include *‘doing formulation’*, *‘doing reflection’*, and *‘doing empathy’*. Reflection, formulation and empathy are not new ideas, but this analysis is attempts to re-construct these as social actions which are used to position both the speaker and the subject/object of speech.

‘Thoughtful talk’ tended to come in the shape of monologues, in which the CPs’ thoughts were presented to the rest of the group in their entirety. Other CPs tended to not interrupt until there was a clear space to do so, except in agreement (“mmm”, “yeah”, “yes”). This contrasted with other forms of talk where one might expect to see more overlapping and interruption, for example *‘pub talk’* or *‘talking to a friend’*. Certain marking words and phrases were identified as possibly indicating thoughtful talk. These include variations of the phrases “I wonder”, “it’s interesting”, “something about”, “part of me”, and “curious”. *I have tried to present extracts (Sections 5.1.1, 5.1.2, and 5.1.3) below, which I think depict the devices that comprise ‘thoughtful talk’.*

I reflected on myself ‘thoughtful talking’. Within my professional identity, I want to appear thoughtful, critical, analytical to show that i am not taking things at face value, and that I am using ‘critical thinking skills’. I do this because I want to imply something about myself as being a careful, empathic, reflective thinker, able to understand what I hear and deconstruct and evaluate it. In this way, I elevate my own position as someone who is ‘enlightened’ and able to think in ways that others do not.

5.1.1 Doing reflection

An aspect of thoughtful talk was ‘reflection’. ‘Doing reflection’ draws on the ‘Reflective practitioner’ repertoire, an increasingly well-known repertoire within CP (Kiemle, 2008). The concept was defined by Schön (1983) and has been used by a number of disciplines within education and healthcare, although it has roots in practices such as Buddhism, philosophy and, more recently, psychoanalysis (Bennett-Levy, 2003). Reflective practice is described as involving reflection and critical analysis of one’s own actions in order to improve professional practice (Imel, 1992). Discursively, however, this form of talk is associated with

explicitly positioning an individual's "self" in relation to the topic of discussion, using a meta-perspective. This "self" therefore occurs in two forms, the 'me' that is described in relation to a topic, and the 'I' that is the speaker, talking about 'me'.

Extract 1 – Doing reflection (Group 1)

1646 C: and I recognise that I **don't always do that** (.) just focus on (.)
1647 mums and thinking about their role as a mum (.) and what *society* says about being a
1648 mu:m and (.) and it's quite interesting actually (.) that (#) I suppose I'm not- (.) it's
1649 easier to talk about a *whole family*

Here, "I don't always do that" represents 'me'. 'Me' could be seen as a character that 'I' (as in this case: "I recognise") is able to position. This form of re-positioning could be used to bring in alternative repertoires, in particular those that challenge dominant ideologies. The distancing effect that 'I' talking about 'me' can have, may allow 'me' to become attached to repertoires that might normally be more readily challenged if they were directly taken as the speaker's position.

I wonder if including myself through my reflections allows me to present a more acceptable view of critical psychology, as I share in any trouble caused to professional CP identities through the use of such repertoires? If I acknowledge that I have done something wrong before someone pins it on me, I can deem it to be 'reflection', rather than 'covering up faults'. Alternatively, it can allow me to redress an unequal balance in power in favour of a client. Perhaps less cynically, reflection is in some way a willingness to knowingly take on some of the trouble that burdens our clients. Ussher (1992) calls for CPs to take up reflective practice as a useful alternative to the more positivist "scientist-practitioner" repertoire.

5.1.2 Doing empathy

The marker word identified for empathy talk is "feel". This specifically refers to talk in which emotion is ascribed to the speaker for or on behalf of a subject/object of speech.

Extract 2 – Doing empathy (Group 2)

- 1653 E: [.hhh] hhh I **wonder** if there's- I was thinking about this idear of erm male-male female
1654 difference I **wonder** if there's something about *women* possibly **feeling mo::re angry**: that
1655 *mums* are *put* in these positions and that there's these kind of expectations on them and I
1656 **wonder** if: I was thinking particularly about the second clip that both of us **felt quite riled** by
1657 it and I **wonder** if that's something about *gender* and thinking this mum has been put in a
1658 position where she feels the need to overprotect her children and *that* makes me **feel quite**
1659 **angry** whereas I don't know I **wonder** for male possibly might have a different experience?
1660 They might disconnect from it [a bit more]
1661 D: [no I mean] it would be interesting wouldn't it? To know=
1662 E: =they have less of an emotional reaction?

In this extract, there are a number of uses of “I wonder”, which I propose to be a marker for ‘Thoughtful talk’, as well as uses of empathy. Empathy may allow the CP to position themselves alongside the subject/object of speech, in this extract the mother from the ‘anxious mother’ vignette. Doing empathy may enable the CP to engage with experiences that might otherwise be invisible. This might change the course of the conversation to herald alternative, more positive, repertoires and positions for the subject/object(s) of speech. However, empathy is also constructed as a good thing to portray. This therefore could position ‘empathic’ CPs as ‘better’ CPs.

5.1.3 Doing formulation

The content of this talk often included aspects that could be recognised as “formulation”, which is traditionally taught to CPs as a theoretically-based explanation or conceptualisation of psychological information (Johnstone & Dallos, 2006), which requires critical thinking skills in order to analyse a ‘problem’ and develop a solution. This type of talk explicitly positions the speaker as using psychological theory in order to construct the subject/object of speech within a psychological framework. CPs recognisably used a number of different psychological models within formulation, including CBT, systemic and attachment theory (please refer back to Section 2.2.2 for an account of how some of these models have

formulating talk to reify psychological constructions of generational patterns. This may allow the CP to use repertoires that marginalise people, for example reifying mother-blame repertoires through psychological formulation, without troubling their own identities. It could also be used, however to alleviate and challenge distressing repertoires.

5.2 Interpretative Repertoires of the Child Clinical Psychologist

The following sections present various possible competing interpretative repertoires used by CPs to position themselves and to carry out identity work in constructing their professional identities. The competition between these repertoires formed the *'Psychologist's Dilemma'*.

Repertoires that were identified but could not be explored fully within the scope of this thesis include the *'Helping profession'* and the *'Uncertain Psychologist'* repertoires. The *'Uncertain Psychologist'* was a repertoire that appeared to encompass statements around ambivalence towards the value of psychology knowledge that seem to question or challenge the usefulness of the professional role that CPs hold.

5.2.1 Scientist-practitioner

This is an established repertoire within psychology, referenced in various texts about the profession (Kennedy & Llewelyn, 2001; Marzillier & Hall, 1999). The first clinical psychology course in the UK was set up by Eysneck at the Institute of Psychiatry in 1947, and in 1949 Eysenck developed an exclusively scientific discourse for the profession in the UK (Lavender, 2003).

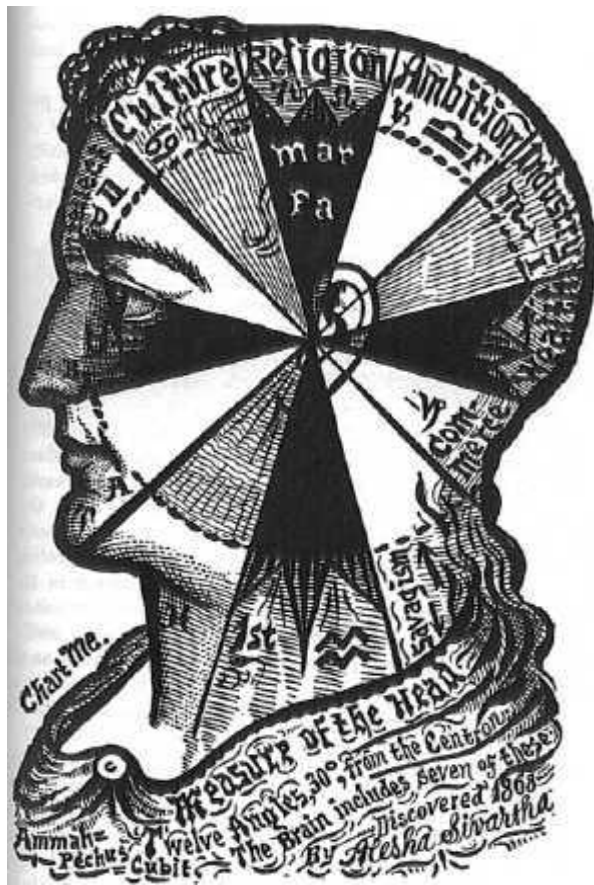


Figure 3 - Measure of the head - (Sivaritha, 1859)

Phrenology diagram measuring the social psychology of human life within the head.

Figure 3 reminds me of phrenology illustrations. I was fascinated by the way in which the head is mapped out like a compass, like a 'scientific' diagram of personality. Although no longer a current conceptualisation, it serves to once again remind me how psychologists and other scientists have advanced the reification of theories that have been discredited and invalidated by later ideas. It also reminds me of the way in which phrenology was used to justify discrimination based on race, sex and class through the promotion of theories of intelligence based on skull shape and brain size (for example, Beddoe, 1862).

Extract 5 - Prevalence and epidemiology (Group 3)

2043 G: we don't know whether maybe she also had OCD for example and again SO! And then again
2044 **you know** there are certain times when children might begin to show symptoms of certain
2045 conditions and **we know** prevalence rates-wise that prevalences are very high and like one
2046 percent of kids have OCD .hh for example so you know if you had a sample of 100 CLIPS!
2047 ((laughing tone)) .HH you would say just on an epidemiological basis that you're going to

2048 have=

Extract 5 shows Giselle talking about prevalence and epidemiology. This speech occurs within the context of a conversation about the kinds of issues that mothers coming into CAMHS bring and Giselle has related this back to the vignettes. She is now discussing the ‘*anxious mother*’ vignette. The scientist practitioner repertoire emerges through the use of scientific and statistical language to consider her presentation in terms of mental illness. In this instance, the use of this repertoire may have the effect of reducing the mother’s behaviour to a label and removing consideration of wider contexts. It perhaps also positions the CP as an expert, in a position of power.

5.2.2 Trained to think

CPs seemed to draw on a repertoire that I have called ‘*trained to think*’ in order to construct their identity as CPs, as “people with more *understanding*” (Anna:L261-2;G1). They appeared to use the rhetorical device of category entitlement (see Table 1 on page 155). to position themselves within this repertoire.

Extract 6– As a psychologist (Group 1)

168 S: *Yeah.. (1) I’m wondering **as a psychologist** what that contributes to your thinking(#)
167 about:t (#) the mother in that clip. (7)

[...]

210 C: =I think as **well being (#) psychologists- allows well (.)**
211 **changes the way you watch clips like that as well?** Because .hh I’m not sure if my
212 *best mate* who’s got a *six month old* would watch that clip and say what we sai::d
213 then, .hh o:::r (1.5) and kind of look at it in terms of resilience and *strength*. (#)
214 I think she might really get-focused onthefactthat this person had to give up their
215 *baby* (#) and feel very *sad* (.) and I feel *sad* about that but can see:: (.) the end (.)
216 andthenyou **interpret kindof that situation for its strengths** and=

217 S: =mm

218 C: (#) like be so:: *impressed* (1) and maybe I could *move on* from .hh I dunno the sad
219 parts of that story a bit quicker?

In this extract, Charlotte is talking in response to my question, which asks CPs to position themselves as psychologists (category entitlement) within the conversation. Charlotte opens with the concept that being a CP “*changes the way you watch clips*” which might imply a dynamic process of transition as an individual acquires the identity of “*being psychologists*”. She then uses the example of her ‘best mate’, who is a new mother. Charlotte suggests that before she became a CP, she would have felt “very sad” about the clip and not been able to “interpret *kindof* that *situation* for its *strengths*”. Charlotte may be positioning herself as someone whose professional identity enables them to watch clips in a way that enables her to see and interpret a situation in a multi-faceted way, in comparison with non-CPs who are constructed as only able to explore situations in more limited ways. This appears to have the benefit that she is able to confer a positive subjectivity of ‘resilience’ onto the mother in the clip

Extract 7– That psychologist part to yourself (Group 2)

531 E: and I-I also know that I would *own* some of those (1) perspectives (.) at times and that I
532 might make **quite snap judgements** (.) about situations and that there’s **that psychologist**
533 **part to yourself** but also that kind of .hhh *public* (1) umm (1.5) *perception* to some extent I
534 guess (#)
535 D: it’s a kind of cla-it comes out as a cla::ss thing isn’t it=
536 E: =yeah=
537 D: =in a way (.) so: (#) in a *wa:y* I suppose / think of myself thinking these things (.) *less* as a
538 *psychologist* and *mo:re* (#) e- because of my cla:ss=
539 E: =mm=
540 D: =and (#) I suppose the only *psychology* bit of me is the fact that I’m always (#) asking
541 questions or trying to break something down [which]
542 E: [mmm] (.)

Extract 7 tentatively continues the idea of CPs being able to think in a different way, and distinguishes CP aspects from other aspects of themselves (see appendix 9.2 for a section of the preceding conversation). Ellie 'admits' to making "quite snap judgements". The use of the term 'snap judgements' seems to refer to negative perspectives about mothers that CPs ascribed to the 'non-CP' aspects of themselves. These appear to counter a '*trained to think*' repertoire. They are attached to the "public [...] perception" part of herself that Ellie "owns". However, she is able to use the "psychologist part" of herself to stand back and '*do reflection*', thinking through her perspectives to help her achieve a more enlightened way of thinking about the mother. Dina also appears to own her perspectives as being "*less as a psychologist and more (#) e- because of my class=*", and she seems to attribute her ability to ask questions and break something down to the "psychology bit" of her, perhaps with the implication that CP skills lead to greater understanding of the world.

5.2.3 The 'Life experience' repertoire and the "Have you got kids?" device.

The '*Life Experience*' repertoire emerged through delineation of the '*Have you got kids?*' device. This device was described as being used by mothers, and appeared to create trouble for CPs who were non-mothers. The '*Life Experience*' repertoire privileges the knowledge people gain through specific actions and roles. Perhaps these actions and roles are tied to the area of experience that is discussed, for example motherhood. Or perhaps it is tied to dominant discourses of what is acceptable.

In Extract 8 and Extract 9, below, CPs talk about the challenge of how to respond when asked if they have children, and how this impacts on their ability to work with families. They are talking in response to my clarifying question about whether or not having children was an issue when working with families, which was set within a more general conversation about the challenges and rewards of working with mothers. Both Becky and Charlotte are newly qualified trainees and non-mothers.

Extract 8– Charlotte and Becky discuss the impact of their status as non-mothers (Group 1)

- 1277 C: and I think it's a really *nice* thing when mums *don't*
1278 come in with that
- 1279 B: mmm (1)
- 1280 C: it's kind of a bit- it's *refreshing* or:
1281 B: mm
1282 C: when you hi- see that family *can-* (2) can
1283 *listen* without judging the *therapist* umm whether *they* know or not or: you know
1284 some (.) some places I've (#) wanted to see if I've got a *ring* on that finger or:
1285 B: mmm
1286 C: **wanted to know if I've**
1287 **got a family** or want- are really *curious* about (#) me as a person whether
1288 B: [mmm]
1289 C: [I can] *understand* them.
1290 (.) I haven't had that so much in **PLACE** though, for some reason (1)
1291 B: mmm. Maybe it's something about you (#) being *qualified* and giving off more
1292 *confidence* and they don't *need* to ask!
1293 **((B & C laugh))** (.)
1294 C: I'm not sure about *that* one!

This extract illustrates the 'Have you got kids' device. Charlotte initially describes how 'nice' and 'refreshing' it is when a CP can get on with their work without being judged on marital or parental status. This may suggest several things. Firstly, families who do not ask about a CP's marital and parental status are described as 'nice' and 'refreshing', and might perhaps be considered easier to work with, falling in line better with CPs' idea of therapeutic work. Secondly, families who are 'really *curious*' about the CP, are positioned as 'judging' the CP, in particular judging the CP's ability to understand, and to do her job (*her – this repertoire did not seem to trouble male CPs*). Finally, Charlotte jokes that she's not sure being qualified aids confidence, which suggests that the position of a newly qualified CP is open to trouble.

The question “Have you got children?” could be argued to expose therapy as a relational process in which the CP holds power. Power could be maintained partially through the withholding of personal information and partially through the position of ‘expert’, as upheld by the ‘*trained to think*’ and ‘*scientist practitioner*’ repertoires. By posing such a question to CPs, and engaging an interpretive repertoire based around life experience, families may be able to resist these repertoires. The CP may be prevented from using individualising problem discourses that locate problems within individuals in the family. Within the focus group, Charlotte appears to be able to resist this by positioning families as judging CPs based on life experiences that could fall within an interpretative repertoire about traditional family values; this potentially sets families up as being less progressive and more narrow-minded than ‘*trained to think*’ CPs. It could also obscure the CP’s power within the therapy setting.

CPs who are married and do have children seemed to be able to maintain power more easily. Their identity, being closer to dominant discourses of motherhood and womanhood, is perhaps seen as untroubled and their position of status within therapy could go unresisted. This speech act is however between two non-mothers, witnessed by myself, a third non-mother, so it may not reflect the interactions between mother CPs and their clients. It may instead reflect the non-CPs’ resistance of wider discourses around femininity.

Extract 9 - The conversation continues on... (Group 1)

- 1295 B: ((laughs)) heHEH! Yeah (#) I-I’ve had something *recently* where erm (.) someone said
1296 to me “oh, (#) **she’s a really difficult client to engage with you’re- you’re only**
1297 **TWELVE or something anyway**”, (.) which goes with it an implication of **me not**
1298 **having kids n’ (.) me being young and not understanding** (#) [umm]
1299 C: [mmm] (.)
1300 B: so yeah I *do* think that *is* a challenge, *definitely*. (#)

In Extract 9, the conversation continues and Becky refers to an anecdote when a professional was talking to her recently about seeing a family. She describes herself as being

positioned by this professional as only being "TWELVE or something", a 'child', positioned in a way that rules her out from being able to work with a complex and difficult to engage mother. Charlotte's overlapping agreement 'mmm' is a sign of concurrence and suggests that she can relate to this experience.

By positioning themselves as lacking in life experience of being mothers, Becky and Charlotte position 'the challenge' as being one of conveying their psychological expertise in a way that mothers could accept. This directly positions psychological theory and expertise in competition with lived experience which suggests an ideological dilemma. However, both the CPs have the linguistic resources open to them to attempt to resist and challenge this repertoire, as in Becky's last sentence: "so yeah I *do* think that *is* a challenge, *definitely*". The emphatic "so yeah" marks her conclusion and ties it back to main point on challenges in working with mothers. The use of the word 'definitely' implies that this will not be an easily surmountable obstacle, but it is potentially surmountable.

The '*Have you got children?*' device is also resisted more overtly, as seen in Extract 10:

Extract 10 - Resisting "Have you got children?" (Group 2)

- 1617 D: [...] we have a *very* strong view in our *team* that umm you know
1618 particularly when when people ask us I think *less* so when children ask us but I think when
1619 *pa:rents* ask us "*Oh* have you got *kids?*" yeah that you shouldn't say "yes:"
1620 E: mm
1621 D: or "no" because [it's]
1622 E: [mmm]
1623 D: what they're asking is "do you *know* enough about this?"
1624 E: mmm
1625 D: "are you a *pa:rent?*" and so it's *notokay* to say
1626 E: mmm
1627 D: "*Oh* I *have*" or .hh "*Oh* I *haven't*"

Here we see Dina directly challenging the '*Life experience*' repertoire, constructing it as "notokay", perhaps a use of the rhetorical device '*extreme case formulation*' (see Table 1 on

page 155). She appears to undermine the value of personal experience, which seems to have the effect of both subjugating the value of the mother's own experience, and a potentially undermining the '*Reflective practitioner*' repertoire.

Doe and Savidge (2003) have written a reflective commentary on some of the issues affecting CPs who have children of their own and work in CAMHS. They similarly refer CPs with children as gaining in empathy, but also being in "danger of overidentification" (Doe & Savidge, 2003) with parents through the virtue of their own experiences. The paper is written in a style that could be considered the journal paper equivalent of '*doing reflection*'. It also makes reference to "studies" and theoretical texts perhaps within a '*scientist practitioner*' repertoire.

5.3 *The Psychologist's Dilemma - "Agent of change" vs. "guardian of the status quo"*

An ideological dilemma was constructed around the purpose served and roles held by CPs within CAMHS. This dilemma, which I have called "The Psychologist's Dilemma" appeared to be constructed from the fragments of the competing repertoires which made up CP professional identities. The '*scientist practitioner*' and '*trained to think*' repertoires could perhaps be seen as dilemmatically opposed to the '*life experience*' repertoire.

This may echo wider discourses that pervade mental health services: the discourse that mental health professionals belong to the 'helping professions', and are 'agents' or 'catalysts' of change. This is set in opposition to the critical discourse described by the anti-psychiatry movement that portrays mental health professionals as instruments of social control and guardians of the status quo, who professionalise ordinary social actions and relationships for self-interest (E.g. Foucault, 1965; Fox et al., 2009; Laing, 1959; Szasz, 1974).

The Psychologist's Dilemma could be of import to mothers in CAMHS as it is mothers who society appears to judge most harshly for difficulties with children, either in the shape of

apparently badly behaved children (Austin & Carpenter, 2008; Bennett, 2007) or in the case of apparently neglectful or abusive parenting (Kirkman et al., 2001).

It may be very interesting to consider how the Psychologist's Dilemma plays out in a CAMHS setting. Perhaps a genealogical exploration of CPs in CAMHS, including consideration of external pressures from societal discourse, would be fascinating, though sadly not within the scope of this thesis. I wondered whether professionals perhaps begin their careers with helping profession discourses in mind, but local and national policies emanating from local authorities and government, particularly those relating to child protection, could swing professionals towards a position of instrument of social control.

5.4 Analysis: Discursive dynamics

In this section I will describe some of the discursive dynamics that appeared to emerge during the focus groups, including some features on how CPs announced their identities, group dynamics and power structures.

5.4.1 How CPs announced their identities

Each focus group began with some 'brain storming' questions, and I expected to see CPs using their answers during this section of the focus group to announce their identities. The two questions that formed the brainstorm were: "What does the word 'family' make you think about?" and "How do you think a father figure might differ from a mother figure". These questions were designed to orient CPs into the general topic area of motherhood. The questions were perhaps a '*doing reflection*' speech act, utilising the type of open and comparative questions that a CP might use in therapy. The use of these questions, and the stated goal of the focus group to collect "psychologists' views on mothers" would have positioned CPs into announcing a primarily professional identity.

CPs talked in a stilted manner, using large pauses, stutters and word changes as they set up their identities. The talk did a lot of reflection and formulation, which appeared to have the discursive effect of distancing CPs from the subject matter. The content of their talk appeared to be very carefully considered, and could be described as "politically correct". CPs frequently appeared to use the rhetorical device of 'hedging' (please see Table 1, Page

155, above), and this seemed to be utilised to avoid creating trouble for the subjects/objects of their speech. This may have announced CP identities as inoffensive, which possibly positioned them to present potentially troubling material later within the focus groups.

5.4.2 Group dynamics

CPs appeared to take different discursive positions within the groups. For example, in each group, one person seemed to tend to hold back and speak less than the other people in the group. This person appeared to present an alternative viewpoint, often using reflection or formulation talk to present this to the group. The alternative viewpoint was often one that undermined dominant discourses. The other members of the group appeared to respond to this either by accepting it, shutting it down entirely, or resisting the viewpoint. How this happened seemed to depend on how much the alternative viewpoint challenged positioning work that the CPs had already carried out. Interestingly, this position was held by a non-mother in all three groups. Perhaps in a CAMHS team setting, this role would be held by any CP, as all CPs did reflection talk within the groups. It is difficult to discern from uni-professional focus groups how participants talk within their teams or with their clients.

5.4.3 Power structures within CAMHS

CP-mothers appeared to hold the most power within the focus groups. Although there were few interruptions within the groups, almost all interruptions were made by CP-mothers, with one exception, which only occurred once the CP-mother had left the group. CP-mothers also seemed to talk longer than non-mothers. This suggests that CP-mothers may perhaps have had control over discursive practices. I cannot speculate too much on whether this plays out in other settings, as perhaps they were deferred to within the groups, as experts on the focus group topic. However, within the CAMHS setting, it seemed to some degree to matter whether or not women are mothers; furthermore motherhood may enable subtle power differentials to occur between professionals, in which mothers are able

to take a more expert and powerful position. CPs who were already mothers were possibly constructed as being able to resist the '*Life Experience*' repertoire, which perhaps entitled them to more power within the CAMHS context than either childless female CPs or the mothers that attend the clinic.

CP-mothers also seemed to gain access to more rights in the clinic, for example they were allowed to be more boundaried and leave work earlier. Women who were childless were presented by the CP-mothers as being expected to remain in the clinic, even working after-hours. Personal childcare commitments were therefore possibly constructed within the focus groups as being more important than commitments that non-mothers had. This made me wonder what impact this might have on relational dynamics within the clinic.

5.5 Summary

This section explored the construction of CP professional identities. These included repertoires of the "*Scientist-Practitioner*", "*Reflective Practitioner*", "*Trained to think*", and "*Life Experience*". These formed the basis of "*The Psychologist's Dilemma*", which was set out as being a dilemma between the CP's potential role as helping people/institutions change and their potential role as governmental moral 'policemen'. A set of rhetorical devices that were purported as being used specifically within CP professional speech were also described. Thoughts and analysis were also contributed as to how these constructions were used within the group context, including an exploration of potential power structures that may have emerged within the focus groups. Hierarchically, it appeared that mother-CPs held the most power, but non-mother CPs seemed relatively effective at maintaining a voice within the groups, especially when they used their voice sparingly.

6. Analysis: Constructing womanhood and motherhood

“Becoming a mother and becoming a poet were similar psychic work.”

Sharon Doubiago, Poet

Two parallel and interwoven dilemmas were constructed from the text. These focused on constructing the mother and constructing the woman. These dilemmas appeared to be central to the identity construction of female psychologists and perhaps may be relevant to most women living in the UK. The issue of ‘Career’ entered both dilemmas, both as an alternative way of being a woman, and as part of the dilemma of motherhood.

Each Dilemma will be laid out with a brief introduction, an outline of the repertoires that seemed to emerge from the transcripts with brief examples of talk, and finally a description of the dilemma, drawing on wider societal contexts.

6.1 “How to: be a woman”

Womanhood was constructed through a multiplicity of identity categories, which included repertoires of one or both of the ‘mother’ and the ‘career woman’. They were associated with both positive and negative repertoires, which suggested an ideological dilemma at the core of womanhood.

It is worth remembering as one reads this section that the analysis could perhaps have emerged as a result of the way I had essentially structured the groups. All participants were career women, and had been requested by me to discuss motherhood. This analysis must therefore be read with caution.

6.1.1 Mother

Motherhood appeared to be an acceptable choice for women to take. Being solely a mother with no paid employment seemed to be unusual but appeared to be generally positively connoted by focus group participants: either as a resurging trend, or as something available to more fortunate women. Descriptions of motherhood often seemed to use idealised language (also see Section 6.1.2.3, below).

Interestingly in most talk, the mother and baby dyad was the subject of idealisation. Teenagers were referred to in isolation. Mothers with teenagers, young adult children, or dependent adult children seemed to be invisible. A seminar I attended recently, entitled “The Medicalizing of Motherhood”(Newman, 2010), focused exclusively on processes of pregnancy, child birth and breastfeeding. I was surprised that motherhood was confined to such a narrow time frame. It reminded me Munn’s critique of the lack of consideration given to the process of mothering more than one child within mainstream psychology literature (Munn, 1991). What consideration is given is described as being over-simplistic and narrow in its focus. The focus on the mother-child dyad is also described as obscuring other relationships, such as sibling relationships and father-child relationships, or more complex, familial patterns of inter-relating.

6.1.1.1 ‘Stay-at-home mum’/‘housewife’ as traditional

The stay-at-home mum was constructed in one group as a traditional role for a woman to adopt:

Extract 11 - Traditional parenting roles (Group 1)

44 **A:** I guess things have changed quite a lot because it used to be that fathers went out to
45 wo:rk (2) and **mothers stayed at home**(#) and now the status quo’s- people go back
46 to wo:rk,(1.5) well *mothers* go back to *work*(#) *often*(1.5) so I *think*(#) the roles then
47 become quite *equally* (#) sha::red really,(#) *both* parents often take(.) the same
48 position whereas **traditionally you would have**(#) **more workingda::d** I guess and a
49 **mo::re mum that *did* all the childcare (2)**

This was unquestioned by the other members of the group and seemed to be relatively untroubled as a role for a woman. However, this traditional role was also positioned by Anna as not fitting well within the current social and economic context, perhaps representing an inflexible family. Such a 'traditional' role for women has been deconstructed as having only been available to the middle and upper classes, and emerged following the industrial revolution, when parenting and work were placed within gender-specific domains (Burman, 2008a).

6.1.1.2 *'Stay-at-home mum'/'housewife' as unusual*

The 'stay-at-home mum' was also constructed by some CPs as a role that had changed and was no longer 'the status quo', as seen in Extract 11, above, and Extract 12, below.

Extract 12 - (Group 3)

1604 **H:** =it's really weird .hh it's an **it's more unusual for some of my friends to stay at home** and
1605 have long breaks or just not go back to work after having children

6.1.1.3 *'Stay-at-home mum'/'housewife' as lucky*

In juxtaposition to the construction of stay-at-home mums as 'unusual', there were also references to a resurgence in the trend of stay-at-home mums, which contradicted the view of this identity category as outdated. However, in general, being a housewife or a stay at home mum seemed to be positioned as a limited option, only available to a lucky few women who are positioned as having the resources to not need to work. Within this repertoire it appeared to be an idealised state for the working women that called on the repertoire.

Extract 13 - (Group 1)

- 688 B: [...] well she has to go back to work
689 for a bit to (.) get her maternity money but then **she's thinking about not going back**
690 and I was just (.) kind of (.) when I think about that I kind of feel jealous in a way cos I
691 know that (.) **when I have kids eventually I will have to go to [work]**
- 692 A: [mmm]
693 C: [mmm]
- 694 B: back to work and (#) have to (1) leave my kids
695 with *someone*, I don't know how it would work out? (#) and yeah just kind of feeling
696 like **jealous that she would have that=**
- 697 A: =mmm=
698 B: =**option t' (#) *stay *at *home** *I *think. But then, (.)
696 then again, (#) one day when I *do* have kids, maybe I'll be gla::d t' (.) *leave* them

Becky describes the '*stay-at-home mum*' as a desirable choice to make, one that she would like to make, but perhaps cannot (see section 6.1.2.3, below). Becky describes herself as feeling "kind of" jealous, repeating the emotion twice, but in an underemphasised way, "just" feeling "kind of" jealous. This makes the emotion sound wistful, toning down the possible strength of the emotion, perhaps to a level considered socially acceptable within this repertoire. This is again implied in line 698 with the use of a concession marker: "but", to concede towards the '*best of both worlds*' repertoire (see section 6.1.2.2, below) of the working mother (below), perhaps resisting the idealism of the '*lucky stay-at-home mum*'.

6.1.2 Working mother

6.1.2.1 *It's normal*

The working mother was constructed as being normal and commonplace.

Extract 14 and Extract 15 are the opening conversations in groups 1 and 3 following the "Working Mother" vignette.

Extract 14 - (Group 1)

- 528 A: *Dunno *really. Feels familiar(.) FOR ME! AHHAHHAH! ((laughs))
- 529 B: Hmmmh! ((small laugh))
- 530 A: **Ithinknow- (#) have to go back to wo:rk, (1) *I *guess *part- (.) *you *know *part**
- 531 ***time** which is a *good thing!* ((laughing tone))
- 532 B: mmm (1)
- 533 A: So::: (#) obviously she's busy::,
- 534 (#) **she's got .hh another ro:le apart from being a MOTHER:** (#) that she has to:, (1) to do,

Extract 15 - (Group 3)

- 1561 S: any thoughts on that?
- 1562 G: ((laughs))
- 1563 H: benign!
- 1564 G: yes! Benign and brief and **just a sort of normal (#) everyday (#) morning (#) activity getting**
- 1565 **the kids you know organised with school and childcare umm the mother's obviously goin'a**
- 1566 **be s-on the campaign trail**

Group 3 initially seemed to struggle to find anything to say about the "Working Mother" vignette, repeatedly emphasising the "normal" and "benign" nature of the vignette. It may be that the vignette was simply too brief, and the group did not have a great deal to say about it, so it would be important to not over-interpret it. However, both the other groups found a great deal to say about this vignette, therefore it may be worth cautiously putting forward some interpretations, with the caveat that these ideas are tentative at best.

By emphasising the normal nature of the activity of taking the children to school before going to work, participants may have exhibited cultural blindness that occurs when dominant discourses are brought into conversation. Another tentative hypothesis occurred to me. When listening to the tape of the transcript, it seemed to me that some defensiveness crept into the conversation. This made me wonder whether the participants felt threatened or troubled by my inclusion of the vignette, wondering whether a mother that appeared to be 'normal', like some of the participants, rather than 'like CAMHS mothers', which perhaps the first two vignettes were more likely to evoke. This is highly speculative, but it reminded me of the

literature base on user involvement in mental health that highlights the divide between ‘them’ (service users) and ‘us’ (mental health professionals) (E.g. May, 2001).

Extract 16 - (Group 3)

1574 F: [well it looks like a-] it looks like **a career mum who’s obviously got the needs of her family**
in
1575 **mind** there she’s very much thinking about them going off to their various a-activities and
1576 talks about their morning ritual verybriefly! ((laughing tone)) but at the same time **she’s also**
1577 **thinking about her job** so it speaks of **women and mothers who balance careers and**
1578 **childcare**

Extract 16 continues the conversation on from Extract 15 and is prompted by a question from me, asking participants to expand on their answers. The image of the working mother seemed then to be constructed with the same kind of language and pace that CPs in that group had used to construct their own identities. Interestingly contradicted with the discussion Group 3 had had in the first half of their group (a month before) where an anecdote about a working mother was positioned as lacking in balance (see Extract 20, below).

6.1.2.2 Best of both worlds

The working mother was constructed at some points in the conversations as having achieved “the best of both worlds”.

Extract 17 - (Group 1)

703 B: =it can be *a lot* to be with your
704 child (1.5) twenty four hours a day, seven days a wee:k, and **actually having that (#)**
705 **other thing in your life can: be beneficial for you and for them** (#)
706 A: mmm=
707 B: =*which *I *think
708 *sometimes *people *forget *about *and (#) but maybe that can help (#) [parents
709 when]
710 A: [I’ve def]

- 711 B: they're feeling guilty (.)
- 712 A: I've *definitely* got a friend like that. (.) *Her* little boy's *lovely*,
- 713 and she absolutely adores him. (#) He's quite an *active* little boy (#) and she said it's
- 714 great to go back to work, she kind of feels like she has the **best of both worlds**=
- 715 B: mmm=
- 716 C: =mmm (#)
- 717 A: and that **actually it's improved her relationship (#) with he:r her little boy.** (1)
- 718 C: mmm exactly the same situation with one of my friends. It actually: (.) you could see
- 719 the *change* in *her* little boy when she went back to work (.)
- 720 B: mmm=
- 721 C: =for the better, (#) and
- 722 the change in *her too*, (#) until *work* started *piling on*, (#) she's been back for six
- 723 months or something and work has started to pile on a five day week into her three
- 724 days, .hh THEN THERE'S A PROBLEM ((laughing tone)) [AGAIN]

This extract suggests that a great deal of rhetorical work is taking place in order to position the working mother as having “the best of both worlds”. Parenting is first constructed as relentless, “twenty four hours a day, seven days a week” (Anna had already used the word ‘relentless’ to describe mothering earlier in the group, see Extract 31 and Extract 33, below). Work is then constructed as a beneficial addition, which can have benefits for the mother-child relationship. Two of the speakers take turns to describe specific anecdotes in which this is the case. The conversation occurs after Becky’s talk of jealousy about a friend who stays at home (see Extract 13, in Section 6.1.1.3 above). One reading might interpret the use of the ‘*Best of both worlds*’ repertoire as a form of justification. This might be in response to potential trouble to the CP position, from Becky’s stated jealousy about her friend who can stay at home with her child. It could also be read as the dilemmatic juxtaposition of two ideologies of going to work versus staying at home.

6.1.2.3 “You know have to work” – lack of choice in being a working mum

One of the women in Group 1, Anna, was a new mother who had recently returned to work. When talking about the ‘working mother’ vignette, she expressed sadness for the mother:

Extract 18 - (Group 1)

- 653 S: Can you say a bit more about the why you’d feel *sad* for her? (.)
- 654 A: .Hh (.) **Sad that she:: (1) would (#) ha- (1) perhaps have to leave her children *if *she**
- 655 ***didn’t *want *to *leave *them (1.5)**
- 656 B: mmm (#)
- 657 A: *you *know *have *to *work *and *so *mmh, (.) have to do that. (.) Yeah
- 658 we, as a *psychologist* (#) you know almost (.) *semi-deliberately*:: (.)like I know the
- 659 statistics about (.) **x number of hours in nursery ok up to a point, after that, perhaps**
- 660 **a bit *damaging* .hhh so:: (#) that has kind of governed my:: thoughts about *return to***
- 661 ***work*** and all *that* sort of thing so (2)

In this extract, Anna positions the mother in the vignette alongside herself, describing both women as having had to make the choice to return to work that perhaps they did not want to make. This appears to contradict the position she took in her initial reaction to the vignette (see Extract 14, above). I read that this choice was constructed as expected and problematic. Anna then describes the ‘psychological knowledge’ that she has access to ‘*as a psychologist*’ regarding the damage that could be done as a result of returning to work and leaving her child in nursery. Becky’s ‘mmm’ implies her agreement.

Extract 13, above, displays an excerpt of talk that followed from Anna’s positioning work, shows Becky corroborating the expectation of a return to work, along with the worries that this induces.

Anna does *empathy* (L654-657) and *formulation* (L658-660) to convey the difficulty and lack of agency of the mother’s position (and thus her own). The ideology of expectation of returning to work might be seen as masking some of the compromises or difficult decisions

that women have to make. Anna's use of psychological theory problematizes this repertoire enough to enable her to make a compromise closer to what she wants, but it also exposes an aspect of a dilemma within motherhood: if women do want to work and have children, they are seen as acting against the best interests of the child and thus characterised as bad mothers. I will return to this dilemma in Section 6.2.5, below.

6.1.2.4 SuperMum

Discussions about 'working mothers' also prompted discussion about 'SuperMums', which I and some of my participants seemed to recognise as a repertoire that exists within UK media. 'SuperMums' appeared to be constructed by participants as representing an extreme, negative, unachievable stereotype for women, but one that women nevertheless attempt to aspire to.

Extract 19 - (Group 1)

554 C: and also part of my myhead was going into: "oh is **this your example of**
555 what the media portray as a *supermum*?" Or::=
[...]
561 C: I forget her na:me: (#) she works for, in like the *banking* industry, (.) Nicola:: (#)
562 something or other, she's got a *really* (.) *structured BOB* (#)and she's *always* been
563 kind of (#) **pedalled by the media as supermumshe's got five children and she- (.) is**
564 **like investment banking or something (.) so she works seventy hours .hhh a wee::k or**
565 **ridiculousness** so:: (#) dunno, (1) that kind of:: (1) *unachievable* balance that so:me
566 women might: (#) have much harder job to *strive* for,(.) having *three*: children and a
567 full time *jo:b* (.) if that's what she has, just, (#) I suppose I was thinking is tha:t (.) an
568 **example of: (2) sometimes what people wan'tobe: (#)**

Extract 20 - (Group 3)

1049 H: [...] I think sometimes .hh the-the whole thing about trying
1050 to have all of it trying to kind of be a parent and work full time i-it is gona have an effect on
1051 relationships within that family regardless of who it is that's out working but I think often
1052 the pressure's on the mum to sort of you know be the super human [being]

In Extract 19, Charlotte uses an extreme case formulation (see Table 1 on page 155) to position the 'SuperMum' working mother as "ridiculousness", an "unachievable balance" that is not an equal option for all women. On the other hand, Helen in Extract 20 (see appendix 9.3 for a greater extract of the conversation) uses 'doing formulating' talk to position the 'SuperMum' as having a negative effect on her family relationships. She qualifies this by suggesting that family relationships suffer regardless of whether it is the man or woman who is at work. However, this is followed up with a re-iteration of blame primarily on the woman.



Figure 4-“Happy Mother’s day to Supermoms everywhere” ©Steve Nease (2005)

The illustration in Figure 4 portrays the SuperMom as needing a Super Man-like cape in order to achieve all the tasks of her day to day life. The cartoon is intended positively, in celebration of Mother’s Day, however it also conveys with it a sense of expectation that women *should* work like Super Man.

6.1.3 Career woman

6.1.3.1 *Working when you don't have kids*

Working when one does not have children was constructed by Group 3 as offering different opportunities to women than those afforded by motherhood. Extract 21, Extract 22 and Extract 23, below, took place in during the first session with Group 3, before they had seen any of the vignettes. The general conversation was on the theme of motherhood versus non-motherhood in the clinic, and what experience the different positions brought or enabled (see appendix 9.3 for a greater extract of the conversation).

Extract 21 - (Group 3)

- 934 G: =yeah I think there are **huge strengths of working when you haven't been a parent** actually
[...]
- 941 G: [you might be more you might be] yeah **more alert** you might umm well as I say be able to
942 **concentrate and not have to multi-task as much** cos that's one of the things about parenting
[...]
- 952 and also er- j-just **time for thinking in an academic way doing research evaluating** .hh umm
953 certainly that was the thing one of the things that was brought to me when I .HH! ((laughs))
954 when I was first not first job but second or third job there was a lady in the department I still
955 remember it who umm was you know very ambitious clinical psychologist and very
956 frustrated she'd say this that it wasn't fair! .HH! ((laughing tone)) that I was writing all these
957 papers and doing book chapters and that's cos I didn't have any children .HH! and I really
958 didn't understand how hard it WAS.HH! FOR HER and how frustrating that you know "I was
959 doing this and she wasn't!"

Giselle (a mother) proposes that alertness, flexibility and the availability of time were seen as some of the benefits not having children. It should be noted that benefits were exclusively focused on career, and the ability to work harder. However, this repertoire may obscure other realities within a CAMHS clinic.

Extract 22 - Motherhood a fantasy life (Group 3)

- 974 H: =d'you know it is interesting because listening to you [Giselle] I'm thinking "ooh that's my
975 **fantasy life actually**
976 **((multiple quiet laughs))**
977 H: it is about **having children that therefore I can leave work at a set time=**

Extract 23 - Mother's privilege (Group 3)

- 988 G: [that's] **why I looked at you (Isabelle) (((! laughs)))** when I said "after school
appointments"
989 [cos I don't **I don't want in any way**]
990 I: (((laughs)))
991 G: **want to abuse that but yes it does force you .hh not to work such a**
992 H: yeah yeah
993 G: [(xxx)]
994 H: [but also] I think there's **something about the constraints of the service** as well because
there
995 there are no time there is no time to kind of do any research or do any [writing]

Helen and the other CPs in Group 3 portray CAMHS work as frequently meaning that non-mothers have to offer all the after-school appointments, whilst not actually being able to further their career (see appendix 9.3 for a greater extract of the conversation). Perhaps this results in mothers holding a privileged position over non-mothers within the clinic, being able to dictate more closely which appointments they take, because they have children. Mothers could however be argued to have two jobs, the paid career, and the unpaid job of parenting, and perhaps therefore deserve such recognition on a practical level.

6.1.3.2 Career woman – a 'genuine alternative'?

Ellie and Dina construct the career woman as the (only) serious alternative for women. However, this alternative is both troubled, and similarly to motherhood is subject to multiple constrictions.

Extract 24 - (Group 2)

- 450 D: there is still this “oh!” Either-either “What’s wrong?” or “Poor you!” you know and you know
451 we have to acknowledge that there are a large number of women that have that are in
452 relationships that are couples that don’t want children and that’s
- 453 E: mmm
- 454 D: it needs to be respected more [I think]
- 455 E: [mmm] as a marker of achievement or fulfilling
- 456 D: yeah
- 457 E: [their] expectation
- 458 D: and their and they really notice it because they are treated again culturally as as not there
459 actually so they’re treated as being kind of a they’re a hidden number aren’t they?
[...]
- 468 E: Got that sense that kind of women then become masculinised and kind of seen as e-b- you
469 **must have something else that your achieving** so if-if that’s kind of not been a path that you
470 followed you need to demonstrate your success through another route so you **should be at a**
471 **certain stage in your career** or umm I guess **I can only think of career as the other option**
- 472 D: and that-that that says such a a men- it’s this there’s this wonderful ancient belief that
473 somehow brains rot your womb

Extract 24 follows on from a more general conversation about the rewards of motherhood (see appendix 9.2 for a greater extract of the conversation). Dina and Ellie appear to illustrate an awareness of the kind of rhetorical trouble that might be expected if a woman over the age of forty five (see Extract 25, below) were to ‘admit’ to not having children. There may be an implication that there was something wrong with the woman for choosing not to have children. Furthermore, in order to achieve a career, the woman is described by Ellie as “becom[ing] masculinised”, perhaps as she intrudes on ‘male territory’. The conversation occurs following a conversation about ‘*Yummy Mummies*’ (see Section 0, below), and the dilemma of motherhood, when one becomes both more and less of a person (see Extract 26 below). By making this trouble explicit, they may create an opportunity for resistance, and demand that non-motherhood be recognised as fulfilling. However, their version of fulfilling non-motherhood seems to require a career and a

successful relationship, which suggests that such resistance would only benefit some women.



Figure 5 - WONDERWOMAN™&© DC Comics

Wonder Woman is a fascinating representation of a way to be a woman. She achieves a successful career as a superhero, is in a relationship but has not chosen motherhood (although she does have a day job and a night job – even Wonder Woman has to work doubly hard!). As a member of the Amazons, a warrior woman tribe, she perhaps could be seen to suggest a feminist ideal of equality and opportunity for women. Some might argue that the way in which she is portrayed actually epitomises a male ideal of some women – probably not the kind they would want to date or marry, though!

6.1.3.3 *Non-motherhood as a personal deficit*

"Sometimes when I look at all my children, I say to myself, 'Lillian, you should have stayed a virgin.'"

Lillian Carter, (1980) at the Democratic Convention, when her son, Jimmy Carter, was nominated for a second term as US President.

Although there were positive repertoires for women that did not have children, these gave the impression that they were centred exclusively on career and implied that women were in a state of pre-motherhood rather than non-motherhood. The construction of non-motherhood as a choice appeared to be silenced. Instead, non-motherhood seemed to be articulated within a repertoire of personal deficit. This was perhaps constructed implicitly, as seen in Extract 8 and Extract 9, above, exposing a tension between non-mother psychologists and their mother-clients. Section 5.2.3, above, describes this potential struggle between non-mother CPs and their mother clients. As already discussed in that section, the non-mother CP within a CAMHS setting may be in a troubled position, whereas mother-CPs were perhaps relatively untroubled, and had more rhetorical options available to them as a result.

Non-motherhood as a deficit is also discussed explicitly in Extract 25:

Extract 25 - Everybody assumes that you have children (Group 2)

- 430 **D:** =yeah (#) and *also* (#) mmm (.) yeah (.) cos let's not forget if you're a: *woman* (.) and you're:
431 forty five (#) and people say "**have you got children?**" (.) cos everybody *asks* you (.) cos they
432 assume that you *have*
433 **E:** [mmm]
434 **S:** [mm]
435 **D:** and that's when (.) you start up a *conversation* with somebody .hh (.) umm (.) and they say
436 "no:" (#) the automatic assumption is "**what's wrong: (.) then?**"=

Extract 25 takes place a little earlier in Group 2's conversation than Extract 24, above, and follows on from a more general conversation about the rewards of motherhood (see appendix 9.2 for a greater extract of the conversation). Dina comments on how "everybody" assumes that a forty five year old woman will have children, and enquires with the question "have you got children?". Wetherell describes how this question could be understood as an "*ethnomethod [...] of 'getting to know a stranger better by exchanging biographical*

information” (Wetherell, 2005). This question appears to place the single woman in a troubled position requiring explanation and justification, as much as it places the non-mother in a potentially troubled position (see Section 5.2.3).

I was interested in the link between the potential invisibility of non-mothers, and Reynolds et al's work on singleness. Reynolds et al explore singleness and describes the construction of singleness as troubled (Reynolds & Taylor, 2005; Reynolds & Wetherell, 2003; Reynolds et al, 2007). In her 2003 paper, Reynolds describes positive and negative repertoires of singleness. She constructs singleness as independence and choice, self-development and achievement, but also as a form of personal deficit and social exclusion. Reynolds and Wetherell comment that:

“We suspect it may be unusual to have to draw on a discursive and ideological space that is so polarized, where the ideological dilemmas raised by the contradictions between the repertoires are so closely linked to the possibilities for who one can be as a person. Membership of other marginalized social categories based on ethnicity, class, sexuality and disability perhaps also involves managing both denigrated and idealized categorizations simultaneously.”

(Reynolds & Wetherell, 2003)

I included this quote because I thought it summed up beautifully what appeared to be emerging from my data about non-motherhood. The two may be linked. Many single women are unlikely to be mothers. I was interested in the way in which it is suspected single women need to manage “both denigrated and idealised categorizations simultaneously”. This may explain the polarisation in Group 3 between the two focus group sessions (described above, in Section 6.1.2.1) when talking about working mothers and non-mothers.

For this section, I also borrowed the “as personal deficit” headline from Reynolds, as it seemed to fit best with one of the ways in which CPs described non-motherhood as being characterised.

6.1.4 “To be or not to be, that is the dilemma”

This section will describe the nature of the ‘*How to: be a woman*’ dilemma. Extract 26 illustrates the “Catch 22” that women find themselves in. In order to be a full person, she must become a mother, but just as she becomes a mother, she both gains in status and loses herself.

Extract 26- (Group 2)

- 426 **E:** [and there’s] *something* (.) e-e-as *well* e-e-again that kind of contradicts itself so this idea of
427 *status* so **you become more of a (.) person if you’re (.) a *pa:rent* but you also become less of**
428 **one** because *suddenly* (.) you’re expected to think of the *child* first and you can’t put your
429 *own* needs first **and its kind of that (#) the two positions again that are held at once=**
430 **D:** =yeah

Ellie makes this statement just preceding Extract 25, and following on from a conversation about how mothers are rewarded by culture (see appendix 9.2 for a greater extract of the conversation). This statement could exemplify the quote from Reynolds and Wetherell in the previous section, about holding two conflicting positions at once, although here Ellie applies this to motherhood.

The positive and negative portrayals of women, whether as mothers or career women or both, indicate that the expectation that women will have to sacrifice something is inherent within the gender position of ‘woman’. Either, it is the opportunity to have children, or the opportunity for a successful career. If women attempt both, they may then be constructed as not being able to do it on their own, or neglecting their children or their own self-care, or they are constructed as not being able to advance to the top of their profession.

On the whole, this dilemma appears to go untroubled by the women participants, although Isabelle explicitly challenges this in Group 3, after Helen describes an anecdote about two working parents, where the implication is that one of them (the woman) needs to return to work (see appendix 9.3 for a greater extract of the conversation):

Extract 27 - (Group 3)

- 1053 I: [but that's the cultural] expectations that if-if one parent is going to choose to not work full
1054 time most likely- we will come across some dads that [do that]
1055 [Multiple mmms]
1056 I: but it's probably **most that I've seen it's the mums that will have to make that choice so**
[the
1057 sacrifice that they have to make]

The thrust of this ideology then is that in order to be a woman, one needs to make a sacrifice, and the dilemma forms around the kind of sacrifice to make.

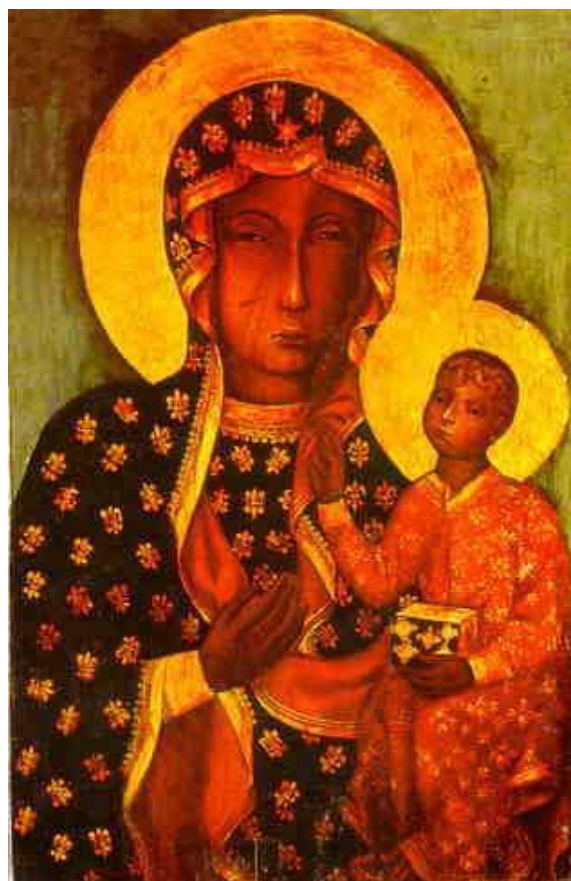


Figure 6 - The Black Madonna of Czestochowa (Unknown artist, circa 1434)

The Virgin Mary could be constructed as the mother who made the ultimate sacrifice in giving up her child to be killed. This particular painting is salient to me, as I was raised Catholic, and within a Polish heritage, and was told stories about the painting as a child. It carries an interesting myth: As the Hussites invaded Poland in the 1430s, a soldier was said to have slashed the painting across the Virgin's face (the slashes are still visible), upon which the portrait is said to have begun to weep tears of blood. In my mind, I see the painting as a mythical representation of 'Mother Poland', and to me it represents a nation's marginalisation across centuries. Perhaps the rhetoric of sacrifice is linked discursively applied to marginalised groups in order to normalise and/or disguise the limitations on available choices.

There may also be a social class issue at work. As middle class women, the participants may be encouraged to have children. Those with financial resources are possibly the few women who may get to choose to live the 'untroubled' stay-at-home mum life that Anna and Becky describe in perhaps somewhat idealised terms in Section 6.1.1.3, above. Franzblau (1999) suggests that solutions to this dilemma are determined by government:

"The question of how best to use women's productive and reproductive abilities was resolved by each country, taking into account the needs of industry, the class and ethnic makeup of each country, and the racially motivated fears of each country's upper class"

The dominant position for middle class women in the UK in 2010 appears, according to the focus groups, to be the '*Working mother*'; although it wasn't the first choice for some women, it appeared to be the most 'normal' (dominant?) role. All the women I interviewed were in paid employment, whether or not they were mothers, so perhaps this inferred their positioning of the various roles. However, various government 'back to work' policies would suggest that the government was also positioning women as being economically useful.

Ultimately the dilemma of '*How to: be a woman*' first and foremost appears to serve government, due to the economic and societal advantages of encouraging women to

become working mothers. Imbedded as the dilemma is within the ideology of sacrifice however may secondly serve male interests and male power, because it places the onus of work onto the woman, for example the anecdotal description of working mothers as working two jobs. Masculinists and anti-feminists may challenge this, as more and more men are staying at home with the children whilst mothers go to work (Aviva, 2010), and there seems to be more joint care provision and joint sharing of labour. Current statistics are of questionable reliance, however, and are not presented alongside statistics of numbers of stay-at-home mothers, which makes further comparisons difficult. However, employment legislation around maternity and paternity leave in the UK continues to be weighted in favour of the mother being responsible for initial childcare before returning to work, and the father remaining at work (CIPD, 2010).

Alcoff (1988) notes that one response from feminism, emerging in particular from post-structuralist feminism, rejects any attempt to define women or women's' identities as reactionary. "Replacing woman-as-housewife with woman-as-supermom (or earth mother or super professional) is no advance" (Alcoff, 1988). I thought this was interesting, given the attempts that had been made both by myself and by my participants to define both mothers and women. I had attempted to do so through my choice of vignettes, and my participants through the repertoires that they appeared to draw on, such as the 'stay-at-home mum' and the 'supermom'. This suggested how ingrained concepts of definition and identification along gender boundaries might be – for example, I could have chosen to look at 'parents' but instead looked at 'mothers'. However, definitions were also de-constructed by participants during talk, which suggested that there may be a greater fluidity to the use of gender-bound definitions in talk within these focus groups than might be assumed by Alcoff's quotation.

6.1.5 Summary

This section outlines an ideological dilemma around womanhood, "How to: be a woman". I set this ideological dilemma up as being made up of repertoires based around identity categories that appeared to emerge for women within the focus groups. The identity categories were "mother", "working mother" and "career woman". Relationship status was

also constructed as intrinsic to . These repertoires appeared to limit the ways in which one could be a woman, as forms of womanhood that were not troubled. The least troubled identity was the mother in a stable relationship, although even repertoires around this category were complicated by whether or not the mother was working. There did not seem to be any easy answer to the dilemmas presented here, but the indication was that the focus groups talked about women along constructs of relationship, career and motherhood.

6.2 “How to: be a mother”

‘How to: be a woman’ also fed into a linked dilemma, which I have called the ‘*Dilemma of mothering*’. This dilemma centred on how to be a mother. This section will focus on the repertoires and devices that I identified as being part of the ‘*Dilemma of mothering*’, which described how to be a mother.

6.2.1 The ‘Good Mum’

There seemed to be a number of fragments throughout the focus groups that could be ascribed to repertoires of the ‘*Good Mum*’. These may be both positive, indicating the way that the ‘*Good Mum*’ ought to mother, and negative, for example looking at the ‘*Good Mum*’ as an unhelpful, unattainable image. The formulation of a ‘*good enough mother*’ also seemed to run through the discourses as seen in Sections 6.2.2 and 6.2.3. Finally, CPs seemed to focus more on questioning what they saw and looking at potential ‘not good enough’ parenting, which will be explored in Section 6.2.4 below.

6.2.1.1 The ‘Good Mum’ as how a mother should be?

When compared with the ‘good mother’ repertoire that was set out within the literature review (See Section 2.1.2, above), CPs depicted themselves as more forgiving than society at large. On the whole, there were few references to a ‘set way’ of parenting, or too many specific ways of being a good mother. The references that did occur were set in the context of what was ‘traditional’ or what might be expected of mothers by society, but these seemed to be presented by CPs as dissimilar from their own views.

There were however certain factors that appeared to emerge within the talk, that would probably contribute to an image of good motherhood, as presented by CPs. A good mother was constructed as being one who put the needs of the child first. Consistent management was also highlighted as being beneficial.

6.2.1.2 *The 'Good Mum' as an unhelpful image*

Group 2 described the good mum through the modern portrayal of what Dina called the 'Yummy Mummy'. She was positioned by the group as rewarded for her status, but with costs. She gave mothers a difficult if not impossible image to live up to. Within this group, the 'Yummy Mummy' is described as an obsessive perfectionist who does not sleep more than 3 hours a night, may have the help of a supportive husband and possibly buy in help.

Extract 28 - Yummy Mummy (Group 2)

- 406 D: but there there is a kind of club aspect to it sometimes I mean that's become more and
407 more
408 E: mmm
409 D: culturally evident as well [and]
410 E: [mmm]
411 D: i-more diverse [more]
412 E: [mmm]
413 D: un-en-un- and that's more unhelpful y'know the idea of the yummy [mummy y'know]
414 E: [mmm mmm]
415 D: that's very recent isn't it it's the Starbucks Set it's b- it's basically it's the middle class upper
416 middle class .hhh [NCT Starbucks set isn't it like stereotypes like **PLACE**]
417 E: [mm mmm and the kind of idea of sitting in coffee shops yeah]
418 D: meet in Starbucks take over the place
419 E: yup

Extract 28 occurs within the context of a conversation about the rewards of motherhood (see appendix 9.2 for a greater extract of the conversation).. Examples of rewards included tax benefits, car-parking spaces, increased public attention and an increased opportunity to make new friends. Dina does most of the talking in this section of the focus group. She is supported in her statements by Ellie, through a series of supportive mmms (the tone was

also agreeing, when listening to the original tapes), and some comments that indicate Ellie recognises this portrayal.

6.2.1.3 *The fragile 'Good Mum'*

Dina also positioned the 'Good Mum' as a fragile figure, although encompassing housewives and working mums within this repertoire.

Extract 29 - (Group 2)

- 1449 D: it's th- it's that- there's lots of collapsible structures that that kind of *rests* on
1450 E: mmm
1451 D: you know there are all the *novels* about middle class suburban housewives kind of breaking
1452 out if you like and I'm not-not saying she's a housewife or anything probably (xxx) I mean
1453 she *probably* works as well but that's the reality it used to be .hh the slightly bored
1454 frustrated middle class housewife now it's the *working mum* being a yummy mummy

The 'Good Mum', in the form of the housewife or the 'yummy mummy', is described as resting on "collapsible structures", which alludes to the woman's successful achievement of 'keeping up appearances', as described in the conversation before and after this extract. The woman is described as needing to maintain the appearance of a perfect loving relationship with her husband. The necessary support of a man goes unchallenged, both in this context and in the context of a childless career woman as in Section 6.1.3.2, above.

6.2.2 "I feel I'm a bit of a mess" mum

"Every day I start out Mary Poppins but I end up Cruella DeVille"

"Mum's the Word" (Carson et al., 2004)

The quote from the play "Mum's the Word" presents motherhood as a struggle that often doesn't seem to go in the direction that the mother had intended. '*In a bit of a mess*'

mothers were set up as being in opposition to the 'Good Mum'. They also appeared to be constructed as likely to be suffering from anxiety and/or depression.

Extract 30 - (Group 2)

1498 D: there's the kind of smug "I'm doing it right" yummy mummy camp and there's the slightly
1499 bemused befuddled tearful sleep deprived "I feel I'm a bit of a mess" kind of mum

These mothers seemed to have an element of the psychological construction of the 'good enough mother' (Winnicott, 1971). Such mothers attempted to balance aspects of life so that the child's needs were met in a 'good enough' way.

I suspect that this formulation may be quite powerful within CAMHS work, but I have not analysed the data to explore this hypothesis.



Figure 7 - Paula Rego (1996) "Snow White and her step mother"

Paula Rego intended her 'Snow White' series to challenge 'easy stereotypes' of mother-daughter relationships. In this painting, Rego has described attempting to portray:

- 815 **tiring and that's just with one** so I think some of these families where they have .hh seven
816 children or something and yet they come as functional as they do I'm astonished huh!
817 ((laughs)) [you know] ((laughing tone))
818 **G:** [mmm]
819 **F:** cos it's hard umm specially when you layer on you know sleep deprivation and you think of
820 other families where there's social deprivation and financial .hh you just think "goodness i-
821 **it's an incredibly complex job to be a parent"** .hh and umm and I think I probably since
822 becoming a parent I've appreciated that even more I thought I was kind of very empathetic
823 about it before but I still feel there's a new dimension to my umm thoughts around it now
824 umm and possibly a bit more empathy then umm- sort of understanding the complexity of it

Extract 31 and Extract 32 show the new mothers within the groups giving personal accounts of how they have found motherhood (for extract 32, see appendix 9.3 for a greater extract of the conversation). They appear to construct these accounts in terms of the "relentless" and "complex" nature of parenting, and appear to position themselves as allied to the women that they see in clinic or in the vignettes. This construction could fit in with the '*Life experience*' repertoire described in Section 5.2.3, above.

Extract 33 - Parenting is relentless (Group 1)

- 119 **C:** Mmm But yeah to have struggled through *homelessness* a::nd (1) kind of..been able
120 to **think about what to do with(#)** her child for his best(#) *care* and(#) **work her way**
121 **back to *having him back in a safe environment*** and (#) **it's *justama::zing* (1) to have**
122 **the *resilience to do that.***=
123 **A:** =yeah. (1) Especially now *being a parent*, umm (#) I've often said this to my
124 friends, how difficult it must be to be a single parent (1) **cos it's c- paren-parenting**
125 **can be *quiterelentless* (1)**and there's like- (1) **you do the same things *overandover again***
126 and if you don't (.)necessarily have the support of a(#) kind of partner,(1) I could imagine it
127 could be *extre::mely* wearing.

When the focus is turned on other women, in particular the '*Young Mother*' shown in the first vignette, resilience seems to be constructed as the woman 'doing really well, all things considered'. This form of empathy often appears to be constructed as drawn from personal experiences of having mothered. This leads Helen (a non-mother) in Group 3 to appear to

justify her use of empathy (Appendix 9.3: Multiple:L858-898;G3). By relating to the group how she has looked after children for significant periods of time, she perhaps attempts a justification of how she too can empathise with what mothers go through I wondered then if the construction of this repertoire allowed psychologist mothers to construct their status as mothers with experience versus psychologists who were non-mothers. Perhaps within the CAMHS clinic, the *'Resilient Mother'* repertoire was helping to position the hierarchy of power in favour of mother-CPs.

6.2.3.2 Using the *'Resilient mother'* repertoire to discount mothers' concerns

Having positioned herself as understanding what mothers are going through in Extract 32, in Extract 34 Frieda is then able to tell an anecdote about a mother she has worked with who struggled once Frieda returned from maternity leave:

Extract 34 - Parent relating the problematic nature of talking to a parent psychologist (Group 3)

881 F: who actually said "now that you're a parent I feel really it's really hard to just tell you about
882 what's going on in my day to day life because you're probably having exactly all the
883 same problems and you probably didn't have any sleep last night either!"

Frieda then hypothesises at the end of the anecdote that the mother was worried that she had become too mundane, "not pathologised enough" (see appendix 9.3 for a greater extract of the conversation for both Extract 34 and Extract 35).

Extract 35 - 'not pathologised enough' (Group 3)

914 F: say that but actually what she was saying was "because what I'm describing you're just
915 gonna think I'm just I suppose drivelling on about the usual mun[dane]
916 H: [mmm]
917 F: dif[ficulties of everyday life]
918 G: [ok then it's not actually]
919 F: it's not patho-it's not pathologised enough almost

Seymour-Smith et al's work (2002) on doctors' accounts of men's' health delineates a *'men are the serious users of healthcare'* repertoire. This repertoire was constructed by the

General Practitioners (GPs) interviewed to position women as the less significant users of healthcare. Extract 35 and the associated anecdote perhaps constructs the position that when a psychologist becomes a mother, as well as 'being more empathic' they are also more able to determine what is or isn't 'pathological' in a mother's behaviour. Jane Ussher constructs women's mental health as a

“double-edged sword, in which women are more likely to be pathologised for their complaints [yet on the other side] women's concerns are invariably ignored, or dismissed as not being important”

(Ussher, 1992).

I will explore the pathologisation of women below, in section 6.2.4.

6.2.3.3 Deconstructing the 'Resilient Mother' repertoire to 'assess risk'

Extract 36 - (Group 2)

- 222 **E:** and there's desire to from my point of view to tell this resilient story that I'm a resilient
223 person and I was thinking about mums with new babies and needing to say "I'm resilient I
224 can cope with this I don't have any sleep but I'm still getting on [ok]
225 **D:** [yes]
226 **E:** and that kind of need to keep that kind of vulnerable position under wraps

Interestingly, Ellie positioned the "Resilient Mother" repertoire as being a constructed identity position used by mothers to keep services, the state, and/or society from interfering in her life. This carries with it the implication that CPs are able to see through this construction of resilience, and may perhaps be able to assess the 'reality' of any 'risks' within the family situation. Such resistance of the 'Resilient Mother' repertoire carries with it a judgement of the mother as a risk.

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6.2.4 Damned if you do and damned if you don't

Extract from "The Mad Mother"

Her eyes are wild, her head is bare,
The sun has burnt her coal-black hair,
Her eye-brows have a rusty stain,
And she came far from over the main.
She has a baby on her arm,
Or else she were alone;
And underneath the hay-stack warm,
And on the green-wood stone,
She talked and sung the woods among;
And it was in the English tongue.

"Sweet babe! they say that I am mad,
But nay, my heart is far too glad;
And I am happy when I sing
Full many a sad and doleful thing:
Then, lovely baby, do not fear!
I pray thee have no fear of me,
But, safe as in a cradle, here
My lovely baby! thou shalt be,
To thee I know too much I owe;
I cannot work thee any woe."

(Wordsworth, 1800)

Wordsworth's poem illustrates the power of society in re-constructing a woman as a social pariah, mad, an outcast, abandoned by her husband. The source of her "madness" is unclear, but she seems to construct herself within the poem as being a caring and loving mother who is happy so long as she has her child, despite the 'madness'.

Extract 37 - (Group 2)

- 663 E: [and she was trying] to plan his day thinking you know later shall we go out to the park on
664 the scooter [kind of]
665 D: [yes]

- 666 E: giving him some kind of predictability
667 D: yeah yeah an I- it didn't seem that forced when she said that it seemed like it *was* just a
668 good idea there was this kind of a sort of a spontaneity
669 E: mm
670 D: it didn't seem like she was really trying to drum up an idea cos I suppose (xxx) are when
671 you're a *depressed* mum you wouldn't have that *idea* if you were really depressed
672 E: mmm
673 D: umm of what to do the kind of planning of somebody else's needs would be very very hard
674 E: mmm

Extract 37 portrays a section of talk following a question posed by me about whether Ellie and Dina saw women like the mother in the '*young mother*' vignette in CAMHS. Ellie and Dina '*do formulation*' to position the mother and her son as not an obvious cause for concern. The talk helps them to position themselves as highlighting and thinking through any causes for concern. They judge her to not be depressed when questioned in this direct way about whether she would be the kind of mother they would see in CAMHS; yet earlier in the transcript, we see Ellie and Dina formulating the mother in more pathologised terms. She is described as someone who presents to the outside world an image that she is coping in the face of depression.

Extract 38 - (Group 3)

- 449 S: there's been a lot of talk about families generally umm I wonder if we could think about
450 mothers umm I think a bit more specifically *of *mothers *that *you *see *(xxx) *challenges
451 *or *rewards *of *working *with *mothers and I-I know that kind of [feels strange]
[...]
570 F: but it what sometimes feels difficult as the clinician where for example we might know from
571 attachment literature that that there is a significance if the mother has postnatal depression
572 or something like this and we nee-we- we need to have that in our formulation maybe and
573 maybe that means we also draw [attention]
574 H: [mmm]
575 F: to it and how you then negotiate kind of that but at the same time not wanting to leave this
576 parent with a huge sense of guilt but-but equally we know it's significant so it's that's a c-a
577 certain [challenge]

Extract 38 is set within the context of conversation about challenges and rewards. Frieda responds to Isabelle's suggestion that perhaps women have to put up with the child's 'problem behaviour' more than men do. She contrasts this with the need to factor in maternal mental illness as a cause for problems in the child. Maternal mental illness is reified and presented as something "we know" and something "significant". This presentation goes unchallenged, but effectively undermines mothers and positions them as being at the root of the problem for children, without any broader consideration of the mother's social context.



Figure 8 - Louise Bourgeois (1999) "Maman"

This sculpture by Louise Bourgeois represented ambivalence about 'the mother'. The spider is shown with a cage of eggs hanging from its body, at once an archetype that instils fear, and a protective creature that would do anything rather than allow harm to come to its children.

Perhaps the inclination of the CP was to judge the mother in critical terms. Often within the vignettes, CPs would present themselves as looking out for 'risk factors' and predictors of future problems, a sort of 'guilty before proven innocent' approach which inevitably pathologised the mothers on some level. It would only be the direct consideration of whether the women would actually need to be seen within mental health services that resulted in a more softened tone towards the mother, although even then a caveat was included, that it depended on whether the mother would want to be seen by the service, with the implication that actually it was likely that mothers would probably benefit from seeking a CAMHS service.

This repertoire also represented a threat to mothers. Concern around risk to children was presented throughout in an over-inclusive way, and featured talk about abuse or neglect by mothers to children. When considering whose interests are best served by risk repertoires, one might want to take note of increasing litigation claims against harm, which threaten the jobs of professionals who do not pay enough attention to risk when an incident does occur. In government, politicians may use risk repertoires to drive rhetoric of fear and keep them in power as 'the only ones doing anything about the risks'. The reader can refer back to Section 5.3, above, as it seems that this may link to the '*Psychologist's Dilemma*'; This repertoire may prop up the role of '*guardians of the status quo*' rather than '*agents of change*'.

Whilst I was transcribing, I noticed that the more participants empathised with mothers, the more I warmed to the participants. Interestingly some participants seemed to go through an arc of politically correct positioning followed by critical positioning, culminating in empathic positioning. The conversation seemed to become less critical, with fewer positioning of 'them' (clients) opposite 'us' (psychologists), and more emotional and personal, the psychologist did reflection rather than being a scientific observer/government watchdog. Other participants appeared to oscillate between the critical and the empathic. Still others tended to be quiet within the groups, and would consistently present a position as an agent of change.

6.2.5 The dilemma of mothering

"At work, you think of the children you have left at home. At home, you think of the work you've left unfinished. Such a struggle is unleashed within yourself. Your heart is rent."

Golda Meir, Prime Minister of Israel 1969-1974, (date unknown)

Golda's quote symbolises the ideological struggle that seems to underpin motherhood. This seemed to be intertwined with the ideology of sacrifice that focused the dilemma of womanhood. As mothers, women also seemed to need to make sacrifices; these might include the sacrifice of income, in order to be 'good mothers', or to sacrifice their own needs in order to keep the children's needs primary. Interestingly, whereas the *'How to: be a woman'* dilemma is more focused on the woman, the *'Dilemma of mothering'* seemed to specifically be child-centred.

The CPs appeared to trouble the 'good-enough mother' the least in their talk, perhaps because it formed a balance between the *'good mother'* and the *'damned mother'*.

This seemed ironic, but as a CP myself, I would probably tend to depict anything that appeared 'perfect' in dubious tones. Certainly within my training I received the message that if it looked too good to be true, it probably was, and this particularly had been applied to the image of the 'Good Mother', as one that was unachievably perfect.

That balance was not entirely comfortable, however, as the *'good enough mother'* also appeared to comprise negative repertoires.

Interestingly, even if the conversation about a mother tended to be generally quite positively constructed, negative ideas seemed to emerge from talk, so that every mother discussed

appeared to be portrayed in a negative light at some point in the conversation. I hypothesise that this degree of trouble attracted to conversations about mothers may not also be present in conversations about fathers, although that would require further enquiry.

One big area of research into motherhood centres on the debate around the impact of motherhood on child development. As described in Section 2.2.2.2, psychologists have argued that mothers need to remain at home with the child for the 'best outcomes' in child development. Erica Burman (2008a) writes about political and economic influences on the construction of the family, and the post-industrial revolution emergence of the nuclear family, with gender-defined familial roles that encouraged women to be 'home-makers' with a de-valued role compared to men, and maintained their status as low wage employees. At times the mother and the woman worker are described as being held in opposition to one another (Franzblau, 1999).

Franzblau (1999, 2002) provides an interesting historical analysis of motherhood as a backdrop for the emergence of attachment theory. She proposes that the discursive climate of the era was governed by the workforce needs of big business, and the ruling class fears about the decline in the number of upper-class, white births. Controversially, she illustrates the similarities between Bowlby's work and the work of eugenicist policy makers such as Guida Diehl, working in Nazi Germany. Bowlby's work is described as creating a divide in the approach to motherhood which depended on social class: working class mothers had to work, but middle class mothers were encouraged to create the ideal child-rearing situation. Policies that he recommended were quickly established in government policy.

Within this research, the repertoire of the '*Good Mum*' may also have been situated as belonging to the middle classes (for example, see Dina's comments in Extract 28 and Extract 29 above); this may have positioned all non-middle-class women as being outside of the 'good mother' discourse.

Psychological discourse and government discourse continue to have reciprocal impacts. A recently published study (Brooks-Gunn, Han, & Waldfogel, 2010) suggests that the net

effects of mothers going back to work in the first year of a child's life are neutral, as the benefits of higher wages outweigh any consequences to child development. As the study made national headlines in 2010, this appeared to indicate the potential dominance of this dilemma within discourse. Anti-welfare discourses encouraging mothers to return to work would appear to fit this discursive picture as well (E.g. Kirkman et al., 2001; McCormack, 2004; Rolfe, 2008).

6.2.6 Summary

This section was focused on exploring the way motherhood was represented by CPs within the focus groups. A dilemma emerged that centred on 'the best way' to be a mother. Several repertoires and devices were identified as being part of the 'Dilemma of mothering'. These include positive and negative repertoires that centre around the 'Good Mum', the 'good enough mother' and the 'damned if you do, damned if you don't' mother. The dilemma seemed to be child-focused and centred on the way in which mothers chose to mother. The '*good enough mother*' appeared to be the least troubled. Even within these repertoires, however, a mother was subject to trouble depending on how repertoires were deployed. Most mothers discussed within the groups were subject to both positive and negative repertoires.

7. Discussion

7.1 Summary of Findings

This analysis presents a complex web of identities and positions that women, mothers and child CPs seemed to be depicted within. I described some of the rhetorical resources that CPs appeared to draw on in building arguments and counter-arguments in discussions on motherhood. Three dilemmas were presented: '*The Psychologist's Dilemma*', '*How to: be a woman*' and the '*Dilemma of mothering*'. Each of these dilemmas was made up of a number of repertoires that afforded different positions, some that were connoted positively, and

others which were more negative and more troubled. All of these dilemmas seemed interlinked for the female CPs, working with mothers.

'The Psychologist's Dilemma' focused on the dilemma that CPs face in deciding whether to position themselves alongside their clients, or alongside their employers. Employers, ultimately the government, would be interested in shaping expectations of mothers and women in order to satisfy a government agenda. If CPs took this stance, it could lead to mothers being disempowered.

'How to: be a woman' was a woman-centred dilemma of sacrifice made up of repertoires which appeared to limit the available way in which one could be a woman. The least troubled identity position was the mother in a stable relationship. The *'Dilemma of mothering'* focused on the 'best way' to be a mother. The dilemma seemed to be child-centred and focused on the way in which mothers chose to mother. The *'good enough mother'*, appeared to be the least troubled. Categories which appeared to have more trouble than others included: women who choose not to have children at all, especially single women, and mothers who did not fit within narrow social, psychological and political norms. Although the 'good enough' mother in a stable relationship may appear to be the best subject position to, this was still complicated by other factors; there did not seem to be any easy answer to the dilemmas presented here. No single identity seemed to 'win' within these focus groups. Instead the image that emerged was of women struggling to make sense of the choices within their lives, all of which have an element of trouble within them.

Few of the repertoires identified within these dilemmas seemed to be in the interests of women. Even repertoires such as the *'life experience'* repertoire only challenged non-mother, female CPs, rather than CPs collectively. Most recognisable were CP professional interests in maintaining status and power, government and business interests, in whether or not women worked, and male interests in oppressing women.

Hierarchically, it appeared that mother-CPs held the most power, but non-mother CPs seemed relatively effective at maintaining a voice within the groups, especially when they used their voice sparingly.

However, at the same time, an alternative, more positive discourse of differences between people being 'okay' also emerged. The '*good-enough mother*' perhaps represents this in some ways. Reinforcing pluralities of being a woman, being a mother could be seen as a positive way forward. The '*reflective practitioner*' repertoire, '*doing reflection*' and '*doing empathy*' were also in evidence, which could be seen as positive for the CP profession, as it encouraged a critical yet kind approach, that challenged the status quo.

7.2 Reflections on the discourse analysis

Focus groups and the process of transcribing

Some participants seemed to be particularly aware that they were taking part in research, that I would be analysing what they were saying and that it might be disseminated. I had essentially positioned them as clients, possibly similar to the ways in which I/they position mothers/clients.

At times I felt as though I wanted to be less critical and it occurred to me that perhaps when psychologists position each other in a more professionally protective way, they are also in part protecting their colleagues and friends from undermining themselves. However, when one considers that protection could lead to oppressive practices this has the potential to become problematic.

Analysis

My decisions to follow one discourse or another made me feel very aware of how much of the analysis was my own construction, and made me question whether it was even really on the page, or whether I was discursively constructing ideas and seeking evidence to find them within the text. This was particularly true when I tried to find examples for some of the devices I had constructed. Illustrations seemed elusive, who almost seemed to change shape at times, causing me to rethink.

Writing up

Though complex and twisting, I found the DA process to be incredibly freeing. It reminded me of times when I had questions or critiques growing up and even as an undergraduate but had learned to only allow such troubled thoughts fleetingly, and put them out of mind; firstly I did not know how to voice them, secondly I placed my trust in the hands of ‘experts’ that they should know best. Since starting training (note use of ‘trained to think’ repertoire), which is I suppose where I began to critique and de-construct the world around me, I have had the experience of realising that ‘the powers that be’ no more have all the answers than anyone else, which is at once frightening and liberating.

7.2.1 Issues of power

The power dynamics at work within this research were complex. I was the researcher and facilitator, in charge of the research, what was revealed, the direction of the conversation and the interpretation that followed. In other mental health research, one might be interviewing patients or students, but I chose to interview people from within my own profession that were already qualified, and in a work situation would have more power than me. Participants agreed to participate within the research partly because they were interested in the nature of the project, but also because they empathised with my position in training, and talked about remembering what it had been like for them trying to complete the thesis.

I noticed how absent I was in most of the conversations; I deliberately held back in this group to try to allow the participants to produce as much of the data themselves as possible, partly so that it was ‘as natural as possible’ for the talk to emerge. This was also due to the operation of power, as I was aware of feeling unsure as to how to contribute, effectively becoming partially silenced.

Marks (1993) recognises that research has the potential to impact on participants’ lives. The approach she takes is to openly engage with participants in critical reflection based on the interpretation that emerged from the research. She described this process as preventing the

exploitation of the participants by preventing them from being able to comment on or contribute to the research. This made me reflect on my own research, and whether I have exploited my participants by not allowing them the opportunity to comment and contribute to the analysis.

7.2.2 Ethical issues

Participants who took part in the research were told that they would be talking about views of motherhood. The method of analysis was not disclosed in the paperwork, neither was my critical position, although groups 1 and 3 asked about the method and were informed that it was a DA. The CP identity work that emerged as a core part of the analysis, and the critical stance that was taken may be surprising to the participants within this research. This could be considered an ethical issue, as participants may not have taken part in the research if they had a fuller understanding of the research. However the decision was made to give as little detail on method and position as possible, as it would inevitably have altered the way in which CPs talked within the group. It was also assumed that CPs were not naïve participants. CPs are trained in a variety of research methodologies, so understand the principles underlying the need to withhold key information about the research question and may expect researchers to do this.

Nevertheless, I was aware of discomfort in carrying out the analysis. This discomfort came from the transcribing process, which raised critical feelings within me; however I think that a DA would seek to ascribe those critical feelings to the discursive processes emerging from the discourses I am bound by, rather than ascribing criticism to individuals. It would therefore not be my intention to focus criticism on any of my participants for use of specific discourses, although it would certainly be my worry that participants reading the thesis may feel criticised.

7.2.3 Limitations of discourse analysis

The criteria which attempted to establish rigour were described in Section 3.8., which the reader has been able to use in considering the analysis. I will touch on the main considerations here.

Some of the limitations of a DA highlighted by Parker and Burman (1993) which might be relevant to this research include: the labour intensive nature of DA; the difficulty of moving the analysis from a specific text to a wider context; the lack of a sufficiently rigorous methodology; the danger of neglecting the grammar in the analysis; and the danger of isolating a psychological DA from other disciplines. All were true of this study.

The interviews did not depict a naturalistic conversation either between psychologists, or depict the way psychologists may interact within their teams. Mental health professionals may not usually have the opportunity to sit and consider motherhood as a set issue for such an extended period of time. They were however fruitful, as they gave an insight into discourses available to psychologists.

As regards the analysis, the decision to present it as an illustrated summary made the process of analysis less open and therefore compromised its rigour (Taylor, 2001b). I was also concerned that I have tried to cover too much within the scope of this analysis, which may have made the analysis too shallow. It was very difficult to know what to include and what to remove from the analysis. The concern around this was that the analysis may have lacked a full argument. Furthermore, although I tried to ensure that all voices within the groups were heard and all the groups were more or less equally represented, I noticed that nevertheless, there were inequalities within reporting. In terms of individual voices, Anna, Charlotte and Dina were the most represented, across 7-8 extracts. The others were represented across 4-6 extracts with the exception of Isabelle, who was only included once. I also suspect that I relied most on the transcript from Group 1 in my analysis, and the least on the transcript from Group 3, because I had been able to familiarise myself with Group 1's transcript a great deal more than I had with Group 3's. I think that this was mainly linked to the length of time available to me for the analysis, which was unfortunately cut short due to

a combination of course requirements and practical difficulties in recruitment and set up of focus groups. I hope to have re-balanced the inequalities through the provision of extended sections of transcript in Appendix 9.

Potter and Wetherell (1987) describe DA as an art form, a skill which takes time to hone. There is also a steep learning curve involved in a DA; its multi-disciplinary approach necessarily requires the researcher to read widely, across a number of different, potentially unknown, fields. As such, I did not expect to present an accomplished piece of work; as a DA novice, the work is hopefully a 'good enough' start.

The analysis may also have been at risk of over-interpretation. Although attempts were made to ground the analysis within the transcripts, as well as in wider literature, some inferences may nevertheless have been made that were far too speculative. This may be a fault with the method, or it may be a fault with the way in which I carried out the method. On the other hand, Parker and Burman (1993) note that the problem may lie with the certainty that researchers and readers expect from scientific writing. They suggest that discourse analysis is intended as a depth analysis, and not a surface level attempt at discovery of 'truth', a critique which they levy at empirical quantitative analyses, or attempts to quantify discourse analysis. Frosh and Baraitser (2008) present a similar argument.

7.3 Implications of the work

It is important to note caution when considering the application of data emerging from DA research (Potter & Wetherell, 1987). The very nature of DA grounds it within the context of the data. Generalising to other contexts becomes problematic, and also has an empiricist, positivist flavour to it. However, to attempt to take nothing from the research risks making it futile and therefore ethically compromised. This research will therefore suggest implications whilst recognising the discursively positioned nature of the research context and reminding the reader that this research does not generate truths or a 'reality'.

All the participants exhibited a great deal of reflection, and there was a great debate between various conflicting repertoires and discourses. However, the analysis highlighted just how careful we professionals need to be in reflecting both on their relationships with clients and with fellow professionals. The position of the CAMHS CP seemed to be particularly tricky and demanding, as there were so many relationships to constitute and position. Perhaps it might be useful for people to reflect on how they constitute clients who are vulnerable to mechanisms of marginalisation, as part of doctoral training and then later, through Continuing Professional Development (CPD) (E.g. Avdi et al., 2000; Harper, 2003).

Critically, the evaluation of use of risk repertoires, professionalization and pathologisation of motherhood would be useful ideas for reflection. Whilst risk and child protection are undoubtedly important aspects of CAMHS work, I wonder if the potentially over-inclusive nature of risk repertoires could create a discursive climate of suspicion within teams; reflection on this issue could for example have implications for engagement with families.

CPs could be encouraged to engage in debate about how they position themselves within clinic and within the therapeutic space. Who they position themselves alongside is also worth reflecting upon. The various legislations and guidelines constrain CPs in favour of a position alongside government, so it may be worth considering ways in which CPs are still able to position themselves alongside their clients and in particular alongside the women that they see.

Personally, the work has made me consider how I use my professional status, and whether or not I choose to become more active in a political sense. Clinically, I have already noticed a big shift towards reflection and de-construction of discourse within my clinical work. In a wider context, I have become much more aware of discursive manoeuvring, both in everyday conversations and within other settings such as political and media settings. What I do with this awareness is perhaps less clear. Perhaps an implication of this work is for the reader to reflect on how political and activated one should become when one starts to witness the possible action of oppressive and harmful processes.

7.4 Further work

A number of possibilities for further work arise from this project. Firstly, using the same data-set, it would be interesting to re-visit the analysis if and when I become a mother to see what new constructions form from the data (Reissman, 1993). Within my own interviews I concentrated on how mothers were directly constructed by CPs. It would also be interesting to extend the focus groups, using vignettes focused on 'bad children', to explore discourses around how mothers were constructed in light of their children's behaviour. This would be a more indirect way of accessing discourse about mothers and it would be fascinating to compare the discourses that emerged from the two sets of interviews.

Access to data based in more naturalistic settings might help to determine whether any of the repertoires, dilemmas or devices exist and are used beyond the bounds of the artificial focus groups. These could include recordings of therapy sessions, meetings between professionals, or analysis of family court proceedings in which CPs act as expert witnesses.

Finally, it would be illuminating to undertake a discourse analysis of influential psychology texts and relevant policy documents used by CPs during training and in their work to examine the arguments available to equip CPs in working with clients and families.

7.5 Concluding comments

What then have we discovered? Psychologists 'doing thinking'? Pervasive problems for women? Oppressive discursive practices towards mothers? Resistance, reflection and empathy? Or perhaps a plurality of identities and a progressive approach.

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9. List of Appendices

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Candidate number 07152565

Appendix 1 - Ethical approval from Norfolk Research Ethics Committee

Candidate number 07152565

Appendix 2 - University of Hertfordshire Research Governance & Sponsorship letter

Appendix 3 - Initial e-mail invitation to participants

Hello!

My name is Sylvia Puchalska and I am a third year Clinical Psychologist in training at the University of Hertfordshire. I am beginning to recruit for my major research project and I am writing to you today to invite you to participate in this project.

I am currently investigating clinical psychologists' thoughts about mothers. For my project I am looking to recruit two focus groups, each with between three and six participants, who are qualified clinical psychologists, currently working in Child & Adolescent Mental Health Services.

My project will aim to explore your thoughts about, and experiences of parents, and in particular mothers. I will do a warm-up exercise, followed by two vignettes, which I will then ask you questions about.

To participate, you would be asked to take part in one tape-recorded focus group meeting lasting around 1½ - 2 hours in a comfortable setting, which could be in a CAMHS clinic convenient to all participants, or at the University of Hertfordshire. The meeting will involve talking about your experience of working with mothers, and commenting on two video vignettes. You can choose how much or how little you say about any topics that arise.

It is wholly your choice as to whether you decide to participate or not. You are welcome to ask any further questions before this decision is made. If you do decide to consider participation you will be provided with the study information sheet to help your decision further. If you do decide to take part you are still free to withdraw at any time and without giving a reason.

All information collected about you throughout the course of research will be kept strictly confidential. Your name and other identifying information will be kept securely and separately from your tape-recording and the subsequent data-analysis. No one except me (Sylvia Puchalska) will have access to any raw research data that may be able to identify you at any time. Confidentiality may only be breached in accordance with the British Psychological Societies code of conduct e.g. if any information is disclosed during the interview which leads to sufficient concern about the person's safety or the safety of others. In these cases my project supervisor will be contacted to discuss any possible concerns, unless the delay would involve a significant risk to life or health.

If you are willing to consider participation, please feel free to contact me on the email address below and leave a contact number for further discussion and information about this project.

Thank you for your time, it is very much appreciated.

Candidate number 07152565

Kind Regards,

Ms Sylvia Puchalska
Trainee Clinical Psychologist
University of Hertfordshire.
S.Puchalska@herts.ac.uk

Supervisor: Dr Wendy Solomons
Clinical Psychologist
University of Hertfordshire
w.solomons@herts.ac.uk
Tel: 01707 286322

This study has been approved by the NHS National Research Ethics Service (NRES) who have raised no objections on ethical grounds. However, if you wish to complain or have concerns relating to this investigation please do not hesitate to contact my project supervisor.

Appendix 4 - Project information pack

Study title

Clinical psychologists' thoughts about mothers. A qualitative study.

Dear xxx,

I would like to invite you to take part in a research study. Before you decide you need to understand what the research would involve for you.

Please do ask me if there is anything which is not clear, or if you would like more information, and take time to decide whether you would like to participate or not.

What is the purpose of the study?

My name is Sylvia Puchalska and I am a third year Clinical Psychologist in training at the University of Hertfordshire and I am conducting this research for my 3rd year Doctoral research project.

I am currently investigating clinical psychologists' experiences with mothers.

For my project I am looking to recruit two to three focus groups, each with between three and six participants, who are qualified clinical psychologists, currently working in Child & Adolescent Mental Health Services.

My project will aim to explore your thoughts about parents, and in particular mothers. I will do a warm-up exercise, followed by two vignettes, which I will then ask you questions about.

Why have I been invited?

You have expressed an interest in my project via contact by email or by telephone.

Do I have to take part?

It is wholly your choice as to whether you decide to participate or not. If you do decide to participate you will be given a copy of this information sheet to keep and you will be asked to sign a form recording your consent.

If you do decide to take part you are still free to withdraw at any time and without giving a reason.

What will happen if I take part?

Before the focus group, I will circulate a list of participant names to all potential participants. If there are individuals on the list who you would not feel comfortable being in a discussion with you, please let me know, so I do not include you in the same focus group.

To participate, you would be asked to take part in one tape-recorded focus group interview, lasting around 1½ - 2 hours in a comfortable setting, which could be in a CAMHS clinic convenient to all participants, or at the University of Hertfordshire. The meeting will involve talking to the researcher about your thoughts about mothers.

If you consent, you may be contacted at a later date to ask if you wish to comment on the research findings. You are able to decline this offer without giving a reason.

What are the possible disadvantages of taking part?

There are few identified disadvantages of taking part. It is acknowledged that psychologists are busy professionals and it may be hard to find the time to meet. I am happy to try to find a convenient location to meet in, to minimise the time requirement.

What are the possible benefits of taking part?

I cannot promise that the study will help you. However, the research project will allow you to have time and space to reflect on mothers. Potentially this research may help other psychologists to make sense of, and understand the experiences of mothers in more depth.

What if there is a problem?

If you have any concern about any aspect of this study you should ask to speak to the researcher who will do her best to answer your questions (e-mail S.Puchalska@herts.ac.uk , please include a contact number and the researcher will call you back). If you remain unhappy and wish to complain formally you can do so by contacting the project's Research Supervisor, Dr Wendy Solomons (Tel: 01707 286322).

Will my taking part in the study be kept confidential?

All information collected about you throughout the course of research will be kept strictly confidential. Your name and other identifying information will be kept securely and separately from your tape-recording and the

subsequent data-analysis. No other psychologists (apart from the researcher) will have access to any raw research data that could identify you at any time.

Due to the time constraints on this project an approved transcription service may be used to transcribe your interview. In this case your recording will be labelled A, B, C etc. to protect identity. The service will sign a non-disclosure, confidentiality agreement.

Some parts of the data collected by this research will be looked at by authorised persons from the University of Hertfordshire (Sponsoring organisation). Anonymised transcripts might be shared with trainee clinical psychologists conducting research at the University of Hertfordshire. Anonymised sections of the data collected may also be looked at by representatives from academic and professional assessment bodies in order to assess the quality of this doctoral research project. All will have a duty of confidentiality to you as a research participant.

Your recordings and any identifiable data relating to your participation will be kept for 5 years after the degree has been completed. The data will be kept securely until this time in order to cover any appeals procedure or possible examination queries regarding the veracity of the data. After this time all tapes of research interviews will be destroyed.

Are there any reasons where confidentiality may be breached?

As all participants will be regulated by the Health Professions Council Code of Conduct and the British Psychological Society, the following code of conduct will be followed with regards confidentiality:

1. If you disclose information during the interview which leads to sufficient concern about your safety or the safety of others it may be judged necessary to inform an appropriate third party without formal consent.
2. Prior to this occurrence the researcher's project supervisor will be contacted to discuss any possible concerns, unless the delay would involve a significant risk to life or health.

What will happen to the results of this research study?

The results will be written up in the form of a thesis for the purposes of gaining a Doctoral qualification in Clinical Psychology.

The findings may be shared via academic publication and/or presentations. Participants will not be identified in any report or publication. Any quotes used will be fully anonymised. You have the right to decline the use of your interview quotes.

Who has reviewed the study?

Candidate number 07152565

All research in the NHS is looked at by a Research Ethics Committee to protect your safety, rights, dignity and well-being. This study has been reviewed and given a favourable opinion by the Norfolk Research Ethics Committee who have raised no objections on ethical grounds. The study has been approved by the Research Governance Steering Committees for Hertfordshire and Bedfordshire.

Due to the academic nature of the research this project has also been subjected to both a formal and a peer review by the University of Hertfordshire's Doctoral Programme in Clinical Psychology.

Further information and contact details

Should you have any further questions or any concerns during the study please do not hesitate to contact the researcher or her research supervisor using the contact details provided below.

If you are interested in potentially participating in this study please fill in the reply slip included with this information sheet and return to Sylvia Puchalska (Chief Investigator) via email.

Should you wish to complain about this study the Independent Complaints Advocacy Service (ICAS) supports individuals wishing to pursue a complaint about the NHS. (See <http://www.dh.gov.uk>)

The contact details for the areas covered by this study are as follows:

- **ICAS Bedfordshire & Hertfordshire, Tel: 0845 456 1082**

Thank you for taking time to read this information.

Kind Regards,

Ms Sylvia Puchalska
Trainee Clinical Psychologist
University of Hertfordshire.
S.Puchalska@herts.ac.uk

Supervisor: Dr Wendy Solomons
Clinical Psychologist
University of Hertfordshire
w.solomons@herts.ac.uk
Tel: 01707 286322

Candidate number 07152565

Reply Slip.

(Please tick the appropriate boxes and return by email to the researcher: S.Puchalska@herts.ac.uk).

1. I am not interested in participating in this project.

2. I may be interested in participating in this project
but would like further information.

I consent to you contacting me on the telephone number

*Below/email address at the specified suitable times and days of week**.*

3. I am interested in participating in this project.

I consent to you contacting me on the telephone number

*Below/ email address at the specified suitable times and days of week**.*

4. (only if statements 2 or 3 have been ticked)
Once I have decided to participate, I consent to my name being

added to a list of participants to be sent to all participants in the research.

My Details (Please supply if you ticked statement 2 or 3):

Name:

**** Please supply if Statement 2 or 3 have been ticked**:**

Telephone number:

Email address:

Suitable days for contact (Delete as appropriate):

Mon / Tues / Weds / Thurs / Fri / Sat / Sunday.

Suitable times for contact (E.G. Mondays 12-2pm):

Day:

Times:

Candidate number 07152565

Day:

Times:

Day:

Times:

Appendix 5 - Pre-interview briefing sheet

PRE-INTERVIEW BRIEFING

1. Aims of investigation:
 - To explore clinical psychologists' thoughts about parents, and in particular mothers.
2. Procedure of interview:
 - Interview will last for approximately one and a half to two hours.
 - The interview will be tape-recorded.
 - You will be shown two vignettes during the course of the interview, and asked questions around them.
 - All focus groups will be asked similar questions during the interview.
 - The questions will act as a guide for the interview.
 - The aim is to facilitate a conversation.
3. During the interview:
 - If at any time you wish to stop the interview you may do so without reason.
 - You are in no way obliged to answer the questions provided by the researcher.
4. Confidentiality:
 - Your participation in this project will remain strictly confidential.
 - Your personal details will only be known by the researcher.
 - Your personal details and tape recordings will be kept separately in a secure filing cabinet at the researchers premises.
5. British Psychological Society: Code of Conduct:
 - If you disclose information during the interview which leads to sufficient concern about your safety or the safety of others it may be judged necessary to inform an appropriate third party without formal consent.
 - Prior to this occurrence the researcher's project supervisor will be contacted to discuss any possible concerns, unless the delay would involve a significant risk to life or health.

6. Provision after interview:

- Following the interview you will be given further opportunities to ask questions regarding the project and any concerns you may have. If the researcher is unable to provide you with the correct answers for your questions she will endeavour to provide you with appropriate source of professional advice.

7. Questions:

- Please ask any further questions you may have about the investigation.

Appendix 6 - Participant consent form

Centre number:

Study Number:

Participant identification number:

CONSENT FORM

Title of Project: How do clinical psychologists talk about mothers? A qualitative study.

Name of researcher: *Sylvia Puchalska, Trainee Clinical Psychologist.*

To be completed by participant (Please initial each box):

2. I confirm that I have read and understand the information sheet dated 14 th July 2009 (Version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
3. I understand that I am free to decline entry into the study and that I am able to leave the study at any time without reason.	
4. I understand that relevant sections of the data collected by this research will be looked at by authorised persons from the University of Hertfordshire (Sponsoring organisation). Anonymised transcripts may be shared with research supervisors for data analysis. Anonymised sections of the data collected may also be looked at by representatives from academic and professional assessment bodies in order to assess the quality of this doctoral research project. All will have a duty of confidentiality to you as a research participant.	
5. I agree to take part in the above study and for the interview to be recorded.	
6. I agree that any words I may say during the interview can be used anonymously in the presentation or publication of the findings of this research	

Participant

Signature: _____ Name: _____ Date: _____

Person taking consent

Signature: _____ Name: _____ Date: _____

Appendix 7 - Participant screening form

STRICTLY CONFIDENTIAL:

All participants will be asked the following questions to screen for inclusion and exclusion criteria of the study.

Was verbal consent obtained from the potential participant before asking the questions below?

Yes/No

1. Is the participant qualified as a clinical psychologist?

.....

2. Is the participant currently working in child and adolescent mental health services in the NHS?

.....

Demographic questions: (these questions are not intended as a screening for inclusion/exclusion from the study, and no answer need be given if the participant does not wish to)

3. Is the participant a parent?

.....

4. What is the participant's main theoretical stance?

.....

Age:

Gender:

Ethnicity:

Nationality:

Religion:

Social Class:

Appendix 8 - Semi-structured interview schedule

Stage 1 - Opening stage of interview (warm-up)

Mothers in general – vague discussion

- 1) Brainstorm – If I say the word ‘family’ what does that make you think about?
- 2) How are fathers different to mothers?

Stage 2 - Video vignette 1, 2 & 3 REPEAT FOR EACH VIDEO

Construction of mothers from the vignettes

A clip will be shown. Following this, the group will be asked:

- 1) What do you think when you see this clip?
- 2) As a psychologist, what does this contribute to your thoughts about the mother in this clip
- 3) What do you think other people would say if they saw this family
- 4) **BACK UP!** (after all clips shown...) What do you all think when you see these kinds of clip on tv?

Stage 3 REPEAT FOR EACH VIDEO

Construction of psychological/health discourses

- 1) Have you ever seen anyone like this in your clinical work?
- 2) What did you work with them on?
 - a. How did you work?
 - b. How do you think this woman’s background and class are relevant
- 3) **PROMPTS – what issues does this raise? How might other psychologists think/work with this family differently?**

Stage 4

Exploration of professional stories

- 1) What kind of parents tend to get referred into your service?
- 2) Why do you think they come to CAMHS?
- 3) How do you see your role in working with children and their parents?
 - a. **OPTIONAL PROMPT** What are some of the challenges and rewards from your work with families?
- 4) Can you think of any high profile cases that have hit the media recently that have made you think about mothers?
- 5) For those of you who are mothers, how has this affected the way you think about and work with mothers in your professional.

Stage 6 - Tying up the interview - debrief

Anything that I haven't asked that I should have asked?

Anything else that you would like to say.

Any questions?

Remind about confidentiality and what happens next...!

Lots of thankyou!

Questions from a journalist position:

So do you think....? So do you mean ... ? Are you saying that ...?

(E.g. So are you saying that she was wrong to do that?)

Questions from a 'devil's advocate' position: I'm going to play devil's advocate here... but what if ... ? But what about...? I've heard some people say that... what do you think?

Moderator/facilitator's position:

Empathic listening prompts (mmm...)

Encouraging the conversation probes (can you say a bit more about that?)

Bringing people in to the conversation – does everyone else agree/disagree? What other ideas/views do people have about that? What do other people think?

- **To open it up to the wider group**
- Do some of you agree/not agree with this idea?
- **To bring another participant into the conversation:**
- As a [man, woman, parent, non-parent] do you think you would think differently about this issue?

Appendix 9 - Transcript & extracts

- 9.1 – Transcript for Group 1, including coding (highlighted) & comments.
- 9.2 – Extract of transcript from Group 2 – Lines 367 - 503
- 9.3 – Extract of transcript from Group 3 – Lines 757 – 1085

All sections in Appendix 9 are located in Volume 2, in order to preserve participant confidentiality.