5 Maternal attitudes

The mother as primary carer

The aim of this chapter is to describe the different maternal attitudes that existed in each group and the normative context which sustained them. What is of immediate interest are the similarities in the normative context of all three groups. These similarities relate to the fact that in every case it was the mother who was the child's primary carer, at least in the child's earliest weeks.

In every instance in the study it was the mother who initially took the personal responsibility for her child's care, even if the father was prepared to share the care, or became the primary carer at a later date. There were two cases of 'role swapping' present in the sample in which the father had been the primary carer for about 12 months. Neither had been responsible for the care of their newborn, but had taken over the responsibility of primary care from the mother. In one case, the child was 12 months old when the father became the primary carer and in the other case, the child was 6 months old and the father's second child. When asked how they had come to know what the needs of their child were when they first took over as primary carers, both fathers replied that they had learned this, or 'picked up bits and pieces', from the mother. The infants were already in a routine by the time these fathers had to care for them. This meant that they were able to continue on with the routines that the mother had established with the child.

This also occurred in another case where the mother and father organized their work commitments to enable at least one of them to be home to care for their child. The father readily conceded that he relied on his wife to tell him what the infant required. He started out caring

for his infant on his own for very short periods, taking instructions from the mother and slowly building up his confidence to the stage where he could care for his infant for longer periods of time. Like the 'role swap' parents, it was the mother who actually did the work of interpreting and organizing the infant's early patterns of care into a relatively predictable pattern that gave both her and her husband the confidence necessary to share the infant's care.

Other fathers in the sample had a similar experience with caring for their infants on their own. They tended to only mind their infant for short periods and received instructions on what the baby would need during this time from the mother. Mothers left their infants for short periods when they felt reasonably confident that their infant would not require their own monitoring for that period. This generally meant that the mothers had managed to introduce some element of predictability into their day, even if this was subsequently altered.

There were also two cases in the alternative group in which the father was at home with the mother for the early period of care-giving. These couples expressed the ideal of 'shared parenting' in that both the mother and the father wanted to spend time caring for their children. However, in both cases the mothers held a very strong moral commitment to the ideal that all their infants' 'needs' should be immediately gratified. Since the only response to the infant's crying was to put the baby to the breast, it proved impossible for the fathers to share care equally. Even as the infants grew older, the pattern of gratifying the infant with the breast was so firmly established, that when both the father and mother were present, the infants demanded their mother when they became distressed. The fathers felt very inadequate about being able to satisfy their child's demands.

As Allan, one of the alternative fathers who expressed the ideal of shared care, put it:

> because Josie's always breast-fed I've never been able to give the babies a bottle, and that would probably make me feel more adequate, but I mean, because they've been breast-fed they won't accept anything else . . . having the breast is so wonderful, you know.

The two fathers who spent time alone with their child as primary carers did begin to take on their own understanding of their child's needs when left to care for the child themselves. During their time as primary carers, they were the ones to consider the needs of the child from the child's point of view. Ross, for example, spoke of his wife, who was working full time, as having 'no comprehension' of the dangers that young children were likely to get into. He was the one who put himself in the place of the child and tried to anticipate potential accidents.

The important point to understand here is that mothers apparently 'know' what it is their infant 'needs' because they are the ones who are

usually responsible for the early period of primary care. Because they are held personally responsible for their infant's care, they also perceive themselves as being the ones who should 'know' what it is that their infant 'needs'. It is this feeling of personal responsibility that leads the mother to perform this early, interpretive work with the infant. There is no reason why the father, or any other adult could not interpret the needs of the infant if they were to accept the primary responsibility for the infant's care.

However, as other research in the area of early primary care demonstrates, it is extremely difficult to locate fathers who have had the primary responsibility for the care of their child from birth. Moreover, this is an area which is extremely resistant to change through government intervention strategies. Consider the fact that even in Sweden, where the State has attempted 'to sell role sharing as an ideal for men' (Haas 1982) and provided structural support for fathers to take time off work to be with their newborn infants, no sample of 'shared parenting' triads have, as yet, included fathers who had been primary carers to their newborn infants (Lamb et al. 1982; Hwang 1986).

If the mother inevitably proved to be the one responsible for early primary care in the nuclear families in the sample, how did they fare in situations where group care was possible?

Communal and diffuse caregiving

There were a number of living arrangements that were conducive to 'communal care' in the sample. In these situations there were a number of adult carers involved in the early primary care of a particular child, and more than one attachment figure. However, even here, care was usually taken to give a particular person the primary responsibility for defining the child's needs at any one point in time. In this sample, this person was always the infant's mother. Attempts by other adults to act as the child's 'interpreter', as often happened with the kinship mothers who lived with their own mothers, became an intense source of tension.

Roslyn was a regular attender of the suburban group. She was not the child's mother but had lived with the child's parents for the first 12 months of the child's life. Her living arrangements were conducive to 'communal care' in that all the adults involved participated in the care of the child and the child was attached to each adult. Roslyn had moved out to live on her own when the child was 12 months old, but still retained contact with the family and took the child on outings by herself.

The child was 3 years of age when I observed them at playgroup and she demonstrated a great attachment to Roslyn. However, according to Roslyn, it was the mother who had always made the decisions on what the child needed. Like the 'role swap' fathers, Roslyn told me how she had 'always allowed them to tell me, to guide me on what to do with her . . . Kathy [the mother] mostly'. She was also aware of the possibility

of her intervention causing tension with the child's parents and told me how she 'took a back seat' as far as chastising the child was concerned when her parents were around. However, she was quite prepared to discipline the child when the parents were not present and she was the responsible person.

In the kinship group there were a number of young, single mothers living with their own mothers. Although the young mothers welcomed the instrumental assistance and emotional support of their own mothers, and actively sought this support and advice, they deeply resented their mothers' inclination to define the child's needs for them. This was a source of great tension.

In Sue's case, for example:

> Michael and I broke up on the Saturday night. Anyway, I moved back in with mum. Well, from the Sunday morning on it was just 'Sue, don't you think you should change Tammy?' 'Sue, what's Max doing?' 'Sue, don't you think Tammy needs . . .' 'Sue, don't you think you're breast-feeding Max too often . . . ?' and you know 'Now in my day that never happened, and in my day we did it this way.' So I lasted there for two days and I moved out to the garage and set up a stove and that in the garage and just went inside for baths and water and that. I just couldn't handle it. She's been great. I can't knock her you know. She's always willing to babysit and everything for me but . . . it was like going back to when I was a little girl, you know.

Many of the young mothers in this situation offered similar accounts of living with their mothers. They appreciated the instrumental help and affection that their own parents were able to provide, and often sought their advice but they did not appreciate having their own mothers' interpretation of the child's needs imposed upon them. The tension that this situation aroused in these young mothers led them to actively seek a situation where they could be more independent, living apart from their mothers yet still close enough to obtain the benefit of their mother's considerable support.

However, there were individual cases where extended family living did not appear to engender tension. There were isolated cases in both the kinship and suburban group where grandparents were portrayed as very understanding and restrained. Being aware of the potential tension, these grandparents managed to overcome any desire to intervene in their children's child-rearing practices. One mother in the suburban group, for example, lived with her parents for a while when her house was being built. Like Roslyn in the example of the communal household, her parents had been conscious about the possibility of undermining the daughter's desire to bring her children up in her own way. According to this informant, they only offered advice if asked.

It seems, therefore, that recognizing the particularities of a child, in a

continuous and consistent manner, sets certain limitations upon the ideals expressed in the notion of 'shared' primary care. Parents who have set out to 'share care' must be very familiar with this problem. The literature certainly is. For example, Bennett Berger's (1981) study of child-rearing on 'New Age' communes in California describes how the care of infants while requiring 'constant monitoring' is left up to their mothers, even though members are influenced by feminist rhetoric regarding traditional sex-role stereotypes. Any communal aspects of care at this stage are in the hands of the group of 'mothers-with-children'.

The difficulty in 'sharing' early nurturing activity 'equally' arises from the ideals of autonomy and individuality that our Western culture holds so dearly. Only one person at a time can build up an idiosyncratic pattern of communication with a pre-verbal child and give consistency and continuity to the patterns that evolve. Psychologists have depicted early nurturing as occurring in the context of 'a singular care-giving relationship'. While their description of this relationship is useful for the Western context, it should not be regarded as a universal.

The singular caregiving relationship

Psychologists frequently use the phrase 'a singular care-giving relationship' to describe the sequence of behaviours initiated by the infant to elicit from the mother the feeling that she has a unique relationship with her child (Lewis and Lee-Painter 1974). Most writers in this area of infant development recognize today that the person involved in this unique, primary relationship need not be the biological mother (Rutter 1981). They use the term 'primary carer' or 'primary care-giver' to denote the fact that this person may be any adult, male or female, who takes on the personal responsibility for a particular infant's care.

The psychological literature depicts the singular care-giving relationship as fundamental to the development of the unique patterns of communication of the maternal-infant dyad. These patterns of communication are understood within the context of a learning model, where the infant's behaviour sustains the proximity of the primary carer and selectively reinforces appropriate care-giving behaviour (Bell 1974). The singular care-giving relationship is unique in that a pattern of communication is set up between the primary carer and child which is idiosyncratic to each pair (Schaffer and Dunn 1979; Rutter 1981).

This pattern of communication depends upon intense, affective exchanges which develop over time and are highly personalized. The conclusion drawn from these studies is that the primary carer must be prepared to enter into an enduring bond with a particular child, and be personally committed to providing this child with a continuity of care.

Psychological research has described qualitative differences existing between the child's relationship with the primary carer and the child's other adult relationships. However, it is sometimes implied in the sociological literature that the concept of the singular care-giving relationship

means, in effect, that maternal care-giving should be 'exclusive'.[1] The singular care-giving relationship is not 'exclusive' in the sense that this is the only relationship the child may enter into. Pre-verbal infants may well have a variety of relationships with other adults, with whom affective bonds develop (Pedersen 1980; Lamb et al. 1982).

The distinction that I make between the singular care-giving relationship and the other relationships that the child enters into in the early years is based on the orientation of the primary carer towards understanding the needs of a particular child. In a singular care-giving relationship, a particular adult takes on the personal responsibility for meeting the needs of a particular infant and as a prerequisite for meeting these needs, must first of all define them. The other relationships that the child enters into may well provide the child with affection and social stimulation and be of great assistance to the primary carer, but it is in the context of the singular care-giving relationship that the infant's actions are defined as 'needs'. In my view, this is an important reason why mothers tend to prefer alternative care arrangements which can ensure some continuity and consistency of care.[2]

The fundamental social condition for a singular care-giving relationship to exist is the acceptance by an adult of the personal responsibility for the care and well-being of a particular child. Care-giving then becomes an intersubjective process in which action sequences are mutually effective. This is a very important point to grasp. Action within the early care-giving relationship is mutually effective, that is, the actions of the child produce effects in the carer which are just as relevant for investigation as the carer's actions on the child.

It is this element of mutual effectiveness that distinguishes care-giving within a singular care-giving relationship from care-giving that is task orientated, as in nursing or teaching. In nursing, for example, the infant's needs are defined and met by staff strategically. Nurses need to be interchangeable. However, in a singular care-giving relationship, the carer and infant develop an idiosyncratic pattern of communication that is grounded in highly affective interchanges that develop over time. The mutual effectiveness of this action context allows the child to contribute to the definition of his or her own 'needs'. Primary carers in this situation are not easily interchangeable.

Pam, a trained and experienced midwife, expresses this distinction as the outcome of feeling personally responsible for an individual child:

> I suppose it's when they're crying and you don't know why they're crying and you're trying to figure it out . . . I mean you are responsible for caring for it, I mean, there's no-one else you could say, here you are, this baby's crying, what are you going to do, you know. Unless you've got family and I didn't have family close by . . . When I was at work and there was a baby that cried you were sort of more objective, you know. You didn't worry as much

> I suppose; you did all the things you thought, you know, to calm it, and then after that you thought well, you know, just leave it . . .

However, as I have pointed out, nurturing within a singular care-giving relationship need not be regarded as a universal. It simply reflects the Western values of autonomy and individuality. We can see how 'group' care might differ by studying the nurturing patterns in a culture such as the Kibbutz. Bettelheim (1969) and Tiger and Shepher (1975) studied child-rearing here, and their studies provide an interesting contrast to nurturing within a singular care-giving relationship. Unlike 'New Age' communes which have emerged primarily for the purpose of 'self-actualization'[3] the Kibbutz movement's primary objective is the survival of the community itself. Facilitating the development of the child's individuality is not a deliberate goal of child-rearing. This has important implications for the patterns of infant care that have developed in the Kibbutz.

According to Bettelheim and Tiger and Shepher, most mothers do breast-feed in the Kibbutz but it is an instrumental act of giving food and affection. Nurses, or metapelet, are responsible for the infants' primary care. The infants' needs are organized from the start into a routine which is applied uniformly to all infants in the nursery. The mother comes in from work every four hours to feed and nurture her child as part of this routine.

In this situation, mothers do not experience themselves as responsible for the primary care of their child. But neither are the particularities of Kibbutz children recognized in their child-rearing patterns. Here, the infants' 'needs' *are* objectively defined, scientifically, and met uniformly. The attributes we associate with individuality, such as self-assertiveness, are not highly valued. Interestingly enough though, even here, where the ideology of the community is directly opposed to the idea that a mother should take personal responsibility for her own infant's care, a mother may begin to develop a singular care-giving relationship with her child if left to care for her child herself in the early weeks. Bettelheim (1969: 127) informs us, for example, that if there is a sickness in the nursery and the mother must care for her infant herself for a few weeks, she will generally find it more difficult to return the child to the nursery.

The point that needs to be stressed here, is that once an individual carer is left to care for a particular child and experiences herself as personally responsible for that child's care, the ability of the child to effect the primary carer and induce highly affective responses from the primary carer becomes a crucial factor in explaining subsequent care-giving patterns. The child's agency, or the ability of the child to shape the care-giving behaviour of the care-giver, must be taken into account. At this point, what needs to be explained is why anyone, and the mother in particular, would place themselves in a singular care-giving relationship with a particular child.

The normative context of maternal attitudes

The mother's responsibility for gratification

The essential condition for a singular care-giving relationship to develop is an individual adult's acceptance of the personal responsibility for the welfare of a particular child. What the psychological literature is unable to explain is why it is overwhelmingly the mother who accepts the personal responsibility for the care of her child and enters into this relationship. The answer to this question lies in two broad normative expectations of mothering that were generally held by mothers across all three groups. The first of these relates to the mother's responsibility for gratification.

Many mothers in the study were conscious of a social expectation that as the infant's mother, she should know the needs of her own infant and be able to satisfy these. A majority had held this belief themselves before giving birth to their first child. They expressed surprise at what was involved in caring for a baby, since they entered into motherhood with the belief that the needs of their infant would be self-evident.

What they discovered when they began to care for their infants was that they first had to find out what their infants did need. Mothers went through an initial period of intense preoccupation with the actions of their infant, attempting to discover what it was their infant was trying to tell them they wanted. Mothers did see this early period of nurturing as a trial-and-error learning process, whereby they should be able to arrive at the correct answer if only they could learn to 'read' the cues of their infant correctly.

In searching for the correct answer, mothers sought advice, particularly from their own mothers, but also from other relatives and friends and the Early Childhood Nurses working in Baby Health Centres. They were also given plenty of unsolicited advice! There were some interesting variations between the groups here.

The kinship mothers relied very heavily on advice from their own mothers, which often came in the guise of actual, physical assistance, as the following exchange between myself and a kinship mother, Karen illustrates:

Chris: Did you have any idea what it was going to be like having a baby?
Karen: No.
Chris: What happened, then, when you got home from the hospital?
Karen: I didn't know it was going to be so much work. Tired all the time, you gotta spend all your time with them, do everything for them, everything they need.
Chris: Did you have any idea how to look after him?
Karen: No. Lucky mum was there.

Chris: So your mum was a big help?
Karen: Yeah, she was great. She'd get up and do some night feeds while I had a sleep, things like that. Do some washing for me, and iron some of the clothes. We'd take turns at things. She'd mind him while I went out sometimes and things like that.
Chris: Did she sort of tell you what to do?
Linda: No, No, No. Only If I asked her. If I didn't know how to do it I'd ask her.

Mothers in the suburban group also depended heavily on their own mothers, who were greatly missed if not available. Margaret, a suburban mother who had been a ward of the state and fostered out as a child, believed that a lot of the problems she experienced nurturing her own children were the outcome of not having a mother of her own:

Chris: Could anything have prepared you, do you think, for looking after your child?
Margaret: Oh, I did reading, but not having a mother was the biggest thing, I think. Not having someone there that you could, you know, ask little things about . . .

However, mothers could also be regarded as 'interfering', particularly if they gave advice without being asked and without providing the advice in the context of giving actual, physical assistance and emotional support. What is interesting here is that the more educated mothers, particularly those well read in psychology and alternative spiritualities, found their ideals now clashed with their mothers' way of doing things. They were also far more likely to reject the Early Childhood Nurses' advice. But this does not mean they did not need 'advice'. On the contrary, it seemed to me that they were far more reliant on books and often retained contact with their alternative midwives for advice on child-rearing. They also sought out friends with common ideals and value systems with whom they could discuss their nurturing concerns.

Even though mothers are well-known to engage in this intensive seeking of advice, the belief that mothers will instinctively know what their infant needs remains a popular image of motherhood, reinforced in the child-rearing literature that the suburban mothers overwhelmingly referred to once their baby was born. For example, in the 1983 edition of *Our Babies*, published by the New South Wales Health Department and given out to all new mothers, they are told that the old way of rearing babies according to schedules goes against the 'intuitive wish' of the mother to respond to the baby's cries appropriately. The 'new way' advocated arises from a 'better understanding of child development'. The new way begins with the idea:

> that if parents trust what nature has given them, both in their babies and in themselves, the whole business will be not only

> more successful but more relaxed and enjoyable (although needing patience and many skills). (Department of Health 1983: 18)

Another popular work mentioned by numerous suburban mothers was Christopher Green's book, *Toddler Taming* (1984). Like many popular versions of the 'good-enough mother' described by object-relations psychoanalytic writers, Christopher Green believes that the infant's needs are self-evident and should be immediately gratified by the mother. In the opening pages, he writes:

> The aim in the first year is to develop a secure and trusting child, who has a secure and trusting relationship with his parents. When he is hungry he should be fed; when he is frightened he should be comforted; and when he cries he should be cuddled. You cannot spoil a baby in the first year of life. (p. 2)

The popular ideal of the good mother as someone who knows what her infant needs and gratifies these immediately arose in the first instance as a reaction to child-rearing trends advocating the regimentation of child-care according to scientifically formulated principles. These scheduling techniques were made popular about 60 years ago in the work of Truby King, whose main concern was to eradicate infant mortality by managing the nurturing activity of mothers (Dally 1982; Reiger 1985).

There were also other important cultural influences in the 1960s which reinforced the change in child-rearing ideals from scientific management to the reliance on maternal instinct. For example, Bernice Martin (1981: 25) describes the 1960s as being characterized by 'anti-structural symbolism' which involved a counter-cultural attack on all forms of boundaries, limits, roles and conventions. Martin associates this movement with the Left and argues that the Left adopted the idealization of the self-defining individual and expressive values in a counter-cultural movement which was in contrast to the instrumentalization and bureaucratization of this particular stage of capitalist development (p. 18).

These child-centred ideals are now very much mainstream, although held with much greater moral fervour by the alternative couples. They reinforce the mother's perception of herself as being the one who should know what her child 'needs'. If breast-feeding 'on demand' the mother is also likely to experience herself as being the only one who can satisfy the infant's 'needs', since in the early months, putting the baby to the breast is the most common way of comforting, as well as nourishing, the infant. Thus, the infant also comes to perceive the mother as its source of gratification (or frustration). As we shall see in the next chapter, these child-rearing ideals come into conflict with the mother's own interests and she is frequently required to make adjustments to these ideals and re-define their meaning.

The mother's feeling of responsibility for her child's 'need' gratification

is also reinforced by the social practice of handing crying babies back to their mothers for comfort. During my observations I noticed that other women occasionally cuddled another baby and sometimes attempted to console a crying child. However, if the child's cries continued the mother was always sought. Other adults tend to get very agitated in the company of a crying infant. Thus, mothers often feel under a lot of pressure to bring the crying under control. This is particularly the case with new mothers, some of whom experience this pressure with a great deal of anxiety.

Mothers tended to feel very inadequate when they did not 'know' what was wrong with their child and could not comfort their child. Julie, for example, was a mother who found the expectation that she should know what was wrong with her child intolerable. She expressed great anxiety at being unable to 'control' her child and felt that people expected her to be able to do this. She told me how she felt when her 6 week-old baby began to cry at a Tupperware party and she was unable to console him:

> I was more upset about the fact that he was crying and I was a new mother and I couldn't control him, and people were coming up to me and saying, 'what's the matter with the baby', you know, 'do you want me to take him', and I just felt totally inadequate and useless. I just felt like I was totally fooled.

Thus, the generally accepted assumption that babies are born with certain physical and emotional needs that mothers will immediately recognize and be able to gratify, intensifies the mothers early preoccupation with trying to understand her own particular child. She cannot hope to meet the needs of her child until she finds out, exactly, what it is her child does need.

The mother's responsibility for social behaviour

As well as feeling personally responsible for satisfying their child's needs, the mothers in the study also felt personally responsible for the social behaviour of their child. Playgroup norms sustained this belief. For example, in all three playgroups, it was generally accepted that no mother should chastise another mother's child if the mother was present and they all expected the mother to intervene if their child was involved in anti-social behaviour. Mothers whose children were overly distressed, or engaged in anti-social behaviour tended to experience a great deal of embarrassment, or shame because they held themselves to be responsible. The child's failing was experienced as their own. Their embarrassment then reinforced their perception of themselves as personally responsible and prompted them to intervene in the situation.

For example, one morning I was sitting with Jill at the playdough table. Her son, Damion, was really trying his mother's patience. Every

tool that the little girl next to him picked up, Damion wanted. Jill tried to be reasonable, offering him other ones that were exactly the same and pointing out that he could have Sarah's one when Sarah was finished with it. Damion threw all the alternatives away, crying loudly and demanding the one that Sarah had. Jill was getting more and more agitated and told me how terribly embarrassing her son's behaviour was for her. She was on the verge of packing up and going home when Sarah finished playing with the playdough and went off somewhere else to play.

However, although the mothers from all three playgroups expected a mother to intervene when their child was involved in anti-social acts, not all mothers felt embarrassed, or distressed when their child had to be disciplined in a public place. The kinship mothers were noticeably less embarrassed by their children's behaviour at playgroup and their interviews confirmed this observation. They felt more relaxed in social situations because their socializing tended to be with people with whom they could just 'be themselves'.

There were also differences in the way in which mothers from each group talked about their feelings for mothers whose children were engaging in anti-social behaviour. A number of suburban mothers mentioned feeling sympathetic to mothers involved in these situations. A few also mentioned how much more tolerant they were now of children's anti-social acts and understood how difficult it sometimes was to control a child. In contrast, two of the kinship mothers told me how angry they got with mothers who 'did nothing' to discipline their child, but allowed their child 'to get away with it'.

Expecting the mother to deal with anti-social behaviour also seemed to be the norm in the alternative group, although this group tried to avoid having to confront the whole issue of anti-social behaviour by planning their meetings in an environment where anti-social acts between children would be least likely to occur. However, on the first morning that I visited this group, a 2 year-old boy kicked a younger child in the head. Most of the mothers saw the incident, but said nothing to the boy or to the mother, who had her back to her son at the time. It appeared that these mothers were trying to avoid embarrassing the mother. A short time later, one of the mothers referred to the boy's behaviour as 'street wise'; a phrase which portrayed his actions in a more favourable light.

These norms were held by all mothers across all three groups. Their existence helps to explain why it is the mother who enters into the singular care-giving relationship with the child. Once in a singular care-giving relationship, the child also becomes a powerful agent affecting the mother's perception of herself as the one who 'knows' what it is her child 'needs'. However, even though all the children in my study were reared within a singular care-giving relationship, different maternal attitudes could still be detected in each group.

Maternal attitudes

In all three groups it was possible to detect the preoccupation of mothers towards trying to understand the needs of their own particular child in the very early stages of mothering. I call this preoccupation the maternal attitude towards understanding, or 'taking the attitude of the child'. There was usually an intensive period of caring around the clock for a newborn infant. During this early period, the mother became preoccupied with trying to understand what the infant's actions meant. As a result of the mother's often intensive efforts to understand her infant, each mother was able to describe the development of an idiosyncratic pattern of care, to which she could refer more or less confidently to explain the actions of her child.

However, as the infant grew older, there were marked differences in maternal attitudes between the three groups. In the suburban group, mothers tended to retain the orientation towards understanding, so that they were often able to anticipate and avoid potentially distressing situations for their child. This orientation towards mothering gave mothers the scope to evaluate the child's actions, differentiating 'needs' from 'demands' and giving themselves room to negotiate space for competing sets of interests.

In the kinship group, however, the predominant maternal attitude towards understanding became more coercive once mother and infant were settled into a fairly predictable daily routine. Although these mothers also developed idiosyncratic patterns of care with their newborn, once their baby had settled down, mothers adopted more of a strategic attitude towards caring for their child. In the main, these mothers did not make the intensive efforts to understand their child, so that their child would avoid becoming distressed. Neither did they attempt to understand their child so that confrontation between themselves and their child would be kept to a minimum. Instead, they tended to console their child *after* distressing situations, and relied on more coercive means of directing their child's behaviour.

The alternative mothers differed again, in that the orientation towards understanding that continued on in the suburban group throughout the early child-rearing years, tended to be disrupted until approximately the child's third year. This occurred because of the very firm child-centred ideals held by the alternative mothers. Early attempts to understand their infant lapsed into a pattern in which mothers gave their infants the breast in response to all their infant's signals. The crystallization of this stimulus-response pattern of interaction meant that it was only the mother who could gratify the child. Eventually infants began to take the initiative in this stimulus–response mode of interaction, gratifying themselves by taking the breast whenever they desired.

The particular orientation I call 'taking the attitude of the child' arises in conditions where the mother and child come to clearly distinguish two separate perspectives and two separate sets of interests. This line

tended to be blurred for the alternative dyads. It only became clearly distinguishable when a direct confrontation occurred between the mother and child. In the alternative group, direct confrontation with their child tended to occur later, with far greater emotional intensity. The event which usually brought it about was weaning, when the child was in his or her third year. However, confrontation was sometimes also forced upon the alternative mothers as a result of the child's anti-social acts towards other children.

Thus, even though all the dyads in the study were in a singular care-giving relationship, there were still great differences in the maternal attitudes of members of each group. Maternal attitudes were largely shaped by the very different child-rearing ideals held by members in each playgroup.

Child-rearing ideals in the suburban group

The majority of suburban mothers had undertaken ante-natal classes and had generally decided before the birth how they were going to feed their new baby. They were very much influenced by the popular child-rearing literature in this regard, which stressed the benefits of breast-feeding and advocated an approach called feeding the baby 'on demand'. Only two suburban mothers I spoke to had decided to bottle-feed from birth, and only two of my respondents had made the conscious decision before having the baby to fit the baby into a pre-formulated 'schedule', or daily routine of feeding.

Child-centred literature has, then, become mainstream to the extent that the majority of these suburban mothers accepted the wisdom of breast-feeding and an approach to care-giving that directed the mother's attention to working out the child's needs from the child's point of view, rather than simply attempting to impose a routine on the child as had been advocated in manuals of advice to mothers earlier this century.[4]

However, child-centred ideals were not as strongly adhered to by these mothers, compared to the alternative group. The suburban mothers tended to be more pragmatic in their outlook towards child-rearing and were able to adjust their beliefs about what they thought was good for their child to their own particular circumstances at any point in time. An important effect of having more vaguely articulated and flexible expectations was that the suburban mothers tended to make a distinction between the child's 'wants' and the child's 'needs', even though the line was flexible and was often redrawn to cater for new circumstances. This distinction helped them to accommodate conflicting interests.

Carol, for example, told me how she was suffering from physical exhaustion when her baby was 9 months old. She was still breast-feeding him during the night, and 'somehow hadn't realized, look, he doesn't really need a feed during the night'. Making a distinction between needs and wants made it easier for Carol to be able to wean him from night feeds. In the alternative group, on the other hand, such a

distinction could not, in general, have been made until the infant was much older.

Although the suburban mothers (and fathers) expressed aspirations for their child to grow up 'happy' and 'well-adjusted', they were guided more directly by their desire to have a 'good' child. 'Good' meant the child doing what it was told to do by the parent. 'Good' also meant acquiring social skills, such as sharing and learning ways of handling conflict with other children, such as taking turns.

Child-rearing ideals in the kinship group

The kinship group had much less formal contact with the child-centred literature. Only one mother had attended an ante-natal class, or read any literature on parenting before giving birth. In this smaller sample, three mothers had made no decision on how they were going to feed their child until after their baby was born. Nevertheless, the majority did breast-feed 'on demand' and only one tried to impose a feeding schedule onto the child.

Members of this group were also more pragmatic than the alternative mothers. They generally breast-fed on demand, but had little hesitation in switching to a bottle to allow their own mothers to feed their child when she offered to give them a break. During the first few months, however, most mothers in this group did try to understand the needs of their child from the child's point of view. Like the suburban mothers they worked out flexible and idiosyncratic routines with each of their children.

The kinship mothers also wanted their children to be 'good', couching their aspirations in moral rather than psychological terms. 'Good' for these mothers also meant the child doing what he or she was told to do by the parent. However, unlike the suburban mothers, the kinship mothers believed that all that was required of them to bring about a 'good' child was to correct their child after the event. Unlike the suburban mothers, they did not participate in their child's play so that they rarely intervened in the children's social activity. They did not make use of social situations to teach their child social skills. Instead, they chastised their child if a disturbance broke out and comforted their child if the child became upset.

Child-rearing ideals in the alternative group

Members of the alternative group were highly prepared for the birth of their child, having participated with their partners in ante-natal classes and read extensively on the psychological and spiritual development of children. They generally held firm expectations about what to expect from the birth and from themselves as mothers. All expected to breast-feed 'on demand' and were generally against mothering aids such as dummies and bottles, at least before their first child was born.

They articulated child-centred ideals very strongly, couching their

aspirations for their children in psychological rather than moral terms. The emotional security of their children took precedence over every other need, and everyone else's interests. As one mother told me, her immediate concern was not to 'lay down really deep rooted emotional problems', and another, 'I just would never, ever, let her cry'.

The primary concern of the alternative mothers, then, was to lay down the foundations for their child's emotional security. Being more influenced than the other groups by child-rearing literature and psychological models of human development, they were acutely aware of potential mothering 'pathologies' that led to 'emotional hangups'. Their aspirations for the moral development of their children were secondary and expressed in terms of teaching their children to be 'socially responsible', rather than 'good', by which they meant they hoped that their children developed social attitudes that were environmentally sound and tolerant towards others.

In the next two chapters I describe how different maternal attitudes shape different patterns of maternal-infant interaction, which in turn structures different forms of subjectivity within children. In the rest of this chapter, I wish to address the more general question of the dynamics of the normative context of the three playgroups. How were the norms which shaped maternal attitudes 'enforced' by group members?

The dynamics of the normative context of playgroup

The interpersonal dependence of mothers

In all three playgroups, mothers depended considerably on the support they were given from other mothers in the group. They overwhelmingly expressed the need to discuss their child-rearing practices and maternal judgements with others 'in the same boat'. They needed to have their judgements confirmed. The 'enforcement' of group norms needs to be seen in this context of the mother's need for a supportive community of peers, since this need often took precedence over any individual mother's belief in the legitimacy of the content of the group's norms.

During playgroup, mothers would often seek an external criterion, or communal standard to assist them and confirm their judgement. A great many conversations in all groups turned on the minutiae of their concerns as mothers and primary carers and invited comment and support from other mothers. The playgroup environment provided them with this opportunity and the social standards against which to assess their work.

Kim's dilemma is illustrative. She arrived at playgroup one morning visibly upset and immediately started to talk to a group of mothers about it. Apparently she had trouble getting her older child to go to school and had negotiated an agreement whereby her daughter was happy to go so

long as the mother stayed at school until the bell rang. However, she had just worked out an arrangement with her neighbour whereby they could share transport of the children to school. This morning it was her neighbour's turn to take the children, but her daughter had run away and hid. Eventually Kim had to take her own daughter to school.

None of the mothers in the group attempted to tell Kim how she *should* handle this situation. Instead, they offered her support with comments such as 'Lot's of children go through this'. They agreed with her, when she offered her own interpretation of the situation, that it was time that she took a firm stand on this issue with her daughter. This type of support, or confirmation, was particularly important to a mother who was still very ambiguous about what action to take.

In another example, a mother was discussing how difficult it was for her to wean her 14 month-old child with the mother next to her at the craft table. The child was at the stage of undoing her blouse in public and taking her breast out when he liked and she had 'just about enough'. It was hard for her though, even with this sort of harassment to just say no. His yelling was even more embarrassing than letting him have the breast. But even at home she said she found it hard to be consistent. Sometimes his cries would get to her and she would relent and other times she got so angry that she was able to say no.

The mother who was engaged with her in this conversation gave her support for both courses of action. She said first of all that she did not know how she could put up with it. She had managed to wean her baby over-night when the baby had bit her one day. But on the other hand, she also offered the mother the experience of a friend of hers who was still breast-feeding two of her children, but only as a nightcap. This had proved an expedient way of getting the children to go to bed.

The importance of having external standards to assist in making judgements and the confirmation that mothers sought from other mothers when making child-rearing decisions has been recognized as a 'need' by many Early Childhood Nurses who organize formal groups for this purpose. Chris told me what she got out of these meetings:

> We'd have little talks, you know, about issues to do with women's health and then afterwards we'd sort of linger around and we'd talk amongst ourselves about problems we were having with feeding, or when they got upset changing to solids, and you know, reassuring each other that our babies were normal and that we weren't, you know, bad mothers or anything like that.

The empathetic mechanism

The support that mothers obtained from other mothers operated through empathy. Mothers appeared to try to understand the situation of the other mother from the other mother's point of view by referring to their own experience. This was apparent in their anticipation of the needs

of other mothers. For example, if a mother arrived at playgroup with a baby and toddler, someone usually went over to help her unload the car and watch out for the toddler.

Underlying the empathetic mechanism that operated in these groups was their shared experience of mothering and the task of giving primary care. They were also all vulnerable to the potential for their own child to sometimes be 'out of control'. More often that not, this helped guard against being too critical of other mothers. Because of their common vulnerability, they also took advantage of opportunities to strengthen the bonds that arose from these shared experiences, being prepared, for example to listen at length to a mother's birthing details and asking about feeding and sleeping problems.

These ties were evident when a new baby arrived. Other mothers would crowd around and smile and clutch the baby's fingers or touch the baby's cheek. They might even take it in turns to give the baby a cuddle and would often try to get their own children to show an interest in the new arrival.

The communal support and confirmation of child-rearing practices that the mothers and other female carers gave to each other was noticeably lacking for the fathers that I observed and interviewed. Even the fathers at playgroup, who were quite involved with parenting, did not participate in these exchanges. The regular attender of the suburban group often sat in the sun and read the paper. Another in the alternative group ended up going for a solitary walk each time he attended. A third who regularly attended the alternative group sat on the rug and talked to the mothers, but not about the minutiae of child-rearing. Unlike the mothers and female carers in my sample, the fathers that I interviewed all lacked a shared, communal experience of child-rearing.

This may be why child-rearing is so often portrayed as a 'private' activity, carried out within the confines of the isolated nuclear family. The communal activity that mothers and other carers in my sample participated in was very much the preserve of women. As women's activity its social dimension tends to remain obscured as does its impact on the process of socialization.[5] However, it is misleading to portray the constitution of maternal attitudes as something that occurs in a 'private' space. Maternal attitudes are not open to change simply through the potential of individual mothers to question their validity, since nurturing takes place within the context of the nurturer's need for a supportive community of peers.[6]

Empathy and the avoidance of group tension

Because of this need for a mutually supportive community of peers, 'fitting in' to the playgroup did not simply require that mothers 'know the rules', or the 'codes of conduct' of the playgroup. Mothers also had to adopt the appropriate attitude toward other mothers in the group. This attitude depended upon the mother possessing a certain interactive

competence to empathize with other mothers. In part, this competence was derived from their shared experience of mothering.

The empathetic mechanism that allowed mothers to support each other in their child-rearing activity also helps to explain how the relationships in the group were maintained, in that an empathetic attitude facilitated the anticipation and avoidance of situations that might produce tension within the group. When I asked the mothers during interviews why they did not chastise another mother's child, the general reply was because they would not like it if someone chastised *their* child. Lyn, for example, expressed the view that it would cause too much tension in the group if they did and told me about an incident last year in which another mother 'abused' her little girl and made her little girl cry. Lyn got angry with the mother because she felt it had been unfair. The mother got up and 'stormed off' and never came back to playgroup.

The guiding factor behind mothers conforming to this norm was the desire on their behalf to avoid such a confrontation. Mothers anticipated conflict within the group and acted to avoid any confrontation as far as practicable. This involved mothers in an empathetic process of understanding the perspective of other mothers, and making subtle changes in their own behaviour to accommodate the interests of others.

This also meant that the norms of the group depended very much upon the particular mothers and carers who were present. Who was present determined social behaviour to a significant extent, since subtle changes in behaviour often occurred, depending on who was in the group at the time. However, parents that I interviewed were acutely aware of how differently they felt and behaved towards their children according to whom they happened to be with in *all* social situations, not only in playgroup.

To illustrate, when I asked Lyn if she behaved differently towards her child in different social situations she replied:

> Oh, it has to be different I think. I mean, you're putting on a performance aren't you, depending on who's around . . . People you see all the time, it doesn't worry you. If I was at, say, Andrew's [her husband's] parents' place I would have a certain way I would chastise the children. You know, at mum's place it would be different again because I'm more at home at mum's place than when I'm at Andrew's mum's place.

Three fathers also mentioned being affected differently by the particularities of the people that were present. John, a 'role swap' father said:

> Actually, it's really weird. I had to smack Jody a few times, well, when I say smack her I don't think I've ever physically hurt her. But I've smacked her when other people have been around mainly because I have thought that was what I was expected to do. Whereas at home I wouldn't do that. Yes, I think other people around can

influence me. If it's people I'm really close to, no, it's not going to bother me . . .

The need to accommodate other perspectives was not experienced so acutely by the kinship mothers. The kinship mothers did not generally reply to this line of questioning by discussing how differently they acted towards their children in different social situations. I suggest that this was because they were not exposed to the diverse social situations that the suburban and alternative mothers were exposed to. Their playgroup and immediate social environment was close knit, or 'traditional'. There simply was not the same diversity of perspectives that confronted mothers, particularly in the suburban group, and their seemingly constant need to anticipate different expectations.

The normative context of communal forms of social organization

My discussion of the moral dimension of communal forms of social organization in Chapter 2, helps to draw out the dynamics of the playgroup normative context. The social sphere in which nurturing is carried out is constrained by the overriding need for the mothers involved to maintain the relationships within the group. Action, particularly the supportive and interpretive action of the mothers, is often an end in itself, in that it maintains these relationships. However, action is not only guided by the need to maintain relationships. It is also, in part, directed by ideals and considered ends. Child-rearing ideals play an important part in constructing maternal attitudes and these *are* open to discursive argumentation and change.

Mothers are also very much involved in articulating the concerns that arise from mothering practices and they express judgements about social practices that impact on these concerns. Conversations at playgroup often brought up 'public' issues, such as the lack of social planning for mothers and children in new housing estates, the way shopping centres added to their frustrations, the problems with the hospital system, their treatment by employers, etc. Gender roles were also often under review, with mothers comparing notes about how much their respective spouses contributed to domestic labour! But the suburban and alternative mothers had much more opportunity to question gendered expectations, since they were confronted by far more diversity of life experience than the kinship mothers. I suggest that diversity plays an important part in the potential for people to question traditional expectations and seek change.

Thus, even though playgroups primarily have a communal orientation, they also have the potential to enable mothers to articulate their common concerns and question their current way of doing things. While they need to make reference to their socio-cultural milieu to make their nurturing judgements, they also have the opportunity to question the social practices they find there and the value systems which sustain

them. The suburban and alternative groups also demonstrated that when groups of mothers get together they can utilize the organization of associative structures to bring their concerns as mothers into the public world.

Although I have focused on the positive aspect of the affective ties that exist within playgroup, there is also a negative side to these ties which helps to explain the dynamic nature of communal forms of social organization. Negative affects are often elicited in mothers during playgroup. As I mentioned briefly in this chapter, mothers may experience a great deal of emotional discomfit, or shame, particularly when their child is outside of their control. On the one hand, then, the empathetic mechanism gives mothers emotional support and confirmation of their maternal judgements, but on the other hand, these same ties expose the mother to potentially stressful situations. Mothers are, in fact, often shamed by their child's behaviour. It is this experience of shame that reinforces the mother's experience of herself as being personally responsible for her own child's behaviour. For most mothers, it is this experience of shame that then leads them to intervene in their child's activity. However, for a number of mothers, the experience of shame is intense and frequent and may lead to a loss of self-esteem when they perceive themselves as failing to live up to the expected standards.