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# A Critical Discursive Analysis of 'Older' Motherhood

Kirsty Marie Budds

A thesis submitted to the University of Huddersfield in partial fulfilment of the requirements for the degree  
of Doctor of Philosophy

The University of Huddersfield

June, 2013

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## Abstract

Over the past few decades the number of 'older mothers' – women who begin their families at age 35 or over, has markedly increased. Concerns about rising numbers of 'older mothers' have been expressed by health professionals, who have warned of the risks of infertility and health risks to mother and baby that increase with advancing maternal age. Informed by a social constructionist epistemology, a central aim of this thesis is to contribute to understandings of 'older motherhood', through the identification of the 'discursive terrain' that constitutes its meaning. A second aim is to consider the implications such discursive meanings may have for women who are positioned as 'older mothers'. In order to address these aims, 26 newspaper articles about 'older motherhood', and 11 in-depth interviews carried out with 'older mothers' were analysed using a critical discursive psychological approach.

It is considered that the media predominantly position 'older mothers' as 'selfish' - as those who 'choose' to 'delay' motherhood and therefore position them as responsible for putting themselves and their babies 'at risk'. The 'older' mothers in this study did not identify with this representation and often worked to resist it through challenging the notion that their timing of motherhood was a choice, negotiating their degree of personal 'risk', and constructing themselves as 'good' mothers. Moreover, it is argued that far from a 'selfish choice', older motherhood is shaped by societal definitions of the 'right' or 'ideal' situation in which to become a mother, in addition to current ideologies of 'good' motherhood that effectively define when a woman is 'ready' for motherhood. Finally, some recommendations for health professionals are made with respect to appropriate handling of the communication of the risks associated with later motherhood.

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## Declarations

The following publications, based on my doctoral research, have been published or are forthcoming:

Budds, K., Locke, A., & Burr, V. (2013). "Risky business": Constructing the 'choice' to 'delay' motherhood in the British press. *Feminist Media Studies*

Locke, A., & Budds, K. (forthcoming) "We thought if it's going to take two years then we need to start that now": Age, infertility risk, and the timing of pregnancy in older first-time mothers. *Health, Risk & Society*.

## Chapter One - Introduction

Over the past few decades, the number of women giving birth in their late thirties and forties in the United Kingdom has markedly increased (Office for National Statistics, 2009). Similar observations have been made in the US (Heffner, 2004), Australia (Carolan, 2005) and many other western industrialised nations (Beets, Schippers, & te Velde, 2011). Medical experts have highlighted their main causes for concern with the increase in 'older' mothers: namely, the decline in fertility and increase in health risks and complications to both mother and baby that are associated with advancing maternal age (Bewley, Davies & Braude, 2005). These concerns mark 'older' motherhood as a contemporary social anxiety. Older mothers are generally medically defined as women who have their first babies at age 35 or over (International Council of Obstetricians 1958, cited in Barkan & Bracken 1987, p.101), as a response to the increase in medical risks associated with this group. However, as discussed below, there is some contention over the exact definition of older motherhood, which varies with reference to the age threshold at which women are said to be an 'older' mother, and parity – whether older mothers are those who have their first or subsequent children after the designated age threshold (see Chapter Two).

This thesis remarks on 'older' motherhood as a contemporary social trend and considers the way in which age might impact on women's pregnancy, maternity care and early motherhood. A critical social psychological research project, the thesis considers the wider social, cultural and political issues that influence later motherhood and consequently women's experiences of it. This is achieved through an analysis of media representations of 'older motherhood' among a selection of UK newspapers, in addition to in-depth interviews with women who themselves are defined as older mothers. In the remainder of this introductory chapter I will take the reader through the conception of this research project and its evolution. Firstly, I will share with the reader my initial reasons for pursuing 'older' motherhood as a research topic for my PhD. Secondly, I will outline the ways in which the shape of the thesis has altered since my initial research plan. The resulting thesis is a far cry from the research project that was originally developed and so some time will be given to briefly considering why this is the case. In the final

section of this chapter I will give a brief overview of the remainder of the thesis.

## 1.1 The Development of the Thesis

It is often acknowledged in much qualitative psychological research, that individual motivation, interest and or personal experience can govern, to various extents, the choice of research topic, the methodological approach taken and the interpretation of data. In this project I make no exception. I firmly believe, along with many other qualitative psychological researchers, that recognising personal motivations and interests in conducting psychological research – a component of reflexivity - is a crucial part of the research process. As such, I will begin by taking this opportunity to initially discuss my personal interest in the subject of ‘older mothers’.

Like much psychological research, my initial interest in the topic of ‘older’ motherhood arose through contemplating my personal experience. Aged twenty-two, single, and about to embark upon a project that I was told (and they were right!) would consume the majority of my thoughts for the next three to four years and would, undoubtedly, leave me struggling financially for the same duration, it seemed like the possibility of becoming a mother in my mid to late twenties was distinctly unlikely. That is, if I wanted to do it ‘properly’, in the ‘right’ circumstances, which, as society tells us, are that we ought to be financially secure and in an intimate relationship that is strong and stable. By contrast, my sister gave birth to her first baby when she was twenty-two, at the time when I was half way through my first degree. We had led very different life trajectories up until then, with myself having been in full-time education since I could remember, and her leaving school at sixteen. For my sister, after six years in the world of work, motherhood seemed like a natural transition, though at the time many others, including myself, felt she was relatively young to be ‘settling down’ and beginning a family. For me, motherhood seemed like something that was so far into my future, that I was unable to contemplate or envisage planning a family. It was these differences between us that prompted me to consider whether my experience of motherhood, likely as it was that I would be doing it much later, would contrast in any way with my sister’s.

As I conducted some preliminary research into ‘older’ motherhood as a possible subject area for my PhD, my interest was further ignited by online newspaper articles about older motherhood I

came across, which appeared to be largely negatively skewed and preoccupied with discussions of the medical risks associated with later motherhood. This further prompted me to consider whether a woman's experience of pregnancy, and particularly of maternity care, would be different to that of a younger woman, given that women over a 'certain age' were categorized as being 'at risk' of such a plethora of complications. My initial research project would aim to explore just that, as I set about putting a proposal together to investigate the impact of advanced maternal age classification on women's experiences of obstetric care, hoping to record antenatal interactions between women classified as 'older' mothers and their midwives. As the reader will go on to realise, there is no analysis of interactions between older mothers and their midwives in this thesis. Following months of exhaustive drafting and re-drafting of NHS ethics forms and meetings with midwives, my application for ethical approval was denied at the first stage of seeking University ethical approval. The main challenge appeared to be the issue of providing participants with information about the research in sufficient time before their appointments, such that they had enough time and privacy to contemplate taking part in the research and as such were able to give their fully informed consent to participate. The logistics behind this were complex and I would have had to rely heavily on the assistance of the already time-pressured health professionals within the NHS Trust for recruitment purposes. Conscious that I did not want to waste any more research time on something as difficult to arrange and that would likely be turned down by the NHS ethics panel, I admitted defeat and put the idea to bed. I firmly suspect, perhaps controversially, that had I been a health professional myself, the research would have been able to go ahead – it seems that 'on the inside', with less professional gate keeping, research into the practices of health professionals is probably far easier to pursue. Indeed, King and Horrocks (2010) discuss how in doing research within large organizations such as the NHS, going through a gatekeeper and having 'insider' assistance with recruitment has its advantages with respect to identifying and facilitating contact with participants. Interestingly, a midwife at my institution has started a doctorate looking at the experience of maternity care for older mothers over 40, yet the ethics panel did not reject her proposal.

Although giving up on what was originally supposed to be the main focus of my research was disheartening, I believe the direction the focus of the thesis has taken since the idea was conceived is equally worthy of attention. With a focus on risk and maternity care, the original

research would have largely been a health psychology study on the impact of the risk factor of advancing maternal age on the delivery of maternity care. However, in conducting an analysis of the media's presentation of 'older' motherhood and interviewing women about being an 'older' mother themselves, the thesis is able to comment on the social construction of the category of the 'older' mother, and consider more generally what it means to be an older mother today, in addition to the 'fact' that it positions women as being at medical 'risk'. The focus of the research now lies with a consideration of what it means to be an older mother and how women negotiate and position themselves in relation to this culturally and historically defined and contingent 'category'.

## 1.2 A Brief Note on Definitions and Terminology

Before continuing, I feel it is important to address some issues relating to the terminology used in the thesis. I feel that clarification is of importance here owing to the multiplicity of definitions that are routinely used in relation to later maternal age, and their implications. When describing 'older' mothers or 'older' motherhood in this thesis, I am referring to the contemporary trend for women to start their families later on in life than has ever been observed historically. In particular, I refer to women who become a mother for the *first time* at age 35 or over. I specify this owing to the fact that, in the literature, the term 'older mother' is also sometimes used to describe women having their second, third or fourth babies beyond the age of 35.

A term often used to describe this group of women who begin their families at 35 or beyond is that of 'delayed' motherhood – the assumption apparently being that women who begin their families later have delayed parenting. I take issue with this definition in the thesis owing to the connotations inherent in the use of the verb 'delay', which essentially implies agency, choice and, as a result, accountability. Whilst I am not suggesting here that it is necessarily a negative thing that women are described as having agency when it comes to beginning a family, and, furthermore, I do not deny some women may indeed identify their journey to older motherhood as a choice, however, in my view this terminology becomes problematic as it is routinely assumed to apply to all women who begin their families later on in life. This matter is discussed further in the thesis (see Chapters Four and Five in particular) and, as I try to illuminate, is not always the case. In line with previous research some women cite alternative, more

circumstantial reasons for their timing of motherhood (see Chapter Two). As such, the idea that they ‘waited’, ‘delayed’ or ‘put off’ motherhood – all terms implying agency, seems unfair.

As a response to these difficulties, I use the term ‘older mother’ wherever possible. Whilst recognising that this term is not perfect either in that it ‘others’ these women as mothers based on their age, it is felt to be less ‘loaded’ than ‘delayed’ motherhood and, for the purposes of this thesis, some terminology which enables a distinction between ‘older’ mothers and mothers of a more normative age is inevitably required. Having said this, on occasion the term “delayed motherhood” is used within this thesis, yet it is usually to express the work of others. Moreover, inverted commas around the word ‘delayed’ should be recognised as a signal of my unease with this description in terms of the implications of ‘choice’ that comes with it, and as such the capacity for accountability or ‘blame’ to be placed on women.

### 1.3 An Overview of the Thesis

Following this introductory chapter, Chapter Two will firstly be devoted to contextualising the topic of older motherhood, giving an overview of the background to the study of older motherhood and considering why, over the past few decades there has been a burgeoning amount of research and scholarship dedicated to the topic. The remainder of the chapter will be dedicated to outlining research and theory that is relevant to the study of older motherhood, which will provide a contextual basis for the research. Chapter Three will be dedicated to discussing the theoretical framework of the thesis, giving an overview of the approach of Critical Discursive Psychology (CDP) with which the data collected for the study was analysed. A brief look at the methods used in the research process will be outlined in the remainder of Chapter Three, before moving on to discussion of findings which are taken up by chapters Four through to Seven. Chapter Four is dedicated to a discussion of the findings of the first study, which was the analysis of UK newspaper articles relating to ‘older’ motherhood, while chapters Five, Six, and Seven explore women’s accounts of later motherhood, focusing particularly on the topics of ‘choice’, ‘risk’, and ‘good motherhood’ that were woven throughout the interviews. The final discussion chapter draws these ideas together and critically considers the subject of ‘older’ motherhood and some wider implications of the research with reference to the future of motherhood in western societies.

## Chapter Two – A Review of the Literature

“Regardless of whether women become mothers, motherhood is central to the ways in which they are defined by others and to their perceptions of themselves.”

(Phoenix & Woollett, 1991, p. 13)

As illustrated in the quote above, owing to societal expectations, which define motherhood as mandatory for women, motherhood is of fundamental importance to women’s identities, whether women become mothers or not. For those who do, society has very clear definitions of, and standards for, motherhood and as such can be seen to shape women’s identities and subjectivities as mothers. Further than that, it seems that society can be seen to categorize mothers, distinguishing first and foremost between the ‘ideal’ or ‘good’ mother and ‘other’ mothers. Glenn (1994) has argued that the idealized model of motherhood that dominated the twentieth century, and, I would argue, continues to do so, is that of the white, middle-class mother. Although she writes about motherhood in the US, I would suggest that what she describes mirrors the situation here in the UK. Other, and so ‘deviant’, mothers are further categorized into types, which define their ‘non-normative’ maternal status – for example: working-class mothers, teenage mothers, lesbian mothers, Black mothers or mothers with a disability. Such mothers are said to be the subject of ‘deviancy discourses’ of motherhood (Arendell, 2000). The subject of this thesis deals with another category of mother – that of ‘older’ or ‘delayed’ mothers – generally defined as women who begin their families on or over the age of 35. I would argue that this category of mothers is of particular interest, as it is debatable as to whether they occupy a ‘non-normative’ status. Statistically, later motherhood is becoming more normative, with increasing numbers of women apparently ‘delaying’ childrearing. Furthermore, the women who seem to be delaying motherhood are precisely those who fit the idealised model of ‘normative’ motherhood – that is, middle class, predominantly white, women (Hammarberg & Clarke, 2005). Despite this, however, the idea that older mothers might be ‘normative’ today is disputable owing to what are perceived as two main ‘problems’ with older motherhood. Firstly, later motherhood, in a medical sense, is said to be ‘riskier’. Second, there are anxieties about the reasons why women are coming to motherhood later on. Both of these ‘problems’ will be discussed further in this thesis, yet it is important to note that it is these issues that, to some

extent, position women who delay motherhood as deviant and contribute to the 'othering' of 'older' mothers.

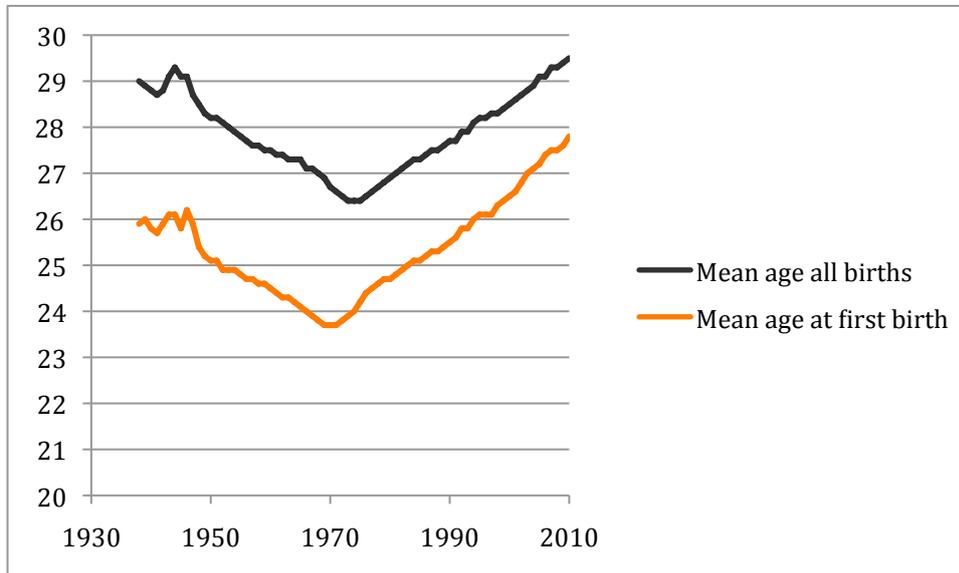
The purpose of this chapter is to outline and critique relevant theory and research in order to provide the reader with the context within which this research sits. Firstly, by way of introducing the topic and setting the scene, the existing literature on 'older' or 'delayed' motherhood will be reviewed. Following this, additional areas of literature will be discussed including: motherhood and the risk society, ideologies of motherhood and feminist contributions to understandings of motherhood and, finally, individualism and its relationship to motherhood. These areas of literature will provide the reader with the wider context in which the debate about older motherhood sits and will ultimately aid the reader in their understanding of the research findings that are documented later in the thesis.

## 2.1 The Trend Towards Older Motherhood

The number of women having babies later on in life in England and Wales - the number of 'older' mothers - has increased over the past few decades. A similar trend has been noted in comparable parts of the western world, for example in Canada (Benzies et al., 2006), the USA (Heffner, 2004), and Australia (Carolan, 2005). In fact, the trend for women in western industrialised nations to delay motherhood, which has appeared over the past few decades, is now well documented (Beets et al., 2011).

Statistics show that the mean age at first motherhood in England and Wales has increased from 26.5 years in 2000 to 27.8 years in 2010 (Office for National Statistics, 2011). Furthermore, this increase is something that has been evident over the past few decades, with the age of a first-time mother in 1970 being 23.7 years as illustrated in Fig 2.1. Alongside the general trend for women to begin families slightly later on in life, there has been a notable increase in the number of women having babies definitively 'later', that is, from their mid-thirties onwards. Indeed, the number of women having babies over 35 has increased to one fifth (20%) of all births in 2010, compared to 17% in 2000 (Office for National Statistics, 2011). This comes alongside a slight percentage decrease in the number of babies being born to women aged 25-34, which decreased from 58% in 2000 to 56% in 2010. Further, statistics show that the number of *first-*

*time* mothers (within marriage<sup>1</sup>) over 35 increased by almost two thirds between 1998 and 2008 (Office for National Statistics, 2009). It is this group of women, who have their first babies from their mid-thirties onward, that are generally defined as ‘older’ mothers.



**Fig 2.1 Mean age at women at birth 1938-2010**

In conjunction with the increase in women beginning their families later on in life, it should also be noted that there is an additional trend towards delayed fatherhood, with more men beginning their families later, though this is less often discussed. What is more, given that in intimate relationships fathers tend to be older than mothers (Office for National Statistics, 2011), it could be argued that men are delaying parenthood to a greater degree than women. Indeed, statistics show that whilst just under one half of babies in 2010 were born to women over 30 (48%), nearly two thirds of babies were born to fathers over 30 (64%). Despite these statistics there does not seem to be a concept of ‘delayed fatherhood’ that would match the concerns raised by the notion of ‘delayed motherhood’. For example, a Google search for ‘delayed motherhood’ in October 2012 retrieved an estimated 1,470,000 ‘hits’ in comparison to 468,000 for ‘delayed fatherhood’. Though this is a fairly crude measurement, I believe it serves to highlight that ‘delayed motherhood’ as a concept is more widely recognised and discussed. Further, survey data collected by Heyman and Henriksen (2001) reveal differences in perceptions of older mothers as compared to older fathers. For example, when asked, ‘Can a man or woman be too old or young to have a baby?’ 54% of respondents suggested that it was possible for women to

be 'too old' to have a baby, compared with 40% in the case of men. Moreover, when asked to define the age at which women and men become 'too old' to parent, the average age was higher for men at 48.7 years, compared to women who, on average, were defined 'too old' for parenthood at 42.8 years. It was concluded that these results indicate that respondents were generally more accepting of older fatherhood than older motherhood (Heyman & Henriksen, 2001), and perhaps that older fatherhood is perceived as less of a 'problem', therefore warranting less attention. Friese, Becker and Nachtigall (2008, p.66) note: "While delayed parenthood is a vast demographic trend that both women and men participate in due to social pressures, women are often deemed the source for this social change". This, in part, was one of my reasons for focusing solely on the issue of delayed motherhood, as opposed to 'parenthood' in this thesis.

### *2.1.1 Defining 'older' motherhood*

The definition of what constitutes an 'older' mother is something which is contested and has been debated by experts in the field (Lee, 2011). For the purposes of this thesis, it seems important to distinguish between two kinds of 'older mother', simply because this thesis addresses the 'concerns' related to one of these and not the other. The distinction considered is between what are sometimes termed 'post-menopausal' mothers and the more general trend for women to 'delay' pregnancy until slightly later on in their lives.

Post-menopausal pregnancy is a term that is used to loosely describe pregnant women over 45 (Landau, 2005). However, this definition is problematic owing to the inherent individual differences that largely govern the age at which women reach menopause. When cases of post-menopausal pregnancy arise they appear to cause substantial controversy, largely surrounding charges of 'selfishness' directed at women for having babies so late. Such charges are often fuelled by anxieties about the possibility of children losing their mother at an early age, or having to care for elderly parents early on in their adult lives. For example, Carol Bedwell, research midwife at Liverpool Women's Hospital, remarked that it is "wholly selfish" for post-menopausal women to have children, owing to the likelihood that children with parents of this age are statistically likely to lose at least one parent in their teenage years, those years where young adults need most guidance (Bedwell, 2006, p.514). However, cases of post-menopausal

pregnancy are extremely rare. There are no precise statistics on the number of post-menopausal births. However, statistics show that although the numbers of births to women over 45 more than doubled between 1998 and 2008, these still accounted for less than one per cent of all births (0.002%), meaning the number of women giving birth after the menopause is likely to be extremely small.

The second kind of 'older mothers' are the subject of this thesis and, as such, represent any further references to older mothers from this point onwards. A definition of this group of women is based upon the contemporary trend for women to begin families later on in their lives today as compared to any point in history. It is important to note that, historically, definitions of an 'older' mother appear to have fluctuated and indeed, one of the points that will be argued in this thesis is the possibility that, at the time this thesis is being written, the definition of an older mother is again changing. The existing definition is first and foremost a medical one, based upon risk categorization strategies, which determine women over a particular age threshold to be most 'at risk' of complications throughout the course of their pregnancy and birth. The current, most prevalent and accepted definition of older motherhood, and the one that will be used in this thesis, describes a woman who has her first baby at age 35 or over. The medical term describing an older first-time mother, 'elderly primigravida', was reportedly first used in 1958 by the International Council of Obstetricians and was used to describe women having their *first* babies at 35 and over (International Council of Obstetricians, 1958, cited in Barkan & Bracken, 1987, p. 101). However, a reflection of the tensions and contestations of the definition of older motherhood is evidenced by the fact that different definitions are commonly used in academic research. These variations appear to be based firstly upon age and, secondly, parity. That is, the age cut-off at which a woman becomes an 'older' mother varies and may be defined as a woman who is either 30 (e.g. Shelton & Johnson, 2006), 35 (e.g. Harker & Thorpe, 1992; Nelson, 2004), 40 (e.g. Berryman & Windridge, 1991), or 45 (Glasier, 2007) when she becomes a mother. Secondly, some use a definition whereby older mothers are those that do not necessarily have their first baby, but perhaps subsequent babies, after the designated cut-off. These variations in definitions of 'older motherhood' evidence the notion that 'older motherhood' is a socially constructed phenomenon. That is, rather than a natural category or scientific 'fact' it is something that is culturally and historically negotiated.

In addition to current contentions about the age at which women ought to be defined 'older' mothers, variations can be observed across time. There is evidence to suggest that up until the 1980s older mothers were routinely considered to be those women who gave birth to their first babies over 30 (Llewellyn-Jones, 1982, cited in Berryman & Windridge, 1991; Ventura, 1989). However, I would argue that since the 1980s the age of an older mother has increased from 30 to 35, and is set to increase further. This increasing watershed associated with the time at which women are considered to 'become' older mothers is reflected in changes in parenting advice literature. In 1982, Sheila Kitzinger, today one of the most popular authors of parenting advice, wrote a book entitled "*Birth Over Thirty*" (Kitzinger, 1982). A new edition of this text in 2011 was entitled "*Birth Over 35*" (Kitzinger, 2011), marking an increase in the age at which it is anticipated that women require specialist antenatal advice in accordance with their age. Something that I consider in this thesis is that, in light of the fact that increasing numbers of women are having their first babies past the age of 35 and beginning a family at this time is becoming much more normative and socially accepted, the age at which a woman becomes an 'older mother' may increase yet again, to age 40. This view is supported by Freeman-Wang and Beski (2002) who note that owing to the better health of women today in general and the fact that women aged 35-39 generally have pregnancy outcomes that are comparable to younger mothers, it might be more appropriate to define women over 40 as those 'at risk'. Indeed, this is reflected in current antenatal care guidelines developed by the National Institute for Health and Clinical Excellence (NICE) that mark women over 40 out as in need of specialist antenatal care treatment (NICE, 2008).

I would argue that the concept of 'delaying' motherhood is central to contemporary definitions of 'older' motherhood. Indeed, Shaw and Giles (2009) note that "Prior to the Second World War there was nothing unusual about childbirth at ages beyond 40, and in some societies...women continued to have children well into their forties and beyond" (p.2). Older mothers are therefore not a new phenomenon, but historically older mothers were not those who had their *first* babies later, but were those extending their childbearing years (Harker & Thorpe, 1992). Similarly, Smajdor (2009) argues that what has changed with respect to older motherhood is that women are not making use of the whole of their reproductive life spans "having smaller families where they reproduce at all" and "having these families in the latter part of their fertile years" (p.105). Today, the focus of concern with 'older motherhood', according to Smajdor (2009), is a result of

reproduction being considered a decision or 'choice' in affluent Western societies. Such concerns arise because "Women can choose when to have children, and they do not seem to be exercising this choice appropriately" (p.106), marking the timing of motherhood as a decision imbued with morality. As such, I suggest that the notion of 'choice' is central to contemporary definitions of older motherhood. Now that the parameters of what constitutes 'older motherhood' have been outlined, I shall move on to discussing the 'problems' that have been associated with older motherhood, followed by the suggested reasons for this increasing trend.

### *2.1.2 The 'problems' with older motherhood*

Observations made about the trend for increasing numbers of women to 'delay' or postpone motherhood until their late thirties have caused a number of concerns at both individual and societal levels. First of all, these concerns relate to the medical risks to individual mothers and their babies that are associated with later maternal age. Initially, there is anxiety that 'leaving it too late' will render many women who wanted to have families infertile, or unable to have as many children as they had hoped, owing to the shortening of their reproductive life spans with increasing age (e.g. Bewley et al., 2005). There are also worries about the health risks to mother and baby. Mills and Lavender (2010) note that the trend towards delayed childbearing has become "a major clinical and public health concern" owing to the association between advancing maternal age and poorer pregnancy outcomes (p. 107). The increase in the number of later pregnancies causes anxiety about the individual health risks to mother and baby, the frequency of which is said to rise in accordance with advancing maternal age (Nwandison & Bewley, 2006). Furthermore, owing to the increased risk, and so the increased perceived need for intervention and specialist maternity care, some have implied that older mothers constitute a public health concern and will place strain on the National Health Service (Bewley et al., 2005). In 2009, the Royal College of Obstetricians and Gynaecologists published a book entitled 'Reproductive Ageing', which was produced by a study group specifically convened to examine the issue of advancing maternal age. The authors suggest that owing to the risks and public health consequences of later motherhood, something needs to be done and hoped that their book would raise awareness of the trend towards older motherhood and its implications (Bewley, Ledger & Nikolaou, 2009). In order to curb the trend they suggest that women need to be warned early on about the dangers and implications of later childbearing. Further discussion

and critique of the literature on risk and advancing maternal age can be found below in section 2.2.

In addition to these individualist concerns, the trend to delay motherhood has also been conceptualised by some as a problem at a wider societal level. In an edited volume that debates the future of motherhood in Western societies, te Velde (2011) considers delayed childbearing as a “problem caused by female emancipation and the availability of contraception” (p. 8). It is suggested that with thanks to reliable forms of contraception, women are now able to delay childbearing until a time in their lives where it is said to be more ‘convenient’ for them – that is, when education, training, having a job and developing a career have all been tackled; pursuits which te Velde suggests “have a much higher priority than motherhood for most young women” (p.8). Furthermore, delayed childbirth is considered to be one of the contributing factors towards the decline in the Total Fertility Rate (Beets, 2011; Dixon & Margo, 2006; Gustafsson, 2001). Having ‘delayed’ childbearing, and as women are using contraception to plan sensible gaps between pregnancies, women have less time to have larger numbers of children, meaning a decline in the fertility rates. A decline in the Total Fertility Rate in many western industrialized nations has been linked to anxiety over ageing western populations, whereby populations are increasingly constituted of elderly individuals. For example, in the UK, currently one in six individuals are over 65, with projections that this will have risen to one in four by 2050 (Cracknell, 2010). Anxiety over the declining Total Fertility Rate comes from the notion that we will not have enough younger individuals of working age to support the elderly. In considering these concerns or ‘unforeseen problems’ with women’s emancipation and independence, te Velde (2011) questions whether women’s liberation and emancipation are compatible with reproduction. Whilst some of te Velde’s concerns, such as anxiety over the total fertility rate and the ageing population may be valid, to largely attribute these concerns to women’s emancipation and, essentially, women’s reproductive ‘choices’ is problematic. He gives no time to discussing the reproductive ‘choices’ that men may make in relation to timing of parenthood or number of children. Moreover, in suggesting that women prioritise other pursuits over motherhood, he does not consider the way in which society places greater value on education and career, than it does on motherhood (Smajdor, 2009) and so, arguably, women who ‘delay’ motherhood are perhaps prioritising aspects of their lives that reflect society’s vision of what is most important. Finally, he makes the assumption that pursuit of education, training and or

career prior to motherhood, is the desired path for women, with little consideration that this may in fact not be the case and that these 'choices' might be limited or constrained by social, economic or personal circumstances. Such restraints on women's ability to 'choose' when to have children are something that will be explored in depth throughout this thesis.

Another concern about women who come to motherhood later on in life, who are effectively charged with bearing children at a time that is risky and 'suboptimal', as Smajdor (2009) notes, is that they may be displaying character traits which indicate their 'unsuitability for motherhood', such as arrogance, selfishness, and coldness. Such traits do not meet society's ideal of what makes a 'good' mother and so may mark these women out as ill suited to motherhood (societal discourses of 'good' motherhood will be outlined further in section 2.3.1). Unease about later motherhood additionally comes from the assumption that women are putting their own interests above the interests of their children, an action which again fails to reflect societal discourses of 'good motherhood' particularly if it is considered that putting self interests first renders their children medically 'at risk' (Smajdor, 2009). Indeed, it is traits such as these that partly constitute a negative stereotype of women who 'delay' motherhood – again, this is something that will be explored further in the thesis.

### *2.1.3 Reasons behind the trend*

The prevailing explanation for the trend towards older motherhood often surrounds discussions of the increasing ability for women to pursue alternative options in their lives as compared to motherhood alone. That is, it has become increasingly acceptable that women pursue an education, career, or other personal goals. This is largely considered one of the successes of the second wave feminist movement of the late sixties and 1970s. Indeed, figure 2.1 shows that the mean age at first birth begins to rise from the 1970s onwards – the time at which women's liberation and the acceptance of 'alternative' life paths for women began to gain acceptance and contraception for women became more widely available. As a result, feminism has been linked to the increase in 'older' mothers (Stacey, 1986). Today, it is routinely suggested that delayed motherhood is becoming increasingly frequent because more women are staying in further and higher education or training and dedicating time to developing a career prior to motherhood (Beets et al., 2011; Bhrolcháin & Beaujouan, 2012; Callahan, 2009; Cooke, Mills & Lavender,

2010; Wu & MacNeill, 2002). I am not denying that this is not a significant factor relating to the trend towards later motherhood, and there is some evidence to support this view from older mothers themselves (discussed below), but I would contend that the issues are far more complex than they may appear. Indeed, scholars have argued that women’s timing of motherhood is influenced by a number of complex and interrelating factors (e.g. Benzie et al., 2006).

The trend towards delayed motherhood has also been linked to the widespread introduction of the contraceptive pill in the 1960s, which offered women greater autonomy over the timing of reproduction and childbearing (Lewis, 1992). Largely as a result of this, today the timing of childbearing is considered to be a woman’s choice. As such, it is inferred that women who ‘delay’ pregnancy and consequently become ‘older mothers’ are those who *choose* to do so. Along with greater reproductive freedom and autonomy, women have obtained a higher degree of control over other aspects of their lives, with greater opportunity to enter further and higher education and to pursue a career. These are reasons which are commonly attributed to the delay in motherhood for women today. Indeed, research has shown that older mothers have spent on average more years in full-time education than their younger counterparts (Klemetti, Kurinczuk & Redshaw, 2011) and have a higher level of education (Hammarberg & Clarke, 2005; van Balen, 2005). Older mothers have also been shown to have a higher socioeconomic status and are more likely to be in professional occupations (Hammarberg & Clarke, 2005). Table 2.1 describes the UK situation and these statistics would appear to suggest that women who have their first baby beyond age 30 tend to be from the highest socio-economic classifications (Office for National Statistics, 2009). However, these data are far from perfect in that firstly, unfortunately, there are no statistics available specifically for ‘older mothers’ - women over 35, and secondly, socio-economic classification is defined by the occupation of the father and as such does not indicate what the professional status of the mother might be.

<b>Socio-economic Classification Class</b>	<b>Class definition</b>	<b>Estimated number of births (thousands)</b>
1.1*	Large employers and higher managerial occupations	11.7
1.2*	Higher professional	16.0

	occupations	
2	Lower managerial and professional occupations	23.2
3	Intermediate occupations	5.3
4	Small employers and own account workers	9.3
5	Lower supervisory and technical occupations	7.7
6	Semi-routine occupations	5.2
7	Routine occupations	4.2
8	Never worked and long-term unemployed	0

**Table 2.1 2008 figures - Live births within marriage for women over 30 by SE classification with no previous born children (thousands)**

\*The first class 'Higher managerial and professional occupations' is divided into the two sub-classes shown above.

In addition to this research and statistics some studies show that, when asked, women have cited the pursuit of an education and establishment of a career as reasons for 'delayed' motherhood (Baker, 2010; Benzies et al., 2006; Hammarberg & Clarke, 2005). Owing to the prevailing assumption that the timing of motherhood is a woman's choice, there has been some speculation and concern that women are *choosing* to put their careers before motherhood (Bewley et al., 2005). However, Berryman and Windridge (1991) found that only five percent of their sample of UK women over forty reported 'delaying' motherhood for career reasons, with fertility problems and a lack of an appropriate partner offered as explanations for their delay beyond forty. Moreover, Hammarberg and Clarke (2005) found that only 19% of their survey of 152 Australian women stated career as a reason for delaying motherhood past the age of 35. These figures therefore only offer partial support for the assumption that the majority of women are delaying motherhood for career reasons. Furthermore, for those women who do cite the pursuit of a career as a contributory factor, these commentators fail to critically consider factors that may constrain women's 'choices' in terms of beginning motherhood and pursuing a career. However, drawing upon findings from their qualitative research with women in the UK Cooke,

Mills and Lavender (2012) have argued that later motherhood is rarely a 'conscious' choice for women, whereby instead the timing of motherhood in older women is outside of their control.

Despite developments in family policy, such as extended maternity leave, the introduction of paternity leave and flexible return-to-work patterns for women, Gatrell (2004) notes that although workplace policies exist which are designed to help women combine work and parenthood, her research suggests that these are not always implemented. This means that combining work and parenthood is still fraught with difficulties for many women (Asher, 2011). Should women want a career, it is generally understood they often take a lot of time and hard work to develop. As such, the development of a career is perhaps incompatible with early motherhood – something that also takes a lot of time and hard work. Women who 'delay' motherhood may therefore be those who realise that combining work and motherhood is problematic, and, quite logically, therefore decide to focus on one venture before another. Moreover, Meyer (1999) notes that one reason for delayed childbearing among US women may be the perception that choosing to combine childrearing and work outside the home means sacrificing career success. Research suggests that this is a genuine concern, with evidence to show that early motherhood, as compared to later motherhood, can have a greater detrimental affect on women's future career prospects and financial earnings (Dixon & Margo, 2006).

A further reason for delaying motherhood that is reported by women themselves is the need or desire to establish financial security prior to beginning the family (Benzies et al, 2006; Cooke et al., 2012; Hammarberg & Clarke, 2005; Tough, Tofflemire, Benzies, Fraser-Lee & Newburn-Cook, 2007). This is perhaps not surprising given the current economic climate, which essentially requires couples to have two healthy incomes in order to achieve a 'good' standard of living and enter the property market. As such, myself and colleagues have argued elsewhere (Budds, Locke, & Burr, 2013) that older motherhood, rather than being a 'selfish choice' as is often proclaimed, is actually a rational decision, which makes sense, given the current socioeconomic context in which we live. Further, owing to the difficulties associated with mothering alongside a career (e.g. Asher, 2011; Vancour & Sherman, 2010), which are no doubt exacerbated by the fact that women still carry the majority of the responsibility of care and domestic work in the home (e.g. Baker, 2010; Delphy & Leonard, 1992; Gatrell, 2004; Maushart, 2002), delaying motherhood until after a career is established may enable women to pursue the

quest to 'have it all' should they so wish. Elsewhere, however, commentators have warned women of the myth of having it all, suggesting, in the case of the US, that between one third and one half of high achieving women are childless, and involuntarily so having apparently delayed motherhood to pursue a career (Hewlett, 2002a; 2002b).

Qualitative research studies show that women who 'delay' childbearing often report a sense of 'readiness' to become a parent (Nelson, 2004), which has been linked to having satisfied personal goals prior to parenthood (Benzies et al., 2006). Furthermore, a partner's readiness for parenthood is also described as a factor contributing to women's reasons for delaying (Benzies et al., 2006), which is interesting to note given that the majority of studies looking at the timing of motherhood tend to treat it as a decision which is made by women alone. Another commonly cited reason affecting the timing of motherhood is that of personal relationships – having a partner who is, firstly, seen as appropriate to be a parent, and secondly, who wants to have children – that is, the quest for what is often termed the 'right' relationship (Baker, 2010; Benzies et al., 2006; Hammarberg & Clarke, 2005; Tough et al., 2007). Indeed, the lack of an appropriate partner often cited as a reason why women have become mothers later (Berryman, Thorpe & Windridge, 1995; Carolan, 2003; Hammarberg & Clarke, 2005). Moreover, it has been found that the nature of a woman's relationship had a significant effect on their intentions to conceive, with a serious partnership increasing the likelihood of women's intentions to have a baby (Zabin, Huggins, Emerson, & Cullins, 2000). As such, the lack of an appropriate partner may determine later motherhood for some women.

Finally, the increase in older mothers may also be facilitated by developments in assisted reproductive technologies, which have helped many women who had rendered themselves involuntarily childless to have a baby (Friese et al., 2008), in addition to the increasing social acceptability of delayed motherhood. In a study of Canadian women, older mothers pointed to the increasing social acceptability of 'delayed motherhood' whereby they are 'becoming the norm' and it is more expected that women would put personal independence before motherhood (Benzies et al., 2006). This suggests that the social stigma once attached to later motherhood is diminishing, paving the way for increasing numbers of 'older mums' who perhaps no longer fear the label of 'granny at the school gates'.

### *2.1.4 The experience of older motherhood*

Historically, the experience of motherhood is well researched; however Phoenix and Woollett (1991) note the tendency in the literature to focus on non-normative or deviant groups of mothers, such as mothers with postnatal depression, working class mothers and teenage mothers. Despite the increasing number of women delaying pregnancy, it has been recognised that there is a dearth of qualitative research exploring the experience of such women as such we have relatively little understanding of the views and experiences of this increasing number of women, particularly UK women (Cooke et al., 2010, cf. Cooke et al., 2012). Of the literature that is available, it is important to note that one of the main limitations with the existing literature on later motherhood is the variously defined age criteria as to what constitutes an 'older mother', whereby 'older mothers' are variously defined as women over 30, 35, or 40. As a result of this, the reader should be aware that direct comparisons between the studies are difficult.

Perhaps the most ubiquitous assumption made about 'older' mothers, and the driving force behind research looking at the experience of women who come to motherhood later, relates to the expectation that they are likely to have an experience of motherhood that is qualitatively different from those mothers who have children at an age which is considered to be 'normal' or 'conventional'. Garrison and colleagues note: "Since the current trend of delayed parenting first became evident in the 1970s, research has focused on differentiating between those who have delayed childrearing and those who have not. Although there is currently no consensus as to the direction of these differences, it appears that there is a general assumption that they do exist" (Garrison, Blalock, Zarski, & Merritt, 1997, p. 288). Indeed, the same assumption is also made about teenage mothers, thus clearly marking the parameters for the 'appropriate' or 'normative' age of motherhood that will constitute 'normative' or 'typical' experiences. The assumption that 'older' mothers will have a different experience is reflected in the apparent consideration that this group of women are in need of specific information about pregnancy and motherhood, reflected in the extensive number of advice texts that are aimed exclusively at older women becoming mothers: e.g. Goetzl, 2005; Lavin & Wood, 1998; Jones, 1996; Kitzinger, 1982; 2011; Nagle, 2002; Spahr, 2011; Thorn, 1998, to name a few. Furthermore, Garrison et al. (1997) note that the premise for the majority of research on later parenthood is that the experience of those who delay parenthood will be more difficult than for those who do

not.

The vast majority of research carried out with older mothers about their experiences appears to suggest that this group of women have a largely positive experience. Where research points to more negative experiences, these are often associated with perceptions of risk. For example, aware of the prevailing notion that fertility declines with advancing maternal age, studies have reported that older women felt they were running out of time in which to have a baby (Dobrzykowski & Stern, 2003; McClennan Reece & Harkless, 1996). Research has also suggested that older mothers are aware of the increase in medical risks associated with their maternal age and that this can have negative effects on their experience of pregnancy and childbirth (Carolan, 2005; Windridge & Berryman, 1999). Moreover, research has suggested that older pregnant women over 35 appear to express fewer feelings of attachment to their unborn child than younger women, with a suggestion that this is related to perceptions of risk and a concern that something might happen to the baby (Berryman & Windridge, 1996; Carolan, 2005). It is thought this lack of preparation for after the birth might make the transition to motherhood more difficult for this group of women. These studies therefore seem to support a view that older mothers are more prone to anxiety (Stowe & Nemeroff, 1995, cf. Robb, Alder & Prescott, 2005).

Research with older mothers in the UK has suggested that the increase in anxiety documented in older mothers relates to worries about the baby (Berryman & Windridge, 1991). Moreover, in a study on the information needs of Australian older mothers, Carolan (2007a) also noted that women felt the information they were given regarding age-related pregnancy risks made them anxious. They reported finding it difficult to focus on the odds of having a positive pregnancy outcome, which are actually higher than the risk of complications for most. For some, advanced reading and access to information also gave rise to additional concerns that they perhaps had not previously considered.

In contrast to the predominantly negative literature on the increase in medical risks associated with later motherhood, research studies have also generated knowledge of several benefits of later motherhood. For example, several authors have noted that older women express a feeling of 'readiness' to start a family – whereby their pregnancy is the culmination of a long planned

desire (Nelson, 2004; Shelton & Johnson, 2006). Older mothers in a US sample have also cited having life experience as a positive of later motherhood - they felt they had more to offer their children, compared to if they had them earlier on in life, and that they were personally 'in a better place' to be a mother than they would have been when they were younger (Nelson, 2004). Elsewhere 'readiness' to become a mother was suggested by women who explained that they had no other unfinished business – having achieved other significant milestones in their lives, such as gaining an education and developing a career and relationships, they were now ready to mother (Dobrzykowski & Stern, 2003). There is also evidence to suggest that with advancing age and maturity older mothers are reportedly more appreciative of their children (Nelson, 2004). From her study on first mothering over 35 in Australia, Carolan concluded that older women take a 'project like' approach to having a baby (Carolan, 2005, 2007a, 2007b). She found that women talked about intensely preparing for the birth – reading as much literature as possible and trying to optimise their health, making sure they were both physically and psychologically prepared for the birth.

Some commentators have suggested that given the decline in physical fitness that is associated with age, later mothers will struggle with the physical difficulties that may be associated with bearing and raising children at a later age, and that these may limit any psychological benefits of older motherhood for women (Mirowski, 2002), termed the 'paradox of delayed motherhood' (Mirowsky & Ross, 2002). However, Viau, Padula and Eddy (2002) described the older mothers in their US sample as 'articulate health consumers' (p. 332) who were generally proactive about seeking and accessing information through their caregivers and a variety of other sources. The vast majority (n=43 or 86%) demonstrated taking up a variety of health promotion activities and behaviours throughout pregnancy, such as altering exercise regimes, avoiding substances that might be potentially harmful to the baby, and eating healthily. Elsewhere, research has shown that older mothers consider it a responsibility to their children to stay healthy (Friese et al., 2008). These health behaviours may therefore limit the negative impact biological ageing is said to have on women's experiences of later motherhood. These findings support the theory that there are health advantages associated with delaying pregnancy, whereby women make a great effort to 'stay healthy', though these have been shown to only exist up to a pivotal point (Mirowsky, 2002).

A good deal of literature demonstrates that older mothers have a very positive experience of motherhood. However, Berryman and Windridge (1991) reported a small number of women in their sample whom had described their later pregnancies as having a negative impact on their lives. Elsewhere, research is conflicting: McClennan Reece (1995) found that in comparison with a 'normative' sample, mothers over 35 were experiencing high levels of global perceived stress one year following the birth of their infants. However, it has also been found that parenting stress scores for delayed parents are significantly lower and family functioning scores are significantly higher, when compared to a normative sample of parents under age 35 (Garrison et al., 1997).

Older women cite being more psychologically prepared for motherhood as a benefit to leaving it later. However, there is some evidence to suggest that older mothers perceive their babies to be more maladjusted and difficult in the first month of birth than their younger counterparts (Bornstein, Putnick, Suwalsky, & Gini, 2006). The authors of this study hypothesised that older mothers may find it more difficult to cope with the challenges of the adjustment period with a newborn. Similarly, some commentators have theorised that the transition to motherhood is more difficult for older women, with evidence to suggest that the kind of life women lead prior to motherhood may impact on their experience of the transition to being a first-time mother. Some literature speculates that women who have led lives which, prior to motherhood, have very much been structured by work, whereby they have been used to achieving goals and having a high degree of control over their lives, find the transition more difficult. It is suggested this is owing to the divergent focus of life with a small infant, which is often described as repetitive and is often very much controlled by the baby's needs (Dion 1995; Shelton & Johnson, 2006). More generally, women report a loss of control (McClennan Reece & Harkless, 1996), freedom, and of their former lifestyles (Berryman et al., 1995; Shelton & Johnson, 2006). Additionally, women report a loss of identity (Shelton & Johnson, 2006) whereby their former identity becomes subsumed by the role and identity of being a mother. Although a loss of control and identity is reported by women by women of all ages during the transition to motherhood (e.g. Miller, 2005) it may perhaps be exacerbated in older mothers, owing to the length of time they have spent as independent and autonomous prior to motherhood. Furthermore, Dion (1995) considers that older mothers may believe that greater maturity ought to enhance their ability to cope with the demands of parenthood. It is hypothesised that this may cause them stress when they are

presented with the realities and unpredictability of early parenthood.

#### 2.1.4.1 Experiences of care

Literature on women's experiences of maternity care as an 'older' mother is relatively sparse. However, it tends to suggest that a woman's experience of maternity care may alter owing to the fact that she is an 'older mother'. For example, older mothers in the UK have been found to be more likely than younger women to be labelled as 'high-risk' at antenatal booking and were more likely to have more than one ultrasound, suggesting increased surveillance of these women compared to their younger counterparts (Windridge & Berryman, 1999). Similarly, Carolan and Nelson (2007) noted that although the older mothers in their Australian sample reported that their health was above average prior to pregnancy, when they began to interact with the health care system they realised that they were 'at risk'. They found that increased surveillance was common and that women often requested to have additional scans and tests in order to gain reassurance that there were no problems with the baby. This suggests the women may have perceived themselves as being at greater risk of complications.

Carolan and Nelson (2007) note that being labelled as high risk affected women's experience of pregnancy, owing to restrictions in maternity care options in Australia for this group of women. This is comparable to the situation in the UK whereby NICE antenatal care guidelines (NICE, 2008) advise particular surveillance and treatment paths for women deemed 'at risk', including different care pathways. For example, in the local authority where this research was conducted there were two hospitals with two different birthing units. The first was a midwife led unit, also described as a woman-centred birthing centre, which women assessed as having low risk pregnancies were assigned to. Women deemed to be at greater risk, or have anything other than a 'perfect pregnancy', as articulated by one of the participants in this study, were advised on attending the unit at the second hospital which was led by obstetricians and was designed to cope with any eventualities should the woman experience complications during labour.

Other research in this area suggests that older mothers may have different expectations and requirements of health professionals as compared to younger women. Carolan (2007a) carried out focus groups with midwives, who suggested the information needs of older Australian

mothers during antenatal care differed to those of their younger counterparts. The midwives suggested that older mothers 'want to know everything', and spoke of tailoring the information they gave to more mature mothers to include more in-depth medical literature and up-to-date research. Sometimes they found it a challenge to tailor to the information needs of these women because they already held a great deal of knowledge and there was a concern that they may even know more than the midwives themselves. Nelson (2004) found that older mothers in the US expected more from their caregivers, which manifested in them asking more questions. This caused them to be viewed as 'needy' by their health professionals. Indeed, elsewhere research suggests that older mothers are likely to be perceived as 'needy', 'difficult' and or 'problematic' by health professionals (Carolan, 2003). In contrast, Windridge and Berryman (1999) found that where problems had arisen during labour, mothers over 35 were more likely than younger women to express complete satisfaction with their care.

Turning to the women's perspective on their care, Carolan and Nelson's (2007) found that despite having positive experiences of care overall, some women found that occasionally health professionals were insensitive and dismissive of their queries. Post-birth these women found it difficult to ask questions in case they were perceived as 'silly' and wanted to avoid losing face and feeling patronised by their carers. As a midwife herself, Carolan (2007a) felt first time mothers over 35 needed additional support from health professionals, particularly in the early days of mothering, to enable them to work through their initial concerns and develop basic parenting skills. This would imply that some health professionals may mark 'older mothers' out as being less able to cope with the early days of motherhood and assume they will find the transition more difficult. Finally, Carolan suggests that pregnancy needs to be normalised for this group of women in order to reduce their concerns.

#### 2.1.4.2 The children of older mothers

Relatively little research focuses specifically on parenting and child outcomes in families where parenthood is delayed. However, aside from the literature reporting the medical risks that children of older mothers may face, research tends to indicate a number of benefits, which mostly relate to social and cognitive benefits of later motherhood for their offspring. For example, research has documented a significant correlation between increasing maternal age

and greater satisfaction with parenting, greater time commitment to the parenting role and an increased frequency of optimal interactions between parents and their infants (Ragozin, Basham, Crnic, Greenberg & Robinson, 1982). Further, it has been found that older mothers talk more and use a more diverse vocabulary when interacting with their infants in comparison to younger mothers (Rowe, Pan & Ayoub, 2006). This finding remained significant when educational level and language and literacy level of the mother was controlled for. Research has also indicated that children born to older mothers do better on tests of cognitive ability than those of younger mothers. For example, Berryman and Windridge (2000) found that children born to older mothers in the UK did better in verbal comprehension tests than those born to younger mothers. Generally, differences in children's cognitive abilities which appear to be linked to maternal age are put down to environmental differences, with older mothers often being of higher socioeconomic status and more highly educated. However, Berryman and Windridge (2000) attempted to control for this by matching women in the groups in terms of educational level and social class, so precisely why the differences remained is unclear. Research has additionally revealed a linear association between increasing maternal age and reduced risks of educational underachievement, juvenile crime, substance misuse and mental health problems, by the time the child is age eighteen (Fergusson & Woodward, 1999).

Perhaps what existing research amounts to is, as nicely articulated by a participant in one particular study, that later motherhood might be likened to a double-edged sword (Shelton & Johnson, 2006). Both benefits and limitations of older motherhood are outlined in the research literature. For example, the increase in risks and the physical limitations that later mothers might experience might be counterbalanced by the benefits of psychological readiness in women who begin their families 'later'. This has led some to conclude that the social advantages may make up for the biological disadvantages associated with older motherhood (Stein & Susser, 2000).

## 2.2 Risky Business – Older Motherhood

In this section the literature on the risks associated with older motherhood will be reviewed and critiqued, as these form the basis of the concerns about the contemporary trend towards older motherhood. Initially, it feels appropriate to briefly discuss the way in which contemporary western culture has become absorbed with the notion of risk and attempts at risk assessment,

as this directly relates to the situation of older motherhood in that they are a group considered by society's risk categorization processes to be 'at risk'.

### *2.2.1 The risk society*

It has been suggested that preoccupation with risk is a feature characteristic of, what Giddens (1991) has termed, 'high' modernity. Risk in contemporary western culture is something that is constantly reflected upon and which governments and organizations are continually attempting to measure. This is further reflected in the way in which scholars have increasingly turned their attentions to the concept of 'risk' over the past few decades (e.g. Beck, 1992; Heyman, Alaszewski, Shaw & Titterton, 2009; Lupton, 1999), with society's preoccupation with risk clearly reflected in its characterisation as a 'risk society' (Beck, 1992) or 'risk-centred society' (Burgess, 2006). Our contemporary concern with risk relates to the policing of behaviours and circumstances that may position individuals 'at risk', so that negative outcomes in response to risks may be avoided. Some scholars (e.g. Lupton, 1999) have linked contemporary society's fascination with risk to Foucault's notion of governmentality (Foucault, 1991) whereby individuals are positioned through governmental discourses as having agency and with the capacity for self-surveillance of their own behaviours. As such, individuals are implicitly held accountable for making the 'right' decisions regarding their behaviour, based upon the information they have been given about risk - that is, they are expected to *choose* to behave in a way that will put themselves at least risk.

Linked to society's concern with risk, particularly in relation to healthcare, is the recent appropriation of different screening methods. The development of screening programmes rests on epidemiological data that demonstrate which groups in populations are considered to be most 'at risk'. The idea is that screening individuals in these 'high risk' populations will enable them to gather further information as to the degree of individual risk citizens may face. Castel (1991) has identified an historical shift in the relationship between health-care systems and their patients, whereby health professionals have shifted from seeing themselves as working with *individuals* in the nineteenth century, as compared to the twentieth century whereby health professionals are guided by epidemiological data and assessments of *populations* that may be 'at risk'. As such, Castel argues, the individual has disappeared from the view of health

professionals and service providers. Further, this may create a tension, given that most patients very much want to be seen and treated as individuals, rather than as populations (Heyman & Henriksen, 2001). As I will now go on to suggest, the concepts of risk and screening are central to the transition to motherhood, particularly among those groups of mothers whom are considered to be most 'at risk', such as 'older' mothers.

### 2.2.1.1 Motherhood and the risk society

Society's burgeoning preoccupation with risk is reflected in the changes that have been observed in approaches to the care of pregnant women before, during and after childbirth. Many scholars have described the medicalization of reproduction and childbirth (e.g. Cahill, 2001; Oakley, 1981, 1993; Rich, 1986) whereby over the twentieth century there has been a shift from perceiving pregnancy and childbirth as something natural, supervised by family or knowledgeable and experienced women in the community, to something that is now considered to be a medical issue, whereby doctors and obstetricians are called upon to monitor and survey pregnant and birthing women in medical institutions, using medical procedures. Oakley (1993, p.135) notes that central to the medicalization of pregnancy and childbirth was the idea that all women were considered to be 'at risk' until proven otherwise. Further, there is a concern with 'predicting' risk, by identifying a number of 'risk factors' which, when present, will mean a woman is at a particular risk of potential problems – being an 'older mother', constitutes one of these risk factors. This preoccupation with risk can be seen to further extend post-birth to the practice of parenting, whereby women are positioned as responsible for making lifestyle choices that will put themselves and their babies at least risk, prompting scholars to note parenting as a key site for the development of a risk-centred society (Lee, Macvarish, & Bristow, 2010).

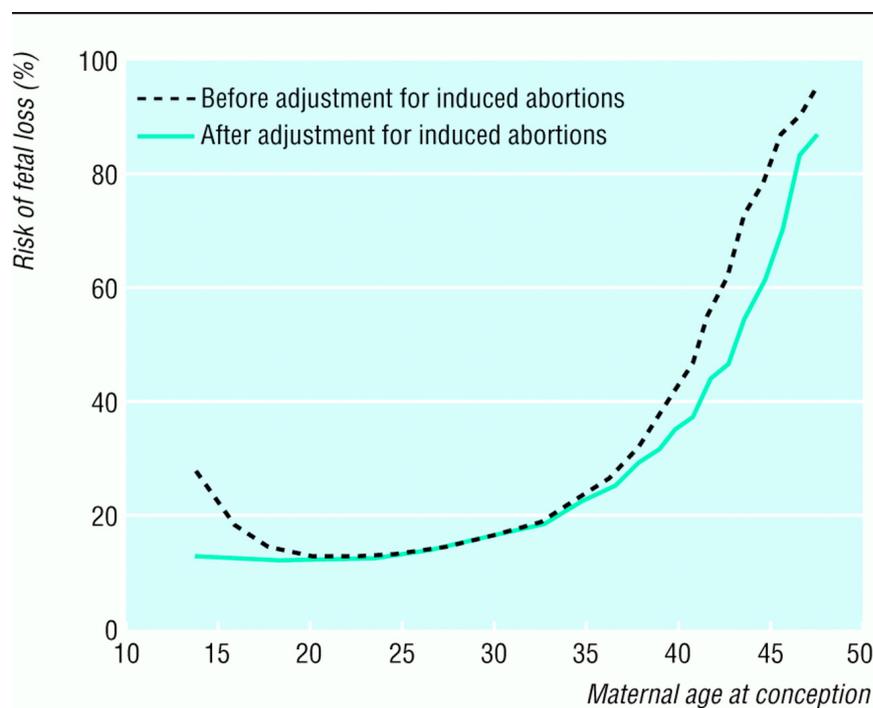
One of the main characteristics of the medicalization of pregnancy is that of prenatal screening. Once pregnant, a woman has the opportunity to undergo a range of prenatal tests and screening procedures<sup>2</sup>. Owing to the increase in risks associated with maternal age, the age of the mother is generally incorporated into any assessments of a woman's risk of bearing a child with a genetic anomaly. The idea of these procedures is that they can shed light as to whether a pregnant woman is carrying an anomalous foetus or not. However, these types of test have limitations in terms of the experience of pregnant women, largely because they prompt the need for difficult decisions around whether or not to terminate a foetus.

### *2.2.2 'Older' motherhood and risks to fertility*

One of the greatest concerns expressed about the trend for women to delay motherhood is that women will be at risk of infertility, or complications with their fertility as a result of advancing maternal age. It has been found that the chances of conception for women decrease from the late twenties onwards (Dunson, Colombo & Baird, 2002), with a suggestion that age-related fertility problems increase particularly after age 35, and most dramatically over age 40 (Bewley et al., 2005). It is suggested that this is supported by the decline in the success rates of IVF past the age of 35 (Piette, Mouzon, Bachelot, & Spira, 1990). Although less often discussed, male fertility has been shown to decline significantly by the late thirties (Dunson et al., 2002) and it has been argued that paternal age over 40 should be considered a key risk factor for infertility in couples (de La Rochebrochard & Thonneau, 2003). Abma and colleagues (Abma, Chandra, Mosher, Peterson, & Piccinino, 1997) define infertility as the inability for a couple who are not using contraception to conceive within twelve months of trying for a baby. Using this definition, their research suggested that the percentage of infertile couples increases from six per cent in women under 25, to just over 30 per cent for women of 35 and over.

The main reason given for the decline in fecundity in women – that is, their biological ability to produce children - is the decline in both the quality and quantity of her eggs (te Velde & Pearson, 2002). Te Velde and Pearson (2002) note that the age-related decline of female fertility is comprised of two elements: firstly, there is a decline in the probability of monthly conception and, secondly, the rate of miscarriage increases with maternal age, though it is thought the latter contributes most to the decline in fertility associated with age (te Velde & Pearson, 2002). It is suggested that a female foetus is born with a stock of follicles or oocytes, which should meet a woman's reproductive needs for the rest of her life (Tatone, 2008). Post birth, the stock of oocytes is said to decline continuously (Gosden & Veeck Gosden, 2009), with the rate of oocyte depletion increasing as women enter their late thirties, particularly around the ages of 37 and 38 (Gougeon, Ecochard & Thalabard, 1994; Tatone, 2008). The speculated result of this depletion in oocyte numbers is a decline in the fecundity of women in their late thirties, as they are less likely to release a viable egg per cycle – thus providing one explanation for the decline in fertility rates of women over 35. In addition to the decline in the number of oocytes with age, there is evidence to suggest that the quality of oocytes decreases with age

(Ottolenghi et al., 2004) and that this is also responsible for the decline in fertility in older women (Tatone, 2008). The suggestion is that older eggs are increasingly likely to have chromosomal abnormalities, which reduce the likelihood of successful fertilization, implantation and early development of the embryo (Nwandison & Bewley, 2006). Research has demonstrated that the risk of foetal loss (defined here as loss of a foetus through spontaneous abortion, ectopic pregnancy and stillbirth) with age follows a J-shaped curve, with a sharp increase for women over the age of 35, such that more than one fifth of pregnancies in women aged 35 resulted in foetal loss, increasing to over 40 per cent for women aged 40 (Nybo Andersen, Wohlfahrt, Christens, Olsen, & Melbye, 2000 – see fig. 2.2).



**Fig 2.2 Risk of fetal loss from spontaneous abortion, ectopic pregnancy, and stillbirth according to maternal age at conception. Taken from Nybo Andersen et al. (2000)**

Perhaps as a result of this observed decline in fertility, women who conceive through assisted reproductive technologies are more likely to be aged 35 or over (Tough, Tofflemire, Newburn-Cook, Fraser-Lee, & Benzies, 2004). However, research suggests that use of assisted reproductive technologies to conceive carries its own risks (Tough et al., 2004), including an increased risk of caesarean delivery (Scheiner, Schoham-Vardi, Hershkovitz, Katz, & Mazor, 2001), greater risks of birth defects (Hansen, Bower, Milne, de Klerk, & Kurinczuk, 2005) or

risks of multiple and preterm births (Tough, Greene, Svenson, & Belik, 2000). Furthermore, the use of assisted reproductive technologies gives no guarantee of having a child at the end of treatment, and scholars have warned that it should not be viewed as a certain fallback for women in the event they are unable to conceive naturally. Brian (2011) notes that although IVF success rates are published, there is rarely any focus on the fact that more than 75% of IVF cycles will fail. She argues that despite these bleak figures, the view that IVF “can beat the biological clock” remains and that “fertility treatment is often seen as a solution for having left it ‘too late’ to conceive naturally” (p.331). As such, she argues, women have unrealistic expectations about what IVF can achieve for them. Furthermore, the success of IVF is inversely proportionate to maternal age, meaning that as maternal age increases, chances of conceiving through IVF decrease (Human Fertilization & Embryology Authority, 2008) and so chances of remaining involuntarily childless increase.

As a result of the increased risks of infertility, and indeed other complications during pregnancy, which will be discussed further in the following section, health professionals have expressed considerable concern over the growing trend for women in the UK and other western industrialised nations to ‘delay’ motherhood, warning that “deferring defies nature and risks heartbreak” (Bewley et al., 2005, p.589) as they anticipate that increasing numbers of women will put themselves at risk of infertility or other complications through beginning their families later on in life.

### *2.2.3 ‘Older’ motherhood and risks to the mother and her baby*

Aside from concerns over the apparent rise in the risks of infertility as women age, there is a significant amount of medical literature to suggest that women who begin motherhood later, or indeed those who have additional children ‘older’, are at an increased risk of suffering from a plethora of other complications. What is more, there is literature to suggest that not only does later pregnancy put mothers ‘at risk’, there is also a link between advancing maternal age and risks of complications for the potential child. According to the majority of this literature, the age threshold past which the risks increase particularly significantly is age 35. Reflecting this, maternal age over 35 is considered to be a high risk factor in pregnancy among health professionals (Cooke et al., 2010; Harker & Thorpe, 1992).

Medical research in this area is fairly extensive and would appear to provide evidence for a number of medical risks and adverse outcomes associated with older motherhood. This includes a steep increase in the number of pregnancies which result in foetal loss (Nybo Andersen et al., 2000 – see figure 2.2), an increased incidence of babies being born prematurely, or at a low birth weight (see Newburn-Cook & Onyskiw, 2005 for a review of studies) as well as an increase in chromosomal abnormalities (Hollier, Leveno, Kelly, McIntire, & Cunningham, 2000) and non-chromosomal birth defects (Reefhuis & Honein, 2004). One of the most highly discussed chromosomal abnormalities associated with older motherhood is Down's syndrome, and studies have suggested that the likelihood of giving birth to a baby with the condition increases extensively with maternal age (Cuckle, Wald & Thompson, 1987). Furthermore, research suggests that older women are more prone to complications and diseases during pregnancy, such as pre-eclampsia (Bobrowski & Bottoms, 1995; Duckitt & Harrington, 2005; Scholz, Haas & Petru, 1999), chronic hypertension and gestational diabetes (Bobrowski & Bottoms, 1995). Gilbert, Nesbitt and Danielsen (1999) carried out a study, which suggested that women over 40, particularly those having their first baby, are more at risk of complications before birth and during the labour. Most notably, they reported higher incidences of malpresentation of the foetus, and complications associated with labour, such as an obstructed or prolonged labour (see also Luke & Brown, 2007). There is also evidence to suggest that older women are at greater risk of requiring interventions during labour. Research shows older mothers are more likely to be induced (Bobrowski & Bottoms, 1995; Scholz et al., 1999), have a caesarean section or require assisted delivery (Ecker, Chen, Cohen, Riley, & Lieberman, 2001; Luke & Brown, 2007; Peipert & Bracken, 1993; Scholz et al., 1999; Zasloff, Schytt & Waldenström, 2007). Gilbert et al. (1999) found that older mothers over 40 were at higher risk of operative delivery (defined as caesarean, forceps or ventouse delivery) than a control group aged between 20 and 29 and suggested that part of the reason for the increase in these kinds of assisted deliveries in older women may be owing to an increase in complications in this group, both prior to and during labour. These findings are significant owing to an indication that women's experiences of childbirth can have a profound impact on their experience of early motherhood (Oakley, 1981). Older mothers have also been shown to be at greater risk of perinatal mortality (Scholz et al., 1999). Additionally, the older a woman is when she becomes pregnant for the first time, the more likely it is that the pregnancy will incorporate

an existing chronic illness (Neumann & Graf, 2003) which may place her at further risk.

Post birth, research suggests that women who delay pregnancy until over 40 were found to be more at risk of developing breast cancer later on (Lee et al., 2003) and are more likely to suffer from stress urinary incontinence after a normal vaginal delivery (Groutz et al., 2007). Often it is reported that older mothers are more likely to suffer from post-natal depression, however the evidence for this is largely anecdotal and is often contested (Carolan & Nelson, 2007; Windridge & Berryman, 1999). In response to the adverse outcomes associated with later motherhood, Nwandison and Bewley (2006) have concluded that the biologically optimum age at which to become pregnant, in order to reduce the risks, lies between 20 and 35.

#### *2.2.4 The risk literature: A critique*

Despite the amount of literature which evidences a link between maternal age and both declining fertility and increased medical risks to mother and baby, there is evidence which appears to call into question the extent to which this link is conclusive. In this section I will set out some of the limitations of, and challenges to, the link between maternal age and increased risks, dealing first with the risks of fertility complications and secondly with the increase in risks to mother and baby.

Berryman and Windridge (1991) suggest that owing to the fact that many women today have control over their fertility through contraception, it is difficult to assess the potential fertility of older women, yet there is still a general belief that as women age their fertility declines. Despite the concerns over the increased risk of infertility associated with female ageing, there is evidence to suggest that this largely simplistic view may be problematic, with other studies suggesting that the fecundity of older women is higher than may be expected. For example, in their study on the experience of women having babies after age 40, Berryman and Windridge (1991) found that less than half of their 346 UK participants – on average only approximately 40 per cent of primiparous and multiparous older mothers had planned to have their children, meaning 60 per cent of their sample had not planned to become pregnant. The authors suggested that, owing to the perception that a reduction in their fertility with age would mean they were unlikely to become pregnant, an explanation for this figure could be a relaxed

approach to contraception in this group. This is supported by research by Godfrey and colleagues who found perceived decreased risk of pregnancy to be a key reason why women over 35 had stopped using contraception and thus experienced an unplanned pregnancy (Godfrey, Chin, Fielding, Fiscella, & Dozier, 2011). Berryman and Windridge (1991) made reference to a survey which showed that only 5% of childless women between 40 and 44 believed they could become pregnant, which additionally supports this explanation. Indeed, there has recently been some concern in the UK that 'older' women are unaware of their potential ability to conceive. In February 2010 the Family Planning Association (FPA) ran a Contraceptive Awareness Week, the aim of which was to raise awareness of the rate of unintended pregnancies in women over 35 and 40 (see fig. 2.3). This campaign was developed from concerns that these women were acting under the impression that it would be difficult for them to conceive at their age and thus were being less vigilant with regard to using contraception. Further, in a press release issued by the FPA at this time they questioned whether the messages women receive about age and declining fertility had 'gone too far' (FPA, 2010). Recent abortion statistics for older women appear to corroborate this concern, which show that in 2011 the abortion rate for 40-44 year olds was more than double that of women under the age of 16 and almost 19,000 women between the ages of 35 and 39 had an abortion (Department of Health, 2012). These statistics would suggest that the number of unplanned pregnancies is high in older women, particularly given that only a very small proportion of all pregnancies are terminated on the grounds that there is either medical risk to the mother, or risk of mental or physical abnormalities leading to severe handicap in the foetus (Department of Health, 2012).

Despite the evidence to suggest that fertility among women over 35 is higher than generally perceived, the association between advancing maternal age and a decline in fertility remains largely uncontested. However, Hanson questions the focus on advancing maternal age as related to the decline in fertility, suggesting: "the idea of maternal age over thirty-five as a major fertility problem is a social construction in developed nations that does not fully reflect available medical evidence" (2003, p. 166). She suggests that the association between maternal age and declining fertility in women is derivative from a stance which only takes into account the woman, neglecting men, the potential child and decision-making in relation to the timing of pregnancy as other factors. Indeed, paternal age has been shown to be a risk factor for infertility in couples

(de La Rochebrochard & Thonneau, 2003), but this is rarely considered. Hanson postulates that despite available evidence to suggest that maternal age is no more a factor for declining fertility than any other (Mansfield & McCool, 1989) the association is widely accepted because it taps into the negative view of female ageing that predominates developed societies.

**Unplanned pregnancy.**  
**You'd be surprised how long you're able to conceive before your fertility finally fades away.**



A surprising number of women get pregnant because they think they're too old to need contraception. But some women are still able to conceive well into their late 40s. So if you want to avoid an unplanned pregnancy, keep using contraception until the menopause. For confidential advice phone the FPA helpline 0845 122 8690 or Ask WES online at [www.fpa.org.uk](http://www.fpa.org.uk).

**Contraception.**  
**You'd be surprised how long you need it because fertility doesn't simply vanish overnight.**



A surprising number of women get pregnant because they think they're too old to need contraception. But some women are still able to conceive well into their late 40s. So if you want to avoid an unplanned pregnancy, keep using contraception until the menopause. For confidential advice phone the FPA helpline 0845 122 8690 or Ask WES online at [www.fpa.org.uk](http://www.fpa.org.uk).

**Fertility.**  
**You'd be surprised how long it takes to disappear.**



A surprising number of women get pregnant because they think they're too old to need contraception. But some women are still able to conceive well into their late 40s. So if you want to avoid an unplanned pregnancy, keep using contraception until the menopause. For confidential advice phone the FPA helpline 0845 122 8690 or Ask WES online at [www.fpa.org.uk](http://www.fpa.org.uk).

**Fig. 2.3 Campaign posters – Contraceptive Awareness Week 2010, taken from [www.fpa.org.uk](http://www.fpa.org.uk)**

The notion that advancing maternal age leads to an increase in health risks to both mother and baby is seemingly entrenched. Indeed, this dominant view is very evident in newspaper articles discussing older motherhood (see Chapter Four). A criticism of the medical literature on risk and parental age is its focus on the maternal. Research has shown that advancing paternal age is linked to an increased risk of miscarriage (de La Rochebrochard & Thonneau, 2002; Slama et al., 2005) and to babies being born through caesarean section (Tang, Wu, Liu, Lin & Hsu, 2006). Furthermore, there is evidence to suggest babies born to older fathers are at greater risk of their offspring developing schizophrenia (Sipos et al., 2004; Zammit et al., 2003), autism (Reichenberg et al., 2006) and early onset prostate cancer in sons (Zhang et al., 1999). However, generally the impact of paternal age on health risks is much less studied.

Further criticism comes from a small number of scholars who have challenged the available evidence and questioned to what extent advanced maternal age is a risk factor for the kinds of complications and risks listed above (Carolan & Nelson, 2007; Hanson, 2003; Mansfield, 1988;

Mansfield & McCool, 1989). Mansfield (1988) conducted a critical review of studies conducted in the United States that claimed maternal age is associated with complications and adverse outcomes and found a large proportion of these studies to be methodologically flawed, thus giving an inaccurate picture of the link between advancing maternal age and increased risk.

In their paper, Mansfield and McCool (1989) put forward three alternative explanations, which may account for the increase in adverse reproductive outcomes associated with older women that have been noted in the research. In the first instance, they suggest that older women are more likely to suffer from diagnosed chronic diseases that may negatively affect their pregnancy outcome (Neumann & Graf, 2003). This view is supported by Dhanjal (2009), who proposes that pre-existing medical disorders in older women such as cancer, diabetes, heart disease, obesity or respiratory problems may increase the likelihood of age-related complications. Secondly, they suggest that the specialist medical care often given to older mothers may help to explain the increase in associated complications and risks. As discussed above, existing research seems to suggest that older mothers are more likely to experience interventions in labour (Bell et al., 2001; Ecker et al., 2001; Gilbert et al., 1999; Peipert & Bracken, 1993). Traditionally, the increase in the intervention rate in this group has been explained by the greater number of medical complications associated with older mothers (e.g. Scholz et al., 1999). However, Mansfield and McCool (1989) instead suggest that it could be the assumption and dominant view held by medical professionals that older mothers are indeed 'at risk' that leads to the observed increase in interventions. Carolan and Nelson (2007) subscribe to this view and suggest that the care given to this group of women may in fact become a self-fulfilling prophecy, whereby perceptions of older women being 'at risk' leads to an increase in interventions, with interventions themselves being related to complications during labour. However, another explanation for an increased rate of intervention in older mothers is our 'litigation culture' which may, in the face of perceived risk, lead health professionals to consider it best to intervene and be seen to be 'doing something' to manage risk, rather than nothing at all. Finally, Mansfield and McCool (1989) note that older mothers are more likely to be given drugs during the labour and so are likely to be at greater risk of drug-induced complications. They suggest that this is owing to expectations by both women and health professionals that older women are more likely to experience difficult labours. Given this expectation, it is suggested that older women are more likely to both request and be advised to take medication during pregnancy, which carry their

own risks to mother and baby.

In their critique Mansfield and McCool (1989) suggest that the prevailing negative view that advancing maternal age is linked to an increase in medical risks to both mother and baby emerges from research that was carried out on older mothers in the past. They suggest that applying this view to women today is likely to be problematic because older motherhood in the past was associated with lower socioeconomic status, whereas today there is a tendency for older mothers to be of higher socioeconomic status (Office for National Statistics, 2009) and to be healthier (Carolan & Nelson, 2007). Given this paper was written in 1989, this consideration is likely to be increasingly relevant today, with further technological developments in maternity care. They also point out that older mothers are more likely to have their first babies later compared to older mothers in the past, which means it is likely they'll have a reduced chance of suffering from complications associated with multiple pregnancies. Lastly, it is suggested that older mothers today benefit from the improvements in technology, which enable early detection and treatment of diseases.

This literature suggests that the association between 'older' motherhood and increased risk ought to be treated with caution. Carolan and Nelson (2007) suggest that it is unclear to what extent advancing maternal age as an independent risk factor contributes to increased risks and argue that we should question the current perceptions we have of maternal age being a predictor of pregnancy risks.

### *2.2.5 Risk awareness*

One of the 'problems' with later motherhood centres around a concern that women who are 'choosing' to delay motherhood are unaware of the degree of risk they are placing themselves and their babies at in doing so (Bewley et al., 2005). Indeed, there is some evidence to suggest this is the case for some, yet not all, women, with the literature being inconsistent about women's awareness of the risks associated with maternal age. For example, in their study Benzies et al. (2006) note that most of the women they spoke to had not considered the risks of delaying motherhood, whilst Tough et al. (2007) concluded that although the majority of women in their sample were aware of some risks associated with delayed childbearing over 35,

including conception difficulties and the risk of having a baby with Down's syndrome, knowledge about other risks associated with advancing maternal age were largely unknown.

As a response to concern about individuals' lack of knowledge about the risks of delaying motherhood, commentators have called for information about the risks of delayed childbearing to be made more available to future parents (Cooke et al., 2010; Tough et al., 2007). Moreover, a convened study group on maternal ageing recently made recommendations to the Royal College of Obstetricians and Gynecologists (RCOG) in the UK that they "promote information and education through schools, colleges, contraception and sexual health clinics and general practices to ensure women are aware that, biologically, the best age for childbearing is 20-35 years" (Bewley et al., 2009, p.354), with additional recommendations that women over 30 have their attention drawn to risks and pregnancy outcomes associated with advanced maternal ageing when discussing management of their fertility with health professionals. It is assumed that as a direct result of receiving this information and education men and women will be able to make informed decisions about the timing of parenthood (O'Connor & Johnson, 2005) and, implicit in this, is the idea that that they will 'decide' or 'choose' to have children earlier, when it is less risky. This assumption is based upon the approach to health behaviours taken by social cognition models, such as the health belief model (Becker, 1974; Rosenstock, 1966) or theory of planned behaviour (Ajzen, 1985). These models assume that individuals' decision-making and intentions to act are directly related to their beliefs and attitudes about something. As such, in relation to understandings of the increase in maternal and neonatal risks as a result of advancing maternal age, it might be suggested that by increasing knowledge and awareness of the risks, a person's beliefs or attitudes about the risks of 'delayed' pregnancy will alter – that is, they will believe delaying pregnancy to be medically risky. As a result of this belief, it is assumed that individuals will act accordingly and become parents younger to avoid the potential risks. This approach to altering women's decision-making behaviour around timing of motherhood makes one fundamental assumption – that the timing of motherhood is a choice or decision. This assumption is something that has been found to be incorrect (Cooke et al., 2012), and is interrogated in this thesis.

## 2.3 Motherhood, Ideology and Feminism

“There have always been mothers but motherhood was invented. Each subsequent age and society has defined it in its own terms and imposed its own restrictions and expectations on mothers. Thus motherhood has not always seemed or been the same.”

(Dally, 1982, p.18)

The sentiments expressed in this quote by Ann Dally, who wrote the book, *Inventing Motherhood*, in the early 1980s are echoed in this thesis, which are that motherhood, including what it means to be a mother, is socially constructed and historically, culturally and socially relative. Glenn (1994) argues that the existence of cultural and historical variation in motherhood is reflective of the fact that it is an institution that is socially constructed, rather than something that is necessarily biologically inscribed. This section will be dedicated to outlining the literature and theory on motherhood that pertains to this view in order to explore contemporary meanings of motherhood that pervade in this culture and at this point in time. This discussion will include that of idealized discourses of motherhood whereby what it means to be a ‘good’ mother, and the origins of ‘good motherhood’ will be considered. This is important because, as I shall argue later in this thesis, discourses of good motherhood are central to how women negotiate and account for ‘delaying’ motherhood through constructing themselves as ‘good’ mothers. Further, the relationship between motherhood and feminism will be discussed. This is essential because the debates about work and motherhood and the ability for women to ‘have it all’ are central to discussions of older motherhood, owing to the stereotypical representations of older mothers as ‘selfish career women’ – this stereotype is discussed further in Chapter Four of the thesis.

### *2.3.1 Discourses of motherhood - the ‘good’ mother*

The vast majority of people will have been mothered at some point in their lives and, as such, motherhood is an important aspect of human experience for most people. For women this is particularly true, owing to the fact that the majority of women have the capacity to become a mother at some point in their lives, should they ‘choose’. Despite the variety of ‘alternative’ options now available for women to pursue, including education, work and travel, motherhood is still seen as mandatory for women and as a natural, normal and quintessential part of what it means to be a woman and what it means to be feminine (Russo, 1976), and motherhood is seen as central to the feminine accomplishment of gender (West & Zimmerman, 1987). We

become acutely aware of the mandatory nature of motherhood and the extent to which it is bound up with femininity when we consider general societal attitudes to women who do not mother. Commentators have noted that women who choose to remain childfree are often considered selfish, deviant and unfeminine (Gillespie, 2000), whilst women who are unable to have children and are involuntarily childless are pitied and considered desperate and unfulfilled (Letherby, 1999). Motherhood is so tied to femininity that women are continually judged in relation to their capacity for motherhood – as the kind of mother they are, were, and even, for women who do not have children, in terms of their potential for motherhood.

Many commentators have recognised that motherhood today is institutionalised (e.g. Oakley, 1981; Rich, 1986). That is, in our culture at any one time very specific ideas and cultural scripts prevail, defining what it means to be a mother, including what mothers ought to do, how they ought to behave, and how they ought to relate to their children. Oakley (1986a p. 127) notes: “What is striking is that, at each historical moment, the dominant definition of motherhood asserts an exclusive morality – there is only one ‘right’ way to be a mother”. Contemporarily, commentators have variously defined this ‘right’ way of mothering as ‘intensive’ (Hays, 1996), ‘essential’ (DiQuinzio, 1999), ‘total’ (Wolf, 2007) or ‘extensive’ (Christopher, 2012) motherhood. At the heart of all of these definitions is the institution of motherhood, and notions of what it means to be a ‘good’ mother, and at the cornerstone of contemporary definitions of ‘good’ motherhood is the notion that mothering should be child-centred. That is, the needs and desires of the child should be considered of paramount importance, above the needs of the mother. The mother, therefore, should be self-sacrificing, able to put the physical and emotional needs of her child before her own, and to invest a great deal of time and attention in her children, and, importantly, must satisfy all these criteria without resentment. She should also offer continuous, affectionate, unconditional love to her children and experience joy and personal fulfilment from her role as mother. Where a mother may have other responsibilities, such as work outside the home, it is considered important that her responsibilities as a mother to her children come first. If a woman is observed to be falling short of any of these criteria she risks the accusation of being a ‘bad’ mother.

Supporting the notion that motherhood is socially and historically constructed, historical readings of motherhood demonstrate that the ideology of intensive motherhood is a relatively

recent phenomenon, and that motherhood has not always been defined in this way. Ann Dally (1982) notes that it is only in our recent history that mothers have been confident of the survival of each of their children. Prior to this it was usual to expect that small infants and children would live short lives, many dying before they reached a year old. As such, it made no sense to invest so much in a life that was likely to be short-lived and so the contemporary ideal of intensive, child-centred motherhood did not 'exist' in the way it does today. Furthermore, childhood was not viewed as a particularly special time of life, as it is today. Contemporarily, childhood is conceived as an age of innocence and purity, where great sentimentality and value are placed upon children, who are to be protected from the harsh realities of modern life. Historically this has not always been the case; the history of childhood involves times when children were routinely abused and neglected, where infanticide existed as a form of contraception and children were used as a form of labour (de Mause, 1974, as cited in Hays, 1996). Of course, this is not the case today. Furthermore, women now have confidence that their infants will survive to old age and as such can be sure that their investment in the early days of childhood is worthwhile.

The emergence or 'invention' (Dally, 1982) of motherhood as we know it today, has been traced in particular to the industrial revolution whereby there was a huge social shift in the way of life for the majority of families. Nancy Chodorow writes that following the decline of rural living where the home was the centre of production, men moved out to work in the factories, thus transforming the lives of women. Prior to this, although childcare was part of their responsibilities, it seems that motherhood did not dominate women's lives. However, with the industrial revolution, work and home became segregated. It was from this point, where men were driven out of the home to work, that women were placed firmly within the domestic sphere and expected to do the majority of house and care work, as opposed to being responsible for production as well as reproduction (Chodorow, 1978). It was difficult for women to undertake work outside of the home at this point. Separated from work and education, the home became the centre of the personal and relational, for which women took responsibility, and motherhood became more isolated and exclusive (Chodorow, 1978).

The origins of contemporary notions of 'good motherhood' in Britain may further be traced back to World War Two. Lewis (1992) notes that following the disruption to family life caused by the

Second World War, the focus of the government shifted to rebuilding the family, whereby priorities included the welfare and socialization of children and the importance of good mothering. New policies were introduced with an aim to both free up jobs for men and encourage women to become mothers. Policies “offered nothing to make paid employment easier for women, but rather focused on making motherhood more attractive, advocating larger family allowances, rest homes for mothers, sitters-in for children, nursery schools, and children’s playgrounds” (Lewis, 1992, p. 17). Finch and Summerfield (1991) have argued that this approach represented a narrowing of pronatalist concerns. From this point, women were no longer told they should have ‘outside interests’, but that their full attentions should be on their children (Finch & Summerfield, 1991). As such, this could signal part of the origins of intensive, child-centred motherhood that is dominant today (e.g. Hays, 1996).

A further contributing factor to the narrowing of pronatalist concerns at this juncture may be found in the focus of the work of psychologists of the period, such as Bowlby, whose work concerned the impact of maternal deprivation on child development. Using the example of children who were separated from their mothers during the war, Bowlby concluded that for optimum mental health and wellbeing babies need to experience: “a warm, intimate and continuous relationship with his mother (or permanent mother-substitute) in which both find satisfaction and enjoyment” (Bowlby, 1946, p.11). The child would experience ‘maternal deprivation’ should this particular need not be met. Moreover, it was said that children who did not experience this warm, continuous relationship with their mother, were at risk of juvenile delinquency. The role of mothers was further institutionalised in the 1950s by the functionalist sociologist Talcott Parsons (Parsons, 1951). Parsons’ work on the sociology of the family was highly influential at the time and his influence continues to reverberate today, though is slowly being challenged. In Parsons’ view, motherhood was constructed as one of the roles within the family unit – the ‘nuclear family’, which, carried out by women, involved responsibility for childcare, whilst the role of the male in the household was considered to be the breadwinner and financial provider (Parsons, 1951).

What this historical account demonstrates is that motherhood, what it means to be a mother, is not a fixed entity, but a social construction that varies within different historical epochs and within different social, cultural and political circumstances. Further, I hope it gives a brief

introduction to some of the proposed origins of the contemporary institution of motherhood and definitions of 'good' motherhood. This is important owing to the fact that the women in this study tended to draw on these definitions in order to position themselves as 'good' mothers. Tracing the origins of these definitions enables an understanding of which maternal subjectivities are culturally prescribed, and so why it is that drawing on these notions of 'good' motherhood is successful as a means of accounting for women's delayed motherhood. This will be discussed in some detail in Chapter Seven.

### *2.3.2 Representations of motherhood*

The media constitutes one of the sites in which gender is constructed (Gill, 2007a). Recent studies of women's portrayal in the media reveal a general underrepresentation of women in the news media (Media Watch, 1995; Mitsu Klos, 2013), which has remained consistent since the 1970s (Tuchman, 1978). Where depicted, women's representation in the media is limited to either her domestic role, or sexual attractiveness (Gill, 2007a). Similarly, Litosseliti observes: "despite profound changes in social expectations and gender roles, women are still disproportionately represented as sex objects, as mothers and wives" (2006, p. 93).

The underrepresentation of women in the media appears to be more pronounced as a woman ages. A study by the Older Feminists' Network (1987) showed that older women were featured 3.5 times less than older and younger men and 2.5 times less than younger women. However, it is difficult to make complete sense of these findings as no definition is given as to at what age a woman is defined as an 'older' woman. It is noted that prevailing representations in the media devalue older women and present the idea that women past childbearing age are no longer useful and are not as alluring as their younger counterparts. In addition it is suggested that advertising on beauty products promotes the idea that older women should aim to 'pass' as younger women and that old age was something to be avoided, or at very least postponed. As such, it is argued that the identity of an older woman is presented as invalid by the media (Older Feminists' Network, 1987). This is further reflected in the contemporary television makeover paradigm. Tincknell (2011) discusses the example of the UK primetime television programme *Ten Years Younger*, whereby older women are reformed through adjustment of their hair, make-up, clothing and, most crucially, through significant cosmetic surgery procedures. Tincknell

notes that through this paradigm, older women are “carefully remade into a form of acceptable femininity” (p.93), thus, by implication, rendering ‘older’ women as reflecting an abject form of femininity.

Everyday representations of motherhood are reflective of the idealised ideologies that define what mothers should be like and how they ought to behave. As Forna (1999, pp.3-4) notes: the “vision of idealized motherhood...drips down continually through popular culture, books, television, films and newspapers”. Tyler (2009) argues that there has been a proliferation of images of motherhood in the media over recent years, noting “the maternal has never been so very public, so hyper-visible” (p.2). Further, it has been suggested that the media have a tendency to focus on what are seen as ‘challenges’ to traditional motherhood (Hadfield, Rudoie & Sanderson-Mann, 2007). Existing literature demonstrates the media attention given to lesbian mothers (Alldred, 1998), and mothers with disabilities (Van Kraayenoord, 2002). Further, it has been noted that media representations of motherhood tend to be dichotomous, depicting ‘good’ or ‘bad’ mothers (Woodward, 2003). It is often inferred that mothers who constitute ‘violations of the norm’ are challenging definitions of the ‘good mother’. For example, it has been considered that lesbian mothers are represented as selfish and morally reprehensible for putting their children at risk of prejudice and bullying and as such constitute a challenge to the ‘selfless’ good mother (Alldred, 1998).

In relation to age, there appears to be a socially acceptable ‘right’ age to mother that is reflected in the media, variations on which constitute violations of ‘the norm’. That is, women are deemed either ‘too young’ to mother – teenaged mothers – or ‘too old’ – women over 35, the implication being that these women are ‘abnormal’ or ‘deviant’. Anxieties about teenage motherhood are often fuelled by discourses of welfare dependency and in her analysis of media representations of young working-class or ‘chav’ mothers, Imogen Tyler (2008, p.30) notes a propensity for the media to place emphasis on their “sluttish behaviour” and to have “multiple pregnancies” and “excessively reproductive bodies”. Furthermore, Tyler observes that, in contrast to discussions of the decline in fertility of older, middle-class women, ‘chav’ mums are represented as white, working-class teenaged mothers who have “easy fertility”. She notes that this is “bound up with a set of social angst about dropping fertility rates amongst middle-class women, a group continually chastised for ‘putting career over motherhood’ and ‘leaving it too late’ to have

children” (Tyler, 2008, p.30). Meanwhile, it has been observed that general visual representations of pregnant women tend to exclude the body of the older mother and, further, that the body of the pregnant older mother is “routinely pathologized in medical and media discourses” (Betterton, 2002, p. 260). As a contemporary social trend and, quite often, the subject of increasing medical and social debate, ‘older motherhood’ has become increasingly newsworthy over the last decade or so. In their analysis of newspaper articles of ‘older’ mothers, Shaw and Giles (2009) concluded that older mothers were negatively framed in the media and that the cultural construction of a “perfect mother”—that is, one who is not “too old,” amongst other qualities—prevails. Elsewhere, it has been argued that older mothers are represented in the media as being responsible for ‘choosing’ the timing of their pregnancies and, as such, are routinely positioned as responsible for putting both themselves and their babies ‘at risk’ by ‘choosing’ to ‘delay’ motherhood (Budds et al., 2013). This will be discussed further in Chapter Four.

Anxieties about mothers who work outside of the home, as opposed to being a full-time mother, have been dominant since the mid twentieth century. Discourses of maternal deviancy are targeted at working mothers because they violate the norm of the full-time, intensive mother (Arendell, 1999). As Mac an Ghaill and Haywood (2007, p. 56) state, there is “a long history of state generated discourses about “not good enough/bad mothers” including that of maternal deprivation (1950s), latchkey kids (1970s) and dual-workers (1980s)”. As a result, mothers who work risk the charge of being a ‘not good enough’ or ‘bad mother’, largely owing to concerns about the effects of separating a child from its primary carer, which are further compounded by anxieties that time spent in day care may impact negatively on children’s emotional development. Gatrell (2004) notes that it is the element of perceived choice, which is central to the labelling of working mothers as deviant. The attitudes towards women who are required to work in order to ‘get by’ and in the interest of their children are less negative as compared to the attitudes of women who apparently ‘choose’ to work in the pursuit of self-fulfilment. As Vincent, Ball and Braun (2010) note, judgements of women’s failure to be a good mother are often aimed at middle-class women who are perceived to be putting the careers before their children. That said, in her analysis of women’s magazines, Woodward (2003) observed a marked change with respect to how motherhood was depicted and, which signalled a challenge to the simplistic binary opposition of ‘good’ and ‘bad’ mothers. She notes how in the 1990s a new figure of

motherhood – the ‘independent mother’ was represented in such magazines, which constituted an amalgam of previous depictions of caring and working mothers. The independent mother, she argued, constitutes a challenge to simple binaries of ‘good’ and ‘bad’ mothers because she is depicted not only as a good mother who cares for her children, but also as a successful career woman, yet with a note of caution. Woodward maintains that “representations of the ‘good’ mother include self-effacing women who sacrifice their careers for their families” and as such concludes that women must strike an appropriate balance between work and caring in order to be a good mother and to avoid being labelled as a ‘selfish’ or ‘bad’ mother: “It is a fine line that the contemporary mother has to tread between financial success and independence on the one hand, and claims of selfishness and censure on the other” (Woodward, 2003, pp. 29-30).

### *2.3.3 Motherhood and feminism*

Oakley (1986a) notes that in the 19<sup>th</sup> and early 20<sup>th</sup> centuries any feminist focus on the subject of motherhood was overshadowed by what was considered to be the initial task of addressing women’s citizenship. At this time, she notes, motherhood was considered unproblematic until such time leading up to World War One when childhood first began to be considered a measure of the nation’s prosperity, and, as such, concerns over how women mother began to be raised. Since feminism turned its attentions to motherhood, it would be fair to say they have had a rather tumultuous relationship with one another. Having written extensively on motherhood and feminism, Ann Oakley notes “...feminism and motherhood have often seemed to be fighting one another, pulling women in two different directions, interposing a theme of divided loyalties instead of permitting a political unity and sense of individual wholeness.” (1986b, p.74). Similarly, DiQuinzo (1999) notes, feminism has never held one single position on motherhood - some feminists have considered motherhood as the key source of women’s oppression whereby they are most at the mercy of nature, biology and male control, whereas others have championed the importance of motherhood to a woman’s identity.

Ribbens (1994) suggests that perhaps the most important contribution made by feminists regarding discussions of motherhood was to consider the extent to which what it is to be a mother is rooted in biology, thus raising important questions as to how far motherhood is a

socially constructed phenomenon. For example, some have argued that what we commonly view as 'maternal instinct' as rooted in women's biology is actually socially constructed (Badinter, 1981). Through critiquing the biological basis of motherhood and the maternal instinct, feminists have opened up a space for women to be more honest about the potential limitations of their motherhood experience. The idealised vision of motherhood, as described above, and the notion of women having a biological maternal instinct; a natural, innate drive which draws them to motherhood and to care selflessly for their children with gratification and without resentment, is problematic for women who may feel ambivalent about their maternal experience (Hollway & Featherstone, 1997). Indeed, societal ideologies surrounding idealised notions of 'good motherhood' are not generally reflected in women's experiences, which creates problems for women when they don't experience motherhood the way that society tells them they 'should' do (Arendell, 2000). When presented as 'natural' and 'innate' the ideology of idealised motherhood consequently positions women who do not feel as they 'ought' as unnatural, deviant, or 'bad' mothers. Until the work of feminist scholars on motherhood, such as Oakley (1981) or Rich (1986), many women suffered in silence, unable to admit their frustrations and feelings of depression and oppression in their maternal role, and remained unaware that many other women felt exactly as they did. Viewing the idealised vision of motherhood as a social construction, rather than a fixed or natural kind, enables a challenge to the idea that women who struggle to meet the motherhood ideal are deviant.

Feminists have considered the reasons behind the social construction of idealised motherhood as an institutionalized role, proposing that it has been designed to keep women in the home. As such, motherhood has been marked as one of the sites of women's oppression by men (Rich, 1986). Institutionalised motherhood, it has been argued, has the capacity to withhold from women the responsibility over decisions affecting their lives and for years has exonerated men from any meaningful role as a parent (Rich, 1986). Oakley (1981) notes that in the 1960s and 70s, many feminists were anti-natalist, their concern being to 'free' women from their oppressive maternal roles through campaigning for greater reproductive freedom through contraception and legal abortion and to increase women's participation in work outside the home. Many of these aims were largely successful; women now enjoy greater opportunities outside the domestic sphere and their reproductive choices have largely been secured, but not without complications. For example, it has been noted that as a consequence of the control women now have over

reproduction, the difficulty in women's decision making about motherhood has inevitably increased (DiQuinzo, 1999).

Demonstrating further the tensions inherent between feminism and motherhood, other feminist thinkers have taken issue with the anti-natalist approach advocated by some. Stacey (1986) discusses the work of those she terms 'conservative pro-family feminists', whom, she observes, are broadly critical about what they consider to be feminism's attack on the family and the traditional roles of wife and mother, which they consider have alienated many 'ordinary' men and women from the sexual political plight of second-wave feminism. However, Stacey argues, this type of conservative, pro-family feminism, amongst other things, "affirms gender differentiation and celebrates traditionally feminine qualities, particularly those associated with mothering" (1986, p.222). Stacey's criticism of these feminists is that, in laying their focus with reinstating the importance of the family, they additionally demonstrate a lack of concern with regard to the original plight of feminism – the issue of tackling the subordination of women by men and, additionally, do violence to the contribution that feminism has made in terms of deconstructing the notion of the family as ideologically and socially constituted, rather than natural and essential. After all, it was the latter conception of the family that invariably tied women to the domestic sphere. More generally, however, some feminists have recognised the lack of value ascribed to motherhood, particularly in relation to work outside the home. As Jane Ribbens puts it:

Motherhood is a key 'Act' in a woman's life (in Goffman's dramaturgical sense (Goffman, 1959)), and may perhaps be most likened to either a juggling act, or a balancing act – riding a bike with no hands. However, the metaphor of 'look no hands' does not hold up in one important sense – there is no-one to look, no audience and no accolade – unless of course one falls off the bike, when the audience suddenly materialises.

(Ribbens, 1994, p.163)

What Ribbens is alluding to here is the invisibility of motherhood in our society. Motherhood is normative, a "key 'Act'", yet is largely unseen. The only time that motherhood does indeed become visible is when women are struggling to cope.

Feminist debates on motherhood are central to discussions of 'older' mothers owing to the fact that it has been suggested that feminism has contributed to the trend for women to 'delay' motherhood (Stacey, 1986). For instance, feminist campaigns to secure women's reproductive choices and to increase women's labour force participation, have been considered contributory factors towards the trend for delayed motherhood. Moreover, I would consider that great importance should be attached to contributions feminists have made to critical understandings of motherhood. By illuminating the institution of motherhood and notions of 'good motherhood' as socially constructed, we may come to understand how socially prescribed conditions for motherhood may impact on women's experiences of mothering, particularly those women, such as 'older' mothers who are constructed as 'deviant' or 'other' mothers.

## 2.4 Individualization – the Self in (Post)modernity

The final area of literature and theory of particular importance to this thesis concerns the notion of individualism, in terms of modern conceptions of 'the self'. Many western, industrialised societies are often described as being 'individualist', whereby a great deal of importance is placed on the individual as rational, autonomous beings with the capacity for free-thinking and decision making. In individualist societies, great value is placed upon independence, self-motivation and individual achievements (Rose, 1999). Individuals are both encouraged and expected to take control over their own lives, and to make autonomous, rational decisions about their lives and how they are going to live them. Moreover, notions of 'choice' and autonomy are central to contemporary neoliberal discourses.

One of the consequences of individualism in our society is the apparent shift in responsibilities over individuals' biographies. That is, the individual has become increasingly responsible for their lives, with responsibility shifted away from the state, as Beck & Beck-Gernsheim (1995, p.5) note:

Biographies are removed from the traditional precepts and certainties, from external control and general moral laws, becoming open and dependent on decision-making, and are assigned as a task for each individual. The proportion of possibilities in life that do not involve decision-making is diminishing and the proportion of biography open to

decision-making and individual initiative is increasing.

As many have theorized, a feature of modern life is that individuals have a huge number of options from which we are able to make multiple and various choices and decisions (Giddens, 1991; Beck & Beck-Gernsheim, 1995). It has been suggested that in the past, identity was relatively fixed, yet, today, in an individualized, neoliberal society, people are considered to be active agents constructing their own 'reflexive biographies' from the possibilities made available to them (Giddens, 1991; Beck & Beck-Gernsheim, 2002). The self is one that requires almost continuous reflexive construction and negotiation. A key part of this reflexive 'project of the self', Giddens suggests, is the notion of life-planning. The range of options and choices open to people are so vast and ever-changing that strategic life-planning becomes increasingly important to individuals living in high modernity, whereby individuals, to some degree, plan out significant events in their lives in order to prepare for their future. Beck and Beck-Gernsheim (1995, p. 111) observe that the need to plan out our futures "intervenes increasingly in women's lives and their attitudes to motherhood" as women, often well-informed and anxious to make the right decision, grapple with considerations regarding when would be the best time to have a child according to their particular life trajectory. From this standpoint it may be easy to theorise as to why women are delaying motherhood – they are waiting until what they consider to be the 'right' time to parent before deciding to begin their families. However, it has also been reasoned that although modern life affords the individual with the responsibility of shaping and constructing their own biographies, to an extent their choices and decisions are inevitably shaped by political agendas and social or cultural expectations of what are considered 'appropriate' actions:

...decisions affecting our private existence turn out to be increasingly and obviously predetermined by circumstances and decisions outside our reach...our autobiography is increasingly being written by outsiders, our private decisions taken out of our hands. It is true that individual choices and actions or omissions guide people along certain paths in life and assign them the corresponding place in society; such choices could include attending a certain school, passing or failing an exam, choosing this or that career. The point is however that even these apparently free and private decisions and ways of behaving are tied up with political developments and public expectations.

(Beck & Beck- Gernsheim, 1995, pp. 40-41)

Applied to delayed motherhood, this throws into question the extent to which older motherhood can be considered the outcome of a choice or decision for women. On the one hand, it might be conceived that women are able to 'choose' when to become a mother and as such have the ability to plan or shape their individual biographies. Alternatively, we might consider the extent to which decisions and choices about the timing of pregnancy are shaped by policy and culture, through societal messages that define the 'right situation', and so the 'correct timing' of motherhood for women. Arguably, then, women are not able to make what we might deem 'full' choices (Budds et al., 2013) but those, which may be best described as 'constrained choices'. This is something that is considered in greater depth in the thesis.

Something further that has been influenced by society's burgeoning individualism over the past few decades and, I argue in this thesis, contributes towards the propensity for women to delay motherhood, is the change in conceptions of intimate relationships. The importance of gaining self-fulfilment and satisfaction from a relationship and the notion of being with the 'right' person who will meet these personal requirements are at the cornerstone of contemporary relationships. Giddens (1992) refers to this relatively recent phenomenon as 'the pure relationship':

A pure relationship has nothing to do with sexual purity, and is a limiting concept rather than only a descriptive one. It refers to a situation where a social relation is entered into for its own sake, for what can be derived by each person from a sustained association with another; and which is continued only in so far as it is thought by both parties to deliver enough satisfactions for each individual to stay within it.

(Giddens, 1992, p. 58)

A similar point is articulated by Beck & Beck-Gernsheim in *The Normal Chaos of Love* (1995). In this book the authors chart the meaning of love and how this shapes relationships in modernity. They observe that historically marriage was considered a more economic arrangement, centred on the coming together of two individuals who, in economic terms, made a 'good match'. This is in sharp contrast to modern relationships in which the search for 'true love' becomes all

encompassing and is considered a fundamental requirement for a successful and satisfying relationship. Since the emancipation and movement towards equality for women, relationships now commonly consist of two *individuals* each with separate hopes, needs and desires in terms of what they require from a relationship in order for it to be personally fulfilling (Beck & Beck-Gernsheim, 1995). Those who find themselves in a relationship that is no longer personally and emotionally fulfilling will likely move on, once again in the pursuit of love. Here, a mentality of being able to improve one's current situation, which is characteristic of various aspects of modernity, applies also to romantic relationships: "It is no longer enough to just get along with each other. People want more, they are in search of 'happiness and fulfilment', the American dream, 'the pursuit of happiness' in their own little home" (Beck & Beck-Gernsheim, 1995, p.93).

Given that, as discussed above, being in the 'right' relationship is often cited as a prerequisite for beginning a family (see section 2.1.3), and that women who delay motherhood regularly cite not being in an appropriate relationship as an instrumental factor in their apparent delay, it could be considered that the contemporary quest for true love and the 'pure relationship' is something that contributes to the trend towards delayed motherhood, as women, increasingly independent and individualistic, are searching for the 'right' relationship – the 'pure relationship' - within which to bring up their children. Beck and Beck-Gernsheim suggest that the decision to have a baby involves a reflexive interrogation of both the individuals themselves – whether they are personally mature enough to take care of a baby correctly, and their relationships – are their relationships strong enough to withstand the strain of having children and can the relationship provide the child with the stability it needs? This reflexive approach to the decision making regarding when to have a child is said to be borne out of a generalised knowledge and understanding of the scientific and psychological literature, which defines what a child needs from its parents in order to ensure healthy development (Beck & Beck-Gernsheim, 1995).

DiQuinzio (1999) notes that feminism has had to rely heavily on individualism as a concept in order to justify claims that men and women are equal. Therefore, individualism has been of central importance to the campaign for women's equality through an emphasis on women's rights as autonomous beings. However, DiQuinzio has additionally noted, crucially, that there are inherent tensions between individualism and the institution of motherhood or, what she terms 'essential motherhood', owing to their divergent focus on conceptions of the self.

Individualism sees women as autonomous beings with the capacity for choice and agency, whereas 'essential' motherhood defines women in terms of their capacity as mothers and conceptualises women as selflessly giving up their agency in order to care for their children, putting the needs of their children first. As DiQuinzio puts it:

Essential motherhood represents mothering and femininity in terms that are at odds with subjectivity as individualism defines it, and so it has the effect of excluding mothers and women from individualist subjectivity. Individualism and essential motherhood together position women in a very basic double bind: essential motherhood requires mothering of women, but it represents motherhood in a way that denies mothers' and women's individualist subjectivity. (1999, p. xiii)

As such, mothers are effectively excluded from an individualist identity or subjectivity, which is likely to be very problematic for women who have grown up immersed in neoliberal discourses of choice, autonomy and agency. As individualism and motherhood are so at odds, 'delaying' motherhood may provide the perfect solution, enabling women to live a life focused on their own wants and desires, before a life of self-sacrifice, dedicated to the needs of others. Indeed, this is how many of the women in the current study accounted for delaying motherhood, as will be discussed in Chapters Five and Seven later on in the thesis.

## 2.5 Chapter Summary

The purpose of this chapter has been to contextualise the current research project through a discussion of relevant literature and theory. Firstly, I offered a discussion of the trend towards delayed motherhood and the existing work that has been carried out which has attempted to shed light on the reasons behind delayed motherhood, and, the limited literature which has explored women's experiences of being an 'older' mother. Following that, I introduced three other areas of literature that I consider to be central to understandings of delayed motherhood and women's experiences of it. Firstly, I explored the literature on risk, demonstrating that the concepts of risk and risk avoidance are central to modern western cultures and that concerns about 'risk' are at the heart of anxieties expressed over older motherhood. Following that, I outlined prevailing ideologies of motherhood, including contemporary notions of what makes a

'good' mother. In considering the recent history of motherhood I attempted to trace the origins of current definitions of 'good motherhood' in order to demonstrate that they are socially, culturally, and historically constituted. This is important as in illuminating the definitions of motherhood that prevail, we can begin to understand the discursive resources that women have available when making sense of their own experience of motherhood. Furthermore, these definitions will shed some light on how women's identity as a mother is shaped and constrained.

Towards the end of the chapter, debates around motherhood and feminism were then considered, which is important owing to the role feminism is said to have played in the trend towards delayed motherhood. Secondly, I maintain that feminist thought and approaches to motherhood are invaluable for a critical understanding of women's experiences of it. Finally, I reviewed theory relating to individualism in contemporary western societies, marking out what I see as its importance in the trend towards older motherhood.

In this chapter I considered that, whilst some valuable work has been done, there is a relative dearth in the literature on older motherhood and attempts to understand women's experiences of it, particularly in a UK setting. Furthermore, few qualitative studies on women's experiences exist, which, I believe, hold the key to understandings of older motherhood in the west. These existing studies begin to provide valuable insights into women's experiences of pregnancy, maternity care and early 'older motherhood', including some appreciation of the reasons why women are delaying motherhood and the reasons behind the trend for later pregnancies. However, they are not, what I would term, 'critical' studies of older motherhood in that they generally neglect to look beyond women's experiences in order to gain some insight into social and cultural issues that may enable, shape, or constrain them. Moreover, what many of these studies do not consider is the fact that this research can only become relevant when the concept of an 'older mother' exists. It seems that the notion that 'older mothers' exists as a defined category is taken for granted, along with the assumption that these mothers are distinct from other 'normal' mothers. What is missing from the research carried out so far is a critical inquiry into the contemporary notion or concept of 'older' or 'delayed' motherhood, how it is defined, and the implications this holds for the identities of women categorized as 'older' mothers. In response to this, this thesis aims to provide a critical account of 'older' motherhood by firstly considering the exact meaning of older motherhood today and, secondly, and in light of

this, exploring women's accounts of older motherhood in the social and cultural context in which they live it. Further, it will consider the impact prevailing constructions of 'good' motherhood may have on 'older' mothers, given that they represent a 'deviant' category. The aims for this project, then, are as follows:

To explore contemporary constructions of the 'older' motherhood and what 'ways of being' are consequently made available for 'older' mothers today. That is, the discursive positioning of 'older' mothers.

To consider how women positioned as 'older mothers' may take up, negotiate or resist such 'ways of being', including resulting implications for their subjectivities.

To interrogate women's accounts of older motherhood in order to consider *how* they negotiate 'older' motherhood and how discourse is implicated in the taking up or resistance of particular subject positions or ways of being that are 'on offer'.

## Chapter Three - Methodology

This chapter is divided into two main parts. The purpose of the first half of this chapter is to outline the theoretical framework that informs the thesis, whilst the second part gives an overview of the particular methods used to conduct the research. The chapter begins with a brief discussion of the theoretical context in which this research sits. This is followed by a discussion of the two main approaches to discourse analysis drawn on in this thesis: discursive psychology (DP) and Foucauldian discourse analysis (FDA). Although these approaches are in some ways distinct, this chapter, in line with others (e.g. Wetherell, 1998), demonstrates how they are also complementary and how they might be combined to achieve a discursive psychological approach to analysis that is altogether more critical.

### 3.1 Overview of Methodological Approach

The central aim of this thesis is to contribute to understandings of 'older' motherhood. Firstly, it aims to illuminate contemporary understandings of what it means to be an older mother, and the identities or 'ways of being' (Willig, 2008a) currently made available to 'older' mothers through discourse. Further, it endeavours to consider how women defined as older mothers negotiate their identities through the discursive resources that are 'on offer' to them; considering, for example, whether they accept or resist the ways of being that are discursively created for them. In order to accomplish these aims, two bodies of data were collected for analysis: (i) a selection of newspaper articles whose topic was 'older motherhood', which were analysed in order to gain a sense of current constructions of older motherhood and 'ways of being' that are made available, and (ii) semi-structured interviews which were used to explore accounts of pregnancy, maternity care and motherhood in women defined as 'older mothers'. The thesis is informed by social constructionism (Burr, 2003), which underpins the approach to data collection and data analysis within this thesis. The data were analysed using a theoretical and analytical approach which is informed by both discursive psychology (Edwards & Potter, 1992; Potter & Wetherell, 1987) and Foucauldian discourse analysis (e.g. Arribas-Ayllon & Walkerdine, 2008; Willig,

2008a). The rationale behind this methodological approach will be presented in this chapter. Firstly, however, by way of 'setting the scene', the role of language and discourse in psychology and the epistemological position of social constructionism that underpins the present research will be introduced.

### 3.2 Introduction to Discourse in Psychology

This section considers the turn to language and social constructionist approaches in psychology, before outlining the main approaches to discourse analysis that have been used by psychologists to date: discursive psychology and Foucauldian discourse analysis. Finally, it presents the approach that will be used in this thesis, which, influenced by others who have attempted a combined approach (Edley, 2001; Wetherell, 1998), draws on both these forms of discourse analysis.

#### ***3.2.1 The turn to language in psychology***

The 'turn to language' in social psychology has been well documented (e.g. Burman & Parker, 1993; Potter & Wetherell, 1987; Willig, 2008a) and has been linked what has been commonly termed as 'the crisis in social psychology' (Armistead, 1974; Elms, 1975; Parker, 1989). This 'crisis' was characterised by challenges to psychology's cognitivism, and a concern over the positivist, experimental methods that were traditionally favoured in psychology and were employed to obtain knowledge about social interactions. Key theorists of the time called for a social psychology that would look beyond the individual and consider the cultural, historical and social context of human social behaviour (Gergen, 1973).

The dissatisfaction many felt with promoting social psychology as a natural science using experimental, individualistic methods led to a review of the methods used by social psychologists and it was within this context that qualitative methods in social psychology were first developed within the discipline (Brown & Locke, 2007) and social constructionist critiques of social psychology emerged. This is predominantly what led to the subsequent 'turn to language' as language began to be considered more than just a way for individuals to describe social

reality or 'real' internal thoughts and feelings, and started to be conceived of as productive, a resource through which individuals construct and make sense of the world around them (Willig, 2008a). As such, language use as social performance became the object of study. In the context of social constructionist critiques and the turn to language, methods of discourse analysis were developed. Two distinct, yet also to some degree related, strands of discourse analysis have largely been developed and appropriated in psychology. Before outlining these briefly, in order to demonstrate where the approach used in this thesis sits in relation to other forms of discourse analysis, I will firstly spend a little time discussing the theoretical position that underpins this research - social constructionism.

### *3.2.2 Social constructionism*

In order to best answer the research questions outlined at the end of the previous chapter, it is apparent that a relativist, social constructionist approach to data collection and analysis is required. A relativist stance is required because one of the central aims of the thesis is to explore what it means to be an older mother today, in this culture and at this point in history. As such, one assumption made is that what it means to be an older mother is likely to be culturally and historically specific. Consequently, this question fits well within a social constructionist framework because social constructionism is informed by a relativist epistemology.

Social constructionist psychologists critique the assumption often made in mainstream psychology that the knowledge we have about the world is the result of a direct perception of reality (Burr, 2003). They suggest that the way we come to understand the world around us, the concepts and categories that we come to use in every day life are culturally, historically and socially specific. What we 'know' to be the 'truth' or representations of 'reality' will vary across historical epochs, cultures and societies. This focus on the historical and cultural specificity of knowledge renders the concept of 'truth' a problematic one within social constructionism (Burr, 2003). Instead, there is the assertion that what is 'true' is contingent upon the culture and society under study at any given time and as such a relativist position on 'truth' and 'reality' is taken. Moreover, social constructionists would make the claim that identities and categories of person are not fixed, but change over time. As such, I want to explore what it means to be an older mother today and what this meaning affords women in terms of negotiating and

constructing their identities.

A social constructionist approach also demands an alternative stance on the role of language or discourse in psychology. Traditionally in psychology a realist stance is taken, whereby participants' language use is considered to be an accurate representation of internal thoughts, attitudes and emotions, which psychologists may then study. However, social constructionist psychologists would argue against this assumption, suggesting that language is more than just a way for individuals to describe and communicate internal thoughts or feelings. Instead, for social constructionists, language is implicated in the construction of social phenomena and can be used in different ways in order to construct various versions of events and social realities (Burr, 2003). As Danziger (1997) explains, language, according to social constructionists "does not represent a previously existing objective world, but constitutes such a world" (p. 406). Access to the way in which language constructs such versions of reality is invariably gained through a discourse analysis of talk and text.

### **3.2.3 Discourse and discourse analysis**

As Mills (2004) discusses, the term 'discourse' can have a multiplicity of meanings, both between and within disciplines. Perhaps the most common-sense meaning attached to the usage of the word discourse is that which is synonymous with talk and text, or any utterance to which meaning is attached. Other definitions focus on the constitutive nature of discourse as sets of statements or utterances, which may be grouped together in order to define a particular version of an object or event. For example, a discourse has been synonymously defined as "a system of statements which constructs an object" (Parker, 1992, p. 5), "practices which form the objects of which they speak" (Foucault, 1972, p. 49) or "a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events" (Burr, 2003, p. 64).

Over the past few decades a number of varieties of discourse analysis have been developed in psychology (Burman & Parker, 1993) and other disciplines, such as sociology and linguistics. Each of these approaches are likely to overlap in some way, however each approach tends to vary as to its specific focus. Within social psychology, Wetherell (1998) notes that in recent times it is common to distinguish between two types of discourse analysis, observing that "the boundary lines are drawn between styles of work which affiliate with ethnomethodological and conversation analytic traditions and analyses which follow post-structuralist or Foucauldian lines" (p. 388). As such, the two strands of discourse analysis that have predominantly been used and developed within psychology are discursive psychology and Foucauldian discourse analysis. Scholars have differentiated between these approaches in terms of their focus, differing research questions and theoretical underpinnings (Burr, 2003; Holt, 2011; Willig, 2008a; 2008b). Additionally, they have been shown to offer different implications for human agency and experience (Willig, 2008a). Moreover, they are said to subscribe to different definitions of discourse (Burr, 2003). Foucauldian discourse analytic methods focus on the constitutive nature of discourse, defining discourse in terms of a linguistic system of meaning (Parker, 1994), and note the power of discourse to regulate and shape what is available to think or say, the identities we are able to assume, and what we can do or have done to us (Burr, 2003). By contrast, discursive psychologists focus more on the localised deployment of discourse and how people use language to construct versions of the social world. As such, they

favour a definition of discourse that focuses on instances of situated language use (Burr, 2003) and the way in which language is action-oriented – how it is put together to construct different meanings and achieve particular functions within social interaction.

The next part of this chapter will be dedicated to sketching out the three main influences upon the approach taken in this thesis: namely Foucauldian discourse analysis (FDA), discursive psychology (DP) and critical discursive psychology (CDP), before outlining the particular approach to discourse analysis taken in this thesis. This approach attempts to combine influences from both Foucauldian discourse analysis and discursive psychology, and is influenced by the main principles guiding critical discursive psychology (Wetherell, 1998). In using such a combined approach to the analysis of discourse there will be a focus on both the constitutive and regulatory properties of discourse, *and* its localised deployment whereby it is used to accomplish social acts.

### 3.2.3.1 Foucauldian discourse analysis

Foucauldian discourse analysis (FDA) is influenced by post-structuralism and in particular the work of Michel Foucault (1972, 1976). FDA is concerned with the ways in which language and discourse constitute versions of our social worlds, and so the discourses that are available and which we draw on in everyday life in order to make sense of the world around us. In FDA discourse is defined in terms of a linguistic system of meaning – a discourse might be described as a set of discursive resources that in some way come together to construct a particular version of something in the social world, such as an object, event, or category of person. Parker describes discourses as: “sets of statements that construct objects and an array of subject positions” (Parker, 1994, p.245). As such, discourses are considered to hold particular implications for individuals’ subjectivities through the subject positions or ‘ways of being’ that are made available within them (Willig, 2008a). The idea is that subject positions are constructed and made available within particular discourses, or as Parker (1992, p.9) puts it: “a discourse makes available a space for particular types of self to step in.” As such, subject positions both enable and constrain certain ways of seeing the world and ways of being in the world for those individuals who take them up (Willig, 2008a). From this perspective, then, discourses both facilitate and limit what can be said and by whom (Parker, 1992), in addition to what people can

do or have done to them (Burr, 2003). This is because once taken up different subject positions offer different sets of rights, obligations and possibilities for social action. The idea is that individuals are routinely offered subject positions through discourse and that taking up a particular subject position will hold implications for a person's social action and subjectivity or sense of self. As Davies and Harré (1990, p. 35) describe:

Once having taken up a particular position as one's own, a person inevitably sees the world from the vantage point of that position and in terms of the particular images, metaphors, storylines and concepts which are made relevant within the particular discursive practice in which they are positioned.

Therefore, typical questions answered through FDA focus on the discourses that are available to people within a given culture or society, and the implications these particular discourses may have for individuals' subjectivities or ways of being (Willig, 2008a).

The action orientation of discourse is also considered in terms of a consideration of the function of particular discursive constructions and exploration of whose interests they may serve. Additionally, a consideration of power and the effects of discourse are central to Foucauldian discourse analysis. In line with a social constructionist stance, at any one time there are likely to be varying and competing discourses which may construct very different representations and meanings of the same social object, category or event. Furthermore, these may make very different subject positions or 'ways of being' available to people. However, it is the case that some discourses or versions of events are more prevalent and appear to be more common-sense than others, such that these discourses are usually the ones that are most accepted, become entrenched and are considered the most truthful (Willig, 2008a). As a consequence, alternative discourses are effectively marginalised or invalidated. That is, for Foucault, prevailing discourses or the versions of social reality that appear the most common-sense in any particular culture are closely bound up with power because they privilege certain ways of seeing the world and certain ways of being in the world over others (Willig, 2008a) and, therefore, limit or constrain alternatives. Moreover, those in positions of power within society are able to endorse and legitimate certain discourses, which makes it harder to propose alternatives. For example, obstetricians and midwives have the power to endorse the dominant medicalized discourse of

pregnancy and childbirth, whereby pregnant and labouring women are positioned as in need of specialist medical care and surveillance. However, that is not to say that alternative discourses or 'ways of being' will never come into play. Willig (2008a) notes that counter-discourses and alternative subject positions can, and do, emerge and become more 'available' to individuals over time. Weedon (1997) considers that change to dominant discourses begins at the level of the individual through resistance, which usually develops when there is a gap between the subject position being offered through discourse and an individual's own interests. In challenging the subject positions offered and occupying alternatives, individuals can begin to craft alternative forms of knowledge and ways of being, thus challenging the dominant and 'common-sense' nature of discourses that may limit or constrain their subjectivities.

Foucauldian discourse analysis enables an exploration of the effects of wider societal discourses on individual subjectivity, the theorization of subjectivity being a key psychological concern. However, a constraint of FDA is that it positions individuals as largely passive, with their language – what is available to say, and subjectivity – the kinds of person they are able to be, shaped, and therefore effectively limited and constrained by, pre-existing societal discourses. As such, it does not enable a consideration of agency or of situated language use – how people construct and negotiate meaning to suit particular social situations or how they construct identities or subjectivities in social interaction and to particular ends. This limitation is addressed by discursive psychological approaches to discourse analysis.

### 3.2.3.2 Discursive psychology

The focus of discursive psychology (DP) (Edwards & Potter, 1992; Potter & Wetherell, 1987) lies within the action orientation of discourse. Discursive psychologists concern themselves with the social actions people accomplish in and with their talk, and, observe precisely how individuals accomplish those particular actions (Edwards & Potter, 1992). A central consideration to this approach is that language is performative – it holds a function for individuals in addition to having effects. This aspect of the approach is informed by Austin's Speech Act theory (Austin, 1962). Additionally, it is influenced by the principles of ethnomethodology (Garfinkel, 1967), which informs its consideration of how people use language in everyday situations and focus on what social accomplishments individuals achieve

through their talk. Finally, it draws on conversation analysis (Sacks, 1995), which focuses on the sequential organization of naturally occurring talk and the actions that such talk accomplishes.

From a discursive psychological perspective, the task of the discourse analyst is to look at what effect language performs for people in given situations. It is suggested that people construct versions of the social world through language and use language as a tool to formulate versions of events in social interaction that effectively serve their own interests. That said, however, it should be noted, it does not consider that people are necessarily *intentionally* and consciously constructing versions for this purpose and does not make any claims about any motivation behind language use. In this way, it contrasts with cognitivist assumptions made in mainstream social psychological research that considers talk as the route to cognition and as an accurate representation of or a window onto a person's memories, thoughts, feelings, beliefs or attitudes. Instead, discursive psychologists would argue that people will draw upon and use these traditional psychological concepts in everyday life in order to make sense of their experience and to construct different versions of events to different effects (Edwards & Potter, 1992). As such, DP reconceptualises how psychologists should research and theorise about traditional areas of psychological inquiry, including cognition, attributions and identity, considering that these are not necessarily things that people *have*, but are things that people *do* in language to achieve certain social actions. Attention is then turned to how attitudes, identities, memories and attributions are constructed in language, rather than observing language as a reflection of these internal 'mental properties'. As such, discursive psychology is radically anti-cognitive (e.g. Edwards, 1997; Edwards & Potter, 1992; Potter, 1996; Potter & Wetherell, 1987).

A discursive reading of qualitative data aims to address two fundamental questions – firstly, what social acts are individuals accomplishing with their talk? And, secondly, how exactly are they doing it? In relation to the first question, discursive psychologists consider how an individual's account is action-oriented and what social function is being achieved as a consequence. For example, discursive psychologists consider how individuals construct versions of events in order to justify an action, manage stake, blame or accountability, or persuade somebody to believe their version of events, in addition to seeing how individuals negotiate and manage causal attributions in their versions of events (Potter & Wetherell, 1987). Secondly, precisely *how* individuals manage these social functions is considered through an

exploration of the discursive and linguistic devices that are used to construct accounts.

As with Foucauldian approaches to discourse analysis, a discursive psychological approach has shortcomings. One of the main limitations associated with a discursive approach is that it invariably restricts the analysis of discourse to the interactional episode in question and does not incorporate anything other than the immediate context in which the interaction is taking place into the analysis, such as wider discursive practices (Parker, 1997), the social, cultural and historical context in which the interaction is taking place, as well as, to use Parker's term, the 'structures of power' that to some extent define and also limit the ways in which individuals make sense of the social world (Parker, 1997) and effectively shape the discursive devices that are made available for individuals. Attention is given to the way in which individuals construct versions of the social world in their accounts, however there is no room for a consideration of how these accounts are historically, culturally or socially shaped and located. The problem inherent within this is that, in focusing on the minutiae of talk-in-interaction and not attending to how action is determined by wider social and cultural processes, DP, it has been suggested, leads to apolitical and reductionist analyses of data (Parker, 1992; 1997; Speer, 2005; Wetherell, 1998). That is, in focusing on localised discursive accomplishments discursive psychologists are unable to comment on wider social and cultural meaning systems and so leave little opportunity to try and critique and challenge meaning systems that are potentially limiting or oppressive for groups of individuals. Moreover, another limitation of a discursive psychological approach is that, in focusing on the localised deployment of language and, essentially, how identities are constructed moment-to-moment in talk to achieve particular discursive accomplishments, it is unable to theorise subjectivity or sense of self (Willig, 2008a).

### ***3.2.4 Combining Foucauldian discourse analysis and discursive psychology***

Given the limitations inherent in both Foucauldian and discursive approaches, it could be argued that FDA and DP would compliment each other as an approach to discourse analysis through addressing some of the limitations associated with taking each approach in isolation. That is, a combination of the two might enable an approach whereby attention is paid to the social, cultural and historical context within which interactions occur and how this context might shape

and limit the language that is available for individuals to accomplish social acts. However, it would additionally recognise the agency people have to selectively draw on culturally available discursive resources, considering precisely how participants might construct particular accounts, to particular discursive ends, by drawing on a repertoire of discursive materials that are made available to them through culture. Finally, it would enable some consideration of participants' subjectivity through interrogating what 'ways of being' are made available through the discourses 'on offer' through which individuals are able to make sense of their experience. Amalgamating these approaches is not without its difficulties. However, in line with Wetherell (1998), the view subscribed to in this thesis is that the two approaches are compatible. In the remainder of this section, the tensions in combining these approaches to discourse analysis will be outlined, followed by a discussion of an existing attempt at such a synthesis, namely Wetherell (1998) and Edley's (2001) critical discursive psychology, which has informed the approach taken in this thesis.

#### 3.2.4.1 Theoretical contrasts

One of the main differences and tensions between FDA and DP concerns the role of language. That is, DP views language as largely functional, whereby it enables people to perform different social actions within various social interactions and, as such, sees the individual as having a high degree of agency in their language use. FDA, however, envisages a more constitutive role for language, whereby wider societal discourses shape what is available to say and by whom, thereby affording individuals limited agency. As such, as elaborated above, there is a differing focus on the analysis of discourse within each of these methods, whereby a Foucauldian approach attempts to interrogate the wider discourses that are available, with which people are able to construct their social worlds and the implications of these for practice and subjectivity. Conversely, a DP approach focuses on situated language use, the function of talk and how speakers use language to their own ends to achieve particular social actions. Elsewhere, these have been differentiated as macro and micro approaches to discourse analysis (Burr, 2003).

As a result of the contrast between the two approaches, these forms of discourse analysis are generally not combined. However, it has been suggested these differences are not incommensurate (Edley, 2001; Holt, 2011; Wetherell, 1998; Willig, 2008a), with previous

research using a combined approach (Edley & Wetherell, 2001; Wetherell & Edley, 1999). Indeed, both approaches are concerned with the action orientation of discourse, and so, in this sense, are compatible, with the difference lying in the degree to which participants are considered to have agency with respect to how social actions are achieved.

More recently, perhaps owing to the challenges in reconciling both strands into a coherent methodological approach, it seems that DP has moved closer to a variety of conversation analysis. For example, Speer (2005) has considered that it is becoming harder to distinguish CA and DP on both methodological and conceptual grounds. Contemporarily, DP's focus lies with the minutiae of social interaction, such as the organization of turn-taking, hesitations and overlaps in speech and the interactional and contextual functions of these and as such would be described as a micro approach to data analysis. Moreover, there is a recently established preference within discursive psychology to analyse naturally occurring data, rather than talk that is fabricated, for example through interviews or focus groups (Wiggins & Potter, 2007).

Despite the difficulties inherent in combining both approaches, Wetherell suggests: "although the terms of engagement between post-structuralism and ethnomethodology/conversational analysis need revisiting, a stance which reads one in terms of the other continues to provide the most productive basis for discourse work in social psychology" (1998, p.388). In response to this, Wetherell (1998) and Edley (2001) developed their own approach to synthesising the two forms of discourse analysis, which will be discussed here.

#### 3.2.4.2 Critical discursive psychology

As noted by Wetherell (1998) critical discursive psychology (CDP) is in line with earlier forms of discourse analysis (e.g. Potter & Wetherell, 1987; Wetherell & Potter, 1992), which incorporated a range of influences into conducting discourse analysis for social psychological research. As an approach to discourse analysis, CDP is an existing attempt at reconciling FDA and DP through stepping outside the analytic boundaries each approach defines. Firstly, it deals with the charge that discursive psychology evades discussions of the context in which talk is done and social acts are discursively negotiated, by recognizing that whenever people talk about things and construct versions of events and objects, they do so within a specific social and

historical context. Their argument is that although people are free to construct versions of the social world within particular interactional settings, and to different interactional ends, they do so having been offered a particular repertoire of discursive and linguistic resources offered by culture (Edley, 2001). Thereby, to some extent, the discursive devices that individuals are able to draw on in social interaction to accomplish different social acts are limited and defined by culture, yet individuals have agency with respect to which devices they opt to draw upon.

Secondly, critical discursive psychology aims to explore how discourse can to some extent constitute social and personal identities and subjectivities, but can also be used by participants to construct and negotiate identity in social situations. Again, this dual focus is evident in early discourse analytic work:

Identity – who one is and what one is like – is established through discursive acts. Identity in talk is a construction, an achievement and an accomplishment; and, of course, this construction and accomplishment is both private and public. Subjectivity is organized discursively as a public act of self-presentation, but introspection, private accounting for oneself and self-description, are no less discursive. In this sense discourse straddles the boundaries usually erected between the objects of internal worlds and the objects of external worlds... We do not want to suggest that discourse simply plays a facilitative role here, as one further site in which a pre-constituted identity is expressed. We want to argue that the identity and forms of subjectivity which become instantiated in discourse at any given moment should be seen as a sedimentation of past discursive practices. A sense of identity and subjectivity is constructed from the interpretative resources – the stories and narratives of identity – which are available, in circulation, in our culture. This subjectivity is also constrained, of course, by other social practices. Some accounts of self are more readily available to some than others. (Wetherell & Potter, 1992, p. 78)

At the heart of a critical discursive psychological approach to discourse analysis, then, is a dual focus on the role of discourse. Discourse is deemed both constitutive in the sense that it, to some extent, shapes, enables and constrains possibilities of identities and social action, yet it is also considered constructive. That is, it can be a tool used by participants within social

interactions to achieve particular effects. It is this dual focus on the role of discourse that is carried through to the present research.

Wetherell (1998) and Edley (2001) state that a combined approach to discourse analysis can be achieved through a focus on three particular concepts when analysing language, namely interpretative repertoires (Gilbert & Mulkay, 1984; Potter & Wetherell, 1987), ideological dilemmas (Billig, Condor, Edwards, Middleton, & Radley, 1988) and subject positions (Davies & Harré, 1990). Interpretative repertoires were firstly introduced into social psychology by Jonathan Potter and Margaret Wetherell (1987). An analytic tool that was originally appropriated in a DP analysis, (Potter & Wetherell, 1987; Wetherell & Potter, 1992) the concept of interpretative repertoires seems to have fallen out of favour within discursive psychology today. They have been described as:

recurrently used systems of terms used for characterizing and evaluating actions, events and other phenomena. A repertoire...is constituted through a limited range of terms used in particular stylistic and grammatical constructions. Often a repertoire will be organized around specific metaphors and figures of speech (tropes). (Potter & Wetherell, 1987, p. 149).

In essence, interpretative repertoires form relatively consistent and coherent ways of representing particular objects or events in the social world. Edley (2001) notes that the identification of interpretative repertoires in participants' talk is important in critical discursive psychological research because it is through these that we will start to understand culturally available ways of discussing a particular topic. Although the concepts are similar, there is a distinction to be made between interpretative repertoires, and the Foucauldian notion of 'discourses'.

Many consider that discourses and interpretative repertoires overlap considerably (Burman & Parker, 1993; Holt, 2011; Parker, 1992; Sunderland, 2004; Wetherell & Potter, 1992), such that those who have advocated the use of interpretative repertoires as an analytic category have admitted to using the term discourses as a variant (Potter, Wetherell, Gill, & Edwards, 1990; Wetherell & Potter, 1992). Their similarity appears to be based upon the notion that both

discourses and interpretative repertoires constitute, as Edley (2001) terms it, linguistic 'repositories of meaning' (p.202) which are made available to individuals through culture. However, Edley (2001) notes that the major difference between the two relates to the methodological and analytic focus of the research being conducted, with 'discourses' signalling work of a Foucauldian perspective whereby they are said to construct entire institutions and are often implicated with discussion of power, such that discourses lean towards the shaping of subjectivities and the subjectification of individuals. However, Wetherell and Potter (1992) note that employing a Foucauldian conception of discourses lacks consideration of the occasioned use of discourses as a social practice and, as such, found it more useful to speak of interpretative repertoires. As a concept, these were introduced to make way for discussions of participants' agency, in recognition that although participants are handed a repository of meaning through culture, they are able to select and draw upon the meanings that are most appropriate in any given interactional setting. As such, interpretative repertoires are conceptualised as the 'building blocks' of talk, selectively employed by participants to construct their versions and accounts in talk and to achieve particular social actions (Wetherell & Potter, 1992). Additionally, interpretative repertoires are considered to be more reflective of the flexibility and fluidity of everyday language use, which Foucauldian approaches to discourse, as 'organized sets of statements' (Parker, 1992) cannot address owing to an emphasis on how discourses enable and constrain what can be said and by whom (Potter et al., 1990). They are conceptualised as being smaller and more fragmented units of discourse, thus offering participants a variety and range of meanings to draw on (Edley, 2001). Moreover, different aspects of repertoires, for example terms, tropes or metaphors might be drawn on in accordance with the interactional context (Potter et al., 1990). As such, interpretative repertoires could be seen as something of an available discursive currency, whereby individuals can actively select elements that most effectively suit the situation and context in which they are situated.

Yet, similar to discourses, the identification of interpretative repertoires makes available an understanding of the ways in which objects are constituted through discourse. Further, in terms of critical discursive psychology, the identification of ideological dilemmas is said to assist with this. The concept of an ideological dilemma represents the dilemmatic nature of our common-sense understandings of the world in which we live (Billig et al., 1988). That is, there is not one

singular way in which objects are understood, but there are often contrary and or competing ways of understanding or making sense of something, causing every day thought to involve dilemma and reasoning. For the purposes of a critical discursive psychological analysis, identification of ideological dilemmas offers an exploration of the prevalent, and perhaps contrary ways of representing a particular event, issue or category of person, and how the tensions within and between, to use Billig's term, our 'lived ideologies' manifest themselves within social interaction.

A final concern within critical discursive psychology, borrowed from more Foucauldian approaches to discourse analysis, is that of subject positions. For the purposes of a critical discursive psychological analysis, attention to subject positions is of use because, as Edley (2001) notes, "In a sense, it is this concept that connects the wider notions of discourses and interpretative repertoires to the social construction of particular selves" (p.210). The idea is that individuals take up particular positions that are offered by interpretative repertoires, which will offer, but also limit, possibilities for subjectivity and social action – in this sense, discourse may be seen to shape the individual. This aspect is akin to the use of subject positions in a Foucauldian sense, as discussed earlier. However, van Langenhove and Harré (1999) also describe subject positions as fluid, not fixed. They are described as concepts which are used by people in interaction in order to "cope with the situation they usually find themselves in" (p. 17). In other words, individuals may take up particular subject positions within particular social interactions in order to deal with the social situation at hand. In this way, individuals are not only positioned within discourses, which may to some extent constitute their subjectivity, but they also utilize and take up particular subject positions within discourse to use to their own ends – to account, justify and explain social actions.

Although the approach used in this research was influenced greatly by all three approaches to discourse analysis that are outlined above, not one method was followed specifically. Instead, a combined approach was developed for the purpose of this thesis, based on the influences above. This section of the chapter continues with an account of the rationale behind using these various influences to develop an analytic method, followed by an outline of the analytic approach that was ultimately used.

### 3.2.4.3 Evolution of the analytic approach

At the outset of this project it was originally anticipated that the data would be analysed using Foucauldian discourse analysis. This was because the predominant focus of the project was in locating prevailing discourses relating to older mothers and the subject positions and ways of being that these opened up for them. Indeed, the data were initially analysed and partially written up in this way. However, I found myself dissatisfied with the limitations of FDA in that I felt it did not enable me to explore the way in which the women, it seemed, were *using* discourse to different interactional ends in the interviews. With its focus on how discourses constitute objects and subjects, FDA theorizes individuals as having limited agency (Willig, 2008a), with their subjectivity and experience effectively limited and constrained by pre-existing societal discourses and the subject positions they make available. As such, it does not enable a consideration of situated language use – how people construct and negotiate meaning in social situations. I feel this is important because, as noted by Heritage (1984), discourse is action oriented – in any given situation, discourse can serve a particular purpose and accomplish a particular social action for the individuals who use it. Indeed, it seemed very apparent when analysing the interviews that the discourse women used, and the versions of events they were constructing and negotiating, were serving a particular function for them. However, this was something that a Foucauldian discourse analytic method cannot grant access to, yet is something that is clearly addressed by discursive psychological approaches to discourse analysis.

In response to the limitations of Foucauldian discourse analysis, it was considered that the best way to overcome such limitations was to combine FDA with a discursive psychological approach to discourse analysis. In line with pluralistic approaches to qualitative research in psychology (e.g. Frost, 2011), this would enable me to get the most out of the data and gain an understanding of both the constitutive and constructive nature of discourse. Although the theoretical difficulties inherent in combining Foucauldian and discursive approaches to discourse analysis are acknowledged, I believe it is in the best interests of the research to take this approach. I do not wish to neglect the importance of having a coherent and methodologically sound theoretical framework yet, at the same time, I do not want to risk doing violence to the research topic and aims of the research through methodolatry, which has been

described as the privileging of methodological issues over those surrounding the research topic (e.g. Chamberlain, 2000). Pluralism in qualitative research addresses the potential issue of methodolatry, and I am in agreement with Frost (2011) regarding the benefits of taking a largely pragmatic approach to qualitative research, whereby importance is placed on selecting the best methods with which to answer the research questions and gain the most out of the data. Furthermore, alongside others (e.g. Wetherell, 1998), I would argue that the two approaches are compatible and produce a more holistic account and understanding of discourse and its effects. Therefore, in light of Wetherell (1998) and Edley's (2001) critical discursive psychology I intended to draw on their combined approach to discourse analysis whereby there is a dual focus on discourse, such that it is understood that although individuals have some agency with regard to the elements of discourse they draw on and construct, these 'choices' are effectively constrained through the discursive resources individuals are provided with through culture. Secondly, I appropriated the use of 'interpretative repertoires' favoured by Wetherell and Edley as opposed to 'discourses' as, I agree that they capture some of the agency people have with constructing versions of events, as well as reflecting the constitutive nature of discourse. However, I aimed to go a bit further than Wetherell and Edley in terms of carrying out a more fine grained analysis of the text in order to reveal precisely *how* participants use language in order, for example, to construct accounts, or *how* language is implicated in the taking up and or resisting of particular subject positions. As such, I wanted to consider how participants drew upon discursive and linguistic devices, and the ways in which these assisted in the action orientation of their utterances.

#### 3.2.4.4 Analytic approach

In drawing upon a combined approach to discourse analysis, the analytic approach taken in this thesis is one which simultaneously addresses three different aspects of discourse.

One

Stage one of the analysis focused on the constitutive nature of discourse, which involved the identification of different interpretative repertoires. This enabled a consideration of the culturally available ways of talking about older mothers and older motherhood - the discursive terrain that is available with which to talk about older motherhood. This was followed by a consideration of

the subject positions that were being made available for older mothers through these repertoires. At this stage, the potential implications of these repertoires and subject positions in terms of subjectivity - 'ways of being' an older mother, and practice – what older mothers can do or have done to them – were considered.

## Two

Stage two involved a specific focus on the action orientation of discourse. Attention was paid to which repertoires, of those available, were deployed or resisted, and to what possible ends. Furthermore, there was a consideration of which subject positions were taken up, negotiated or resisted. Notably, at this stage, the function of taking up or resisting particular subject positions was carefully considered.

## Three

Finally, in an approach more akin to discursive psychology, there was a focus on the constructive nature of discourse, attending to the localised deployment of discourse and its function. That is, there was a consideration of exactly *how* discourse was used in order to draw on different interpretative repertoires, or take up, negotiate, or resist subject positions. Attention was paid to the rhetoric of participants' discourse, the discursive and linguistic devices they utilized in constructing their accounts and the function of these within the interactional setting.

### 3.3 Methods

The previous section of this chapter was dedicated to outlining the principles of a critical discursive psychological approach that will be applied to the data sets collected for the thesis. The purpose of this section is to give a brief overview of the methods used to carry out the research, in addition to a consideration of why these particular methods were favoured. As stated in the introduction, the thesis is comprised of two research studies: the first is an analysis of representations of 'older' mothers in British newspapers and, the second, an analysis of in-depth interviews with 'older' mothers. The methods and procedures employed to carry out both of these studies will first be described here, before moving on to the analysis of both the media and interview data in subsequent chapters.

### 3.4 Study One: Representations of Older Mothers in the Media

The aim of this study was to identify the way in which older mothers or women who 'delay' pregnancy were commonly represented in the British press. As stated in the introduction, my interest in media representations of later mothers was prompted by an observation that I made when first gathering information on the subject of later mothers whilst developing my PhD proposal. From glancing at a selection of newspaper articles that were generated by a Google search on older mothers, it appeared that discussion about, and representations of, later motherhood were largely negative, with a focus on the increase in risks and complications associated with later pregnancies. As such, as part of my research design I wanted to explore these representations more closely to firstly consider the potential impact of these negative discussions of women who become a mother later and, secondly, explore whether there were any alternative or contrasting representations.

An analysis of media representations is said to be useful as it enables an exploration of how society is viewing something – for example an object, event, or category of person (Fairclough, 1995). Moreover, it has been argued that it is important to study media because of its centrality to our everyday lives and experience (Silverstone, 1999). As such, a media analysis of later motherhood was valuable for the research project as it enabled me to gain some relevant insight and understanding of firstly, what the contemporary meanings of the phenomenon of later motherhood are and, second, how society generally views women who become parents later on in their lives. Although it was not expected that a media analysis would provide me with definitive answers to such queries, this was not my intention. Yet, by interrogating media representations it was anticipated that I would gain some understanding and insight into the phenomena of later motherhood, as it is contemporarily defined.

Analysis of the news media in terms of gendered representations is important because as Allan (2005, p.288) has argued: "The ways in which women are represented in news media send important messages to the viewing, listening, and reading publics about women's place, women's role, and women's lives". As such, the news media may have a role in shaping how women are commonly viewed. Moreover, Fairclough (1995, p. 103) suggests that a basic assumption that ought to be made when analysing media texts is "that media texts do not

merely 'mirror realities' as is sometimes naively assumed; they constitute versions of reality in ways which depend on the social positions and interests and objectives of those who produce them." Therefore, through analysing media representations, not only does the researcher gain an understanding of how society is viewing something, it also enables an exploration of the media's own role in constructing these versions of reality.

A critical discursive analysis may also be particularly useful here as it will enable a consideration of the rhetorical function of media discourse. This is important as media discourse does not articulate objective accounts or descriptions of events, people, actions and so on, but inevitably produces subjective accounts, which are often carefully crafted in order to produce particular representations that will carry specific meanings and, as such, achieve different objectives. This is something considered by Matheson (2005, p.16) who observes that the production of news stories is not neutral, but that they are shaped by conventions:

The journalist sitting down at the computer to write a news story does not therefore simply face a blank screen on which to construct a world or record a faithful record, but a space that we can imagine as already filled with conventions. There are two types of convention... There are journalistic conventions about such things as how a text should begin and end, what readers are thought to be interested in, what they should know and when a news story can claim something is true. And there are wider social conventions which the news depends on and which it sometimes helps shape, about such things as what people are like, what words mean, what is natural and commonsensical, who gets to speak in society and what is real. News discourse is therefore the result of the coming together of a variety of norms and principles and unstated assumptions. It is, as one newspaper editor puts it, a daily rhetorical achievement. (Fuller, 1996, p. 117)

The crux of Matheson's argument is that the production of news stories is not objective and value free, but that news stories are shaped first of all by the journalists who produce them and the conventions they have to follow, and, secondly, by society, which to some extent shapes what is available to talk about, yet also plays a constitutive role in creating social 'reality'. As such, we should not treat news stories as direct, objective representations of events, actions, or individuals and so on, but must consider the production of news stories as an everyday

rhetorical construction, whereby they are often crafted in order to present a particular version of something and to persuade the reader of the factuality of that version. In agreement with Silverstone then (1999), Matheson supposes that rhetoric is a feature of the media and, as a result, attention to rhetoric constitutes a means of analysing the media. With this in mind, the analysis of the media that will be presented in this thesis will consider the construction of newspaper articles to be a rhetorical achievement. As Silverstone (1999, p.38) observes: “ To examine the texts of the media rhetorically is to examine how meanings are made and arranged, plausibly, pleasingly and persuasively”. A critical discursive psychological analysis will be of use here as it will enable a consideration of the function of the discourse in terms of its rhetorical construction.

### *3.4.1 Methods*

As I embarked upon my PhD project, an analysis of newspaper articles did not initially form part of my methodology or research aims. However, the idea arose from conducting some preliminary research on the topic of ‘older mothers’. Given that motherhood, particularly the concept of ‘older motherhood’, was a subject matter new to me, I initially wanted to explore the topic and gain an insight into some of the main issues and debates. Consequently, I used the popular web search engine ‘Google’ in order to conduct a brief web search for articles or web sites on the topic of ‘older mothers’. Carried out in March 2009, this search produced results from a variety of different sources. The web pages identified consisted of a number of newspaper articles relating to ‘older mothers’ as well as a smaller number of web pages from parenting or health websites, and a couple of websites specifically set up for older mothers: *‘mothers35plus.co.uk’* and *‘mothersover40.com’*. Whilst I engaged with all of these sources, I was initially interested in the newspaper articles owing to the way in which they appeared to be largely negatively framed. Having decided to conduct an analysis of newspaper articles on older motherhood, I went about selecting a sample of newspaper articles in order to develop a data corpus. A clear advantage of analysing newspaper articles lies in the fact that it pre-exists the research study and is a form of naturalistic data which has not been influenced by the researcher. As such, this limits the extent to which the researcher plays a part in shaping the exact contents of the data corpus, beyond defining the search terms used to select it.

### 3.4.1.1 Sampling

Using the web search engine 'Google', I searched for online newspaper articles relating to the term 'older mothers'. I decided to continue to use Google, rather than an academic subscription database such as Lexis Nexis simply because I was initially interested to discover what types of information the general public could easily access about the topic of 'older motherhood'. Google is mostly used by the general public as a 'first stop' to search the Internet for information, and I wanted to see what information a search for 'older mothers' would provide people with. In this sense, the sampling method might be described as opportunistic. I defined relevant articles as those whose subject matter was 'older mothers,' or women having babies past the age of 35. As I was conducting the search, I found that many of the articles I had initially identified were accompanied by online links to similar material and these were also followed up. Finally, once the initial search term 'older mothers' had been exhausted (marked when searches failed to produce any further relevant material) it was modified to try and tease out some additional data on the main issues surrounding older mothers which had emerged amongst the data already collected. This enabled me to ensure that I had not overlooked any issues relating to the topic.

Following the exhaustion of the search terms, 26 newspaper articles were collected and made up the final data corpus (see figure 4.1). These included articles from *The Sun* (2), *The Independent* (7), *The Daily Mail* (Mail Online) (4), *The Telegraph* (4), *The Times* (4), *The Sunday Times* (1), *The Guardian* (2), *The Observer* (2). The articles were all published between 2001 and 2009 and consisted of news stories (13), feature articles (10) and a smaller number of comment pieces (3).

The approach to analysis taken within this study is not akin to a thorough media studies analysis in a more traditional sense, in that it does not consider elements such as the potential implication of the political stances taken by the newspapers that made up the sample. However, it is important to acknowledge that the corpus was made up of articles taken from a range of newspapers, though predominantly broadsheets, and that these papers inevitably vary as to their values, broad political persuasion, and common readership. As such, one should consider that these types of variations may, to a certain extent, determine how older or delayed motherhood is represented for their readers, according to potentially varying agendas. However,

it is felt that a discussion of these differences does not fall within the scope of this particular project, as the primary concern lies with the way in which interpretative repertoires relating to older mothers are both reflected and constructed within the media, and with the subject positions or ways of being that are offered out through the media to women who begin their families later. As such, the focus does not lie with the specific agendas or intentions of particular organisations within the media, but with the potential implications of such interpretative repertoires and subject positions on the identities of women defined as 'older mothers'.

	<b>Article Title</b>
1	"Late motherhood: they did it, can you?" (no author cited), <i>The Independent</i> , August 15, 2001
2	"Older, wiser and so much closer to my kids" (no author cited) <i>The Times</i> (Times Online), December 17, 2004
3	"Career women make early thirties most popular age to start a family" by Maxine Frith, <i>The Independent</i> , December 16, 2005
4	"Rise in twins linked to hormone changes in older mothers" by Roger Highfield, <i>The Telegraph</i> , February 23, 2006
5	"Older mothers 'are a drain on NHS'" (no author cited) <i>The Daily Mail</i> (Mail Online) August 13, 2006
6	"Late motherhood as 'big a problem' as teenage mums" by Sarah-Kate Templeton, <i>The Sunday Times</i> , August 13, 2006
7	"Older mothers risk fertility of daughters" by Ian Sample, <i>The Guardian</i> , October 25, 2006
8	"Older mothers 'put their daughters at risk of infertility'" by Mark Henderson, <i>The Times</i> , October 25, 2006
9	"The changing face of motherhood" (no author cited) <i>The Independent</i> , December 2, 2006
10	"Motherhood begins at 45" by Sophie Goodchild & Jonathan Owen, <i>The Independent</i> , December 31, 2006
11	"Britain's legion of 45-year old first-time mothers" by Daniel Martin, <i>The Daily Mail</i> (Mail Online) February 27, 2007

12	"Worried about being a late mum? Don't, say the experts" by Amelia Hill, <i>The Observer</i> , October 28, 2007
13	"Late motherhood: Why babies can't wait" by Jeremy Laurance, <i>The Independent</i> , January 15, 2008
14	"Why older women turn out to be better mothers" by Lowri Turner, <i>The Daily Mail</i> (Mail Online) February 21, 2008
15	"What age to fall pregnant?" (no author cited), <i>The Sun</i> , February 28, 2008
16	"Pregnancy rate among over-40s soars as women delay babies for their careers" by David Rose, <i>The Times</i> (Times Online), February 29, 2008
17	"Pregnancies rise among middle-aged women" by Rebecca Smith, <i>The Telegraph</i> , March 1, 2008
18	"Older celebrity mums 'promote myth of fertility'" by Kate Devlin, <i>The Telegraph</i> , 20 March, 2008
19	"The truth about older mothers" by Corinne Sweet, <i>The Independent</i> , June 7, 2008
20	"Older mothers driving up caesarean rates" by Kate Devlin, <i>The Telegraph</i> , July 1, 2008
21	"Should Posh wait for kids?" by Judy Cogan, <i>The Sun</i> , September 24, 2008
22	"Mothers and the age debate: when is it best to have babies?" by Lucy Rock, <i>The Observer</i> , September 28, 2008
23	"Will older mothers regret their choice?" by Serena Allott, <i>The Daily Mail</i> (Mail Online), October 12, 2008
24	"The problems of being an older mum" by Joan McFadden & Alexandra Blair, <i>The Times</i> (Times Online) November 18, 2008
25	"The baby clock: Birth survey has reignited debate on delayed motherhood" by Jeremy Laurance, <i>The Independent</i> , November 28, 2008
26	"Doctors warn of risks to older mothers" by Denis Campbell, <i>The Guardian</i> , June 15, 2009

**Table 3.1. List of all newspaper articles collected and analysed.**

### 3.4.1.2 Ethics

Guidance on whether ethical approval was needed for this study was sought from the University of Huddersfield's Research Ethics Panel. Following this, the Chair of the panel advised that full ethical approval was not needed, owing to the fact that all data to be analysed was unambiguously available within the public domain (see appendix 1).

## 3.5 Study Two: Being an 'Older' Mother

The second study involved conducting a number of in-depth semi-structured interviews with 'older mothers'. The purpose of these interviews was firstly to further enable an interrogation of the contemporary meaning of 'older motherhood' and, secondly, to allow an exploration of the identities of women defined as older mothers and a consideration as to whether contemporary meanings and discourses of older motherhood hold any implication for their subjectivities.

### ***3.5.1 Methods***

Semi-structured interviews were considered to be the most appropriate qualitative research method with which to explore women's accounts of later motherhood. This is primarily owing to their flexibility as a qualitative research tool as they allow the researcher and interviewee to move around the research topic more freely than would be the case in a structured interview. In not imposing a rigid agenda upon the interviews it was anticipated that this would allow the interviewees space to raise the issues that they felt were most relevant to them in discussions of later motherhood. It was considered that this approach would also help to limit the extent to which the interviewer would shape what the interviewees had to say. Furthermore, it allows the researcher to probe further into any interesting ideas that the participant may raise, which they may not have considered in the first instance (Smith & Osborn, 2003). Thus the interview, although structured with a set of questions, was flexible and allowed the participants to move in and around topic areas as they wished.

I feel it is important to consider here that a distinction ought to be made between use of interviews within 'mainstream' psychology, as opposed to discourse analytic methods. When used for the purposes of traditional psychology, the interviewer is viewed as someone who is wholly objective and who is responsible for obtaining 'truthful' information from participants. Participants' responses are treated as insights into their 'real' thoughts, feelings or emotions on the topic of study and it is the researcher's job to extract such material from the participant. However, in interviews conducted for the purposes of discourse analysis, interviewers are viewed as active participants in the interview; the interview is effectively seen as a conversational exchange or interaction between two participants, thus the utterances from the interviewer are as important to consider in the analysis as the responses from the participant (Potter & Hepburn, 2005; Potter & Wetherell, 1987).

#### 3.5.1.1 Sampling

Participants were largely recruited through National Childbirth Trust (NCT) postnatal groups, as well as opportunistically. The inclusion criteria were that women had to be aged 35 or above when they were pregnant with their first baby. The rationale for defining an 'older mother' as a woman having her *first* baby aged 35 or above was owing to the focus on the concept of 'delayed' motherhood in this thesis. Age 35 was used as the age threshold beyond which women were considered 'older mothers' as it appears to be the most widely used contemporary definition, with the majority of existing research using this definition. Secondly, the current consensus seems to be that it is at age 35 in particular where the majority of the risks associated with maternal age seem to increase (Nwandison & Bewley, 2006). In addition, women were only invited to participate in the study if their babies were younger than two years old. This was to ensure that women had recent memories of both pregnancy and antenatal care, with recent memories of antenatal care being preferable owing to the fact that guidelines for antenatal care are frequently amended (NICE, 2008) and advice to new parents continually changes (Hardyment, 2007).

### 3.5.1.2 Recruitment of Participants

A total of eleven women volunteered to take part in the semi-structured interviews. Seven women were recruited via the National Childbirth Trust (NCT), three by opportunity and a further one via a call for participants which was circulated via the University of Huddersfield's staff email lists. Having gained full ethical approval from the School Research Ethics Panel, I recruited the majority of my participants through NCT postnatal groups. In order to do this I contacted individuals who were in charge of NCT postnatal groups for women in parts of North and West Yorkshire via email. The National Childbirth Trust organise postnatal groups nationwide and these groups constitute an opportunity for new mothers with babies or toddlers to meet and socialize. In order to introduce the research to potential participants, permission to attend group meetings was sought from postnatal group leaders at two branches of the NCT in a city in West Yorkshire. Letters of invitation to interview and information sheets (see appendices 2 and 3) were passed around at the group meetings. A perforated slip was provided at the bottom of the letter to enable those interested in participating to leave details of their preferred method of contact. Potential participants were also provided with a pre-paid envelope with which they could send on their details. Alternatively, it was made clear that potential participants could express interest in participation through contacting myself directly via telephone or email. Of the seven participants who were recruited from the NCT, two made contact by sending their details using the perforated slip, and the remaining five contacted me by email. Of the remaining four participants, three were recruited opportunistically, through friends of a fellow PhD student (2), and a friend an existing participant (1). Finally, the last participant was recruited through a call for participants, which was circulated to staff at the University of Huddersfield via email.

Through the recruitment process it was recognized that the women recruited were largely of a particular demographic. They were, what one would generally describe as white, middle-class, professional women. This may be unsurprising given that as a private care provider the NCT charges a fee for women to attend their antenatal classes and, although their postnatal groups are free of charge for women to join, it is likely that they are attended by a similar middle-class demographic. In response to the lack of diversity in the participant sample, attempts were made to recruit women of a more working-class and ethnically diverse demographic through Children's

Centres in West and North Yorkshire. Children's Centre managers were contacted in these areas and given information about the study and were asked to pass on information to service users who they thought would qualify for participation. By definition, Children's Centres are aimed at targeting socially disadvantaged families and hold a number of mother and baby groups within their premises that are targeted at such families. However, unfortunately these attempts to recruit mothers of a different demographic were unsuccessful. Further, I attempted to recruit participants by posting information about the study on two websites, specifically tailored for 'older mothers': *mothers35plus.co.uk* and *mothersover40.com*. Yet again, however, I was unable to recruit any further participants through this strategy.

A possible explanation for the homogenous nature of the final sample lies in statistics that describe the socio-economic status of mothers by age (Office for National Statistics, 2009). These statistics show that women have their first babies over age 30 are more likely to occupy the top three categories of socio-economic classification system (see table 2.1, Chapter Two). As such, it seems that many women who delay pregnancy do indeed occupy higher positions on the socio-economic scale, which might help to explain the apparent bias in my sample.

### 3.5.1.3 Participants

The eleven women that were recruited for the study were aged between 35 and 43 at the time of their first birth, with a mean age of 37 years and 2 months. The ages of their first children ranged between 3 months to 2 years. None of the participants had any subsequent children, although one was pregnant with her second at the time of interview. In terms of ethnicity, all women in this study could be described as White Caucasian. Nine of the participants were UK nationals, with one being from Germany, and one from Australia. All participants were heterosexual and, with one exception, all participants were either married (n= 7) or co-habiting with a partner (n=3). The remaining participant described herself as a single mother. All of the women could be described as having professional occupations, and as such may be defined as middle-class. Table 3.2 gives a brief overview of the ages of the women interviewed at the time they gave birth, the age of their baby at the time of the interview, and their occupation.

<b>Interview</b>	<b>Date of interview</b>	<b>Participant pseudonym</b>	<b>Mother's age at birth</b>	<b>Baby's age at interview</b>	<b>Occupation</b>
1	26 October 2009	Sally	36	M, 7 ms	Officer for childcare policy
2	28 October 2009	Laura	35	M, 1 year	HR Manager
3	29 October 2009	Rebecca	36	M, 3ms	Publisher
4	9 November 2009	Kim	37	M, 2 years	Minister
5	7 January 2010	Helen	35	M, 1 year	Doctor
6	21 January 2010	Rachel	35	F, 6ms	Primary School Teacher
7	25 March 2010	Chloe	41	F, 4ms	Telephone Therapist
8	11 May 2010	Daisy	36	M, 5ms	Academic Psychologist
9	7 July 2010	Lily	39	F, 9ms	FE Teacher
10	9 December 2010	Katie	43	M, 3ms	Senior manager of a marketing company
11	10 March 2011	Jackie	36	M, 19ms	Senior Lecturer in nursing

**Table 3.2 Participants' demographic information**

Because this research is based upon interviews with a small sample of women, it does not claim to be representative of all women who are in the same situation – that is, women coming to

motherhood at age 35 or above. However, in chapters five, six and seven, findings from these interviews will be contextualised within previous research and theory in order to draw out similarities and contradictions where they occur and to theorize about older motherhood.

#### 3.5.1.4 Procedures

All participants were given a choice over the location of the interview. Ten opted to have the interview conducted at their home address, and one chose to be interviewed in a room at the University of Huddersfield. One participant had her partner with her at the time of the interview, who contributed to answering questions on occasion. Prior to the beginning of the interview, all participants were asked whether they had a chance to read the information sheet which they were sent via email at least one week before the interview. The aims and rationale behind the research, alongside the research procedures and plans for the data collected, were then reiterated to the participants before checking their understanding of the research and what was expected of them. Following this, written informed consent was obtained immediately before the interviews began (see appendix 4).

With permission from the participants, all interviews were audio recorded using a digital Dictaphone. Recording the interviews in this way is necessary as it enables the researcher to concentrate upon the interview and what the participant is saying, rather than writing down notes. In addition, a transcript of an interview is essential for an in-depth discourse analysis of text, as was intended for the data collected for this thesis. Each interview lasted between one and two hours, and the questions covered aspects of the women's experience of pregnancy, maternity care and early motherhood. At the start of each interview participants were informed about the semi-structured nature of the interview. They were advised that the questions they were about to be asked were a rough guide and that they should feel free to add anything they felt was relevant to the discussion or their experience. The questions were roughly divided into three subsections (i) experience of pregnancy, (ii) experience of maternity care and (iii) experience of early motherhood (see appendix 5 for the full interview schedule). The questions I posed to the participants were informed by both my analysis of older mothers in the media (see Chapter Four) and through knowledge gained from reviewing existing literature relating to older motherhood (Chapter Two). As discussed in Chapter Two, the assumption made in much of the

existing research and literature on older mothers is that they will have a qualitatively different experience to that of younger women. As such, I was keen to hear older women's accounts of pregnancy, maternity care and early motherhood in their own words, and so asked general, open-ended questions about their experience of pregnancy, birth, and early motherhood. Furthermore, for several of the questions I prompted women to consider whether they thought their experience would have been different having their baby younger, in their twenties, as opposed to now. Additionally, I used findings from the media analysis of representations of older mothers in British newspapers to inform the interview schedule. For example, the analysis of the media speculated that one of the main reasons women have babies later on is to pursue a career – and so my interview schedule contained questions relating to what participants had been doing up until the birth of their babies, with supplementary probing questions regarding why they had their babies at that time, if not already covered.

Throughout the interviews an effort was made to maintain rapport with the participants and to develop continuity within the interviews. I often attempted to restate participants' answers or comments and incorporate them into new ones. Willig (2008a) advises this as a technique as it conveys to the participant that you are taking note of their answers and enables you to check with the interviewee that their comments have been understood correctly.

### **3.5.2 Ethics**

Once more, ethical approval was sought from the Research Ethics Panel within the School of Human and Health Sciences at the University of Huddersfield. For the second study involving semi-structured interviews with older mothers, the University's ethics panel granted ethical approval (see appendix 6).

#### **3.5.2.1 Informed consent and right to withdraw**

Informed consent was gained by providing all participants with an information sheet prior to their participation in the study. The information sheet provided participants with details about the nature and aims of the study, their rights as a participant, and the intentions for the data

collected throughout the research. Participants received this information by email at least one week in advance of their interview. Interviewees were advised that their participation in the research was entirely voluntary, in addition to their rights to withdraw from the study at any stage of the research without giving a specific reason. Finally, they were advised that they were not obliged to answer all of the questions and that if there were any questions they were uncomfortable with answering the researcher would move on to the next upon request. I reiterated this information to the participant at the beginning of the interview.

Consent forms for participants were produced in order to ensure that participants understood all of the information given to them about the study, including their rights as participants. Participants were asked to sign these consent forms before the interviews began in order to ensure they had fully understood all of the issues relating to the study before actually taking part in the research, thus giving their informed consent to participate. Participants were asked to sign two consent forms – one to be kept themselves, and one to be retained for my records.

### 3.5.2.2 Anonymity, confidentiality and storage of data

Every effort has been made to ensure that those who participated in the study remain anonymous. As such, the precise locations of the postnatal groups that some of the participants were recruited from are not identified within the research. Participants were ensured (both on the information sheet and the consent form) that their data would be anonymised and as such, they would not be identifiable to anybody reading the thesis or other research publications produced from the data. Pseudonyms were allocated to all participants, and a record was kept detailing how these corresponded to the participants who took part in the study. This record was kept in a locked filing cabinet, to which only I had access. Names of any places that might identify the participants were also altered in the transcript, as well as the names of significant others. Where names of significant others were mentioned, for example the participants' babies, or partners, their names were replaced with the relationship to the participant in square brackets e.g. [son]. Participants were informed that after their data had been anonymised, the transcripts would only be seen by me and my academic supervisors. They were also advised that although direct quotations might be used in the write up of the research, all data will be fully anonymised, such that anybody reading the analysis would not be able to identify them.

The interviews were audio recorded using a digital Dictaphone. Following the interviews the digital recordings of each interview were downloaded from the Dictaphone to a password protected computer file and backed up onto a compact disc. All interview files were subsequently deleted from the Dictaphone. The discs containing the audio files were kept in a locked cabinet accessible only by me. Participants were advised that data collected from their interviews would be destroyed no more than ten years after the publication of the research. Following publication of the results, any paper records of the data will be shredded, pulped or incinerated and electronic documents deleted.

#### 3.5.2.3 Risk to researcher

The only risk to myself, as researcher, generated by the study was that, for the most part, I would be conducting interviews with participants alone and in their homes. As such, in order to ensure I protected myself from any risk, I advised my supervisor of the dates and times of the interviews I had planned. Additionally, I contacted my supervisor prior to the interview either by phone or text message with an approximate finishing time. Following each interview I contacted my supervisor again to advise her that the interview had been completed and that I was safe.

#### 3.5.2.4 Debriefing

Following the interviews I thanked the women for their participation in the research and, once again, reiterated the aims of the study and briefly discussed what would happen next with regard to their contribution to the research. Participants were then invited to ask any questions they may have about the study or the dissemination of the research findings. All participants were given a hard copy of the information sheet to retain for their information, which included my contact details. I encouraged the participants to contact me if they had any questions or queries following the interview, or if they required a copy of their transcript. One participant requested a copy of their transcript, which I sent to them as soon as it was completed.

### 3.6 Data Transcription and Analysis

The final section of this chapter considers precisely how the analysis was carried out. Firstly, there will be a brief discussion of the transcription conventions that were followed, before a detailed overview of the analytic procedure that was taken. This concludes discussions of the methodology, and leads onto the first of the analytic chapters in the thesis.

#### 3.6.1 Transcription

With reference to study one, the newspaper articles did not need transcribing, but Online versions of the material were copied and pasted into a word document and given a standard plain text format for ease of analysis.

All eleven of the audio-recorded interviews were transcribed first-hand in preparation for analysis. The data were transcribed verbatim with some basic transcription notation, through which some of the more palpable details of the discourse were marked onto the transcript. The transcription notation used is as follows and was based on a light version of Jefferson's transcription notation system (see Atkinson & Heritage, 1984) adapted from Potter and Wetherell (1987):

Transcription notation	Example
Square brackets mark overlap between utterances.	KB: So do you think that in some ways you might be a different mum to [son] now than you would've been (.) [when you were younger?]  Rebecca: [Oh definitely] oh yeah yeah
An equals sign at the end of a speaker's utterance and the start of the next utterance	KB Ok= Sally =when I was (.) twenty odd

indicates the absence of a discernable gap.	
Numbers in brackets indicate timed pauses. A full stop in brackets indicates an untimed pause, too short to measure.	<p>“I was reading about getting pregnant (2.0) that sent me into a complete panic”</p> <p>“I (.) y’know (.) I’d sort of been too busy I suppose”</p>
Round brackets indicate material in the brackets is either inaudible or there is doubt about its accuracy.	“I’ve been to (inaudible) you know baby signing”
Material in square brackets is clarificatory information, or denotes where information has been altered to protect anonymity and as such has been replaced with a description.	“So do you think that um (.) sort of things like that contributed to your decision to have [son] a little later on?”

**Table 3.3 Transcription conventions**

A full transcription notation, such as that developed by Jefferson (1985), was not used, as it was not considered the most appropriate approach. This detailed form of transcription is generally used for conversation analysis and some forms of discursive psychology (generally those akin to conversation analysis), which focus on the minutiae of talk-in-interaction. Although attention was paid to discursive and linguistic features of discourse in the analysis for this research project, this was by no means the entire focus of the research and did not reach the level of detail assumed by conversation analytic work. As a result, it was felt such a level of detail in the transcription would be unnecessary and would potentially interfere with the readability of the transcript, and, as such, the ability to attend to wider discursive meanings in the data.

### *3.6.2 Analytic procedure*

Having earlier outlined the analytic approach taken in this thesis (see section 3.2.4.4), this section will provide a description of the analytic procedure taken. Owing to the evolution of my analytic approach, in that, at the start of the project, I embarked on a different kind of analysis to

what I ended up with, it has been a challenge to define a succinct analytic procedure here, though this is a problem noted by even the most distinguished discourse analysts (e.g. Parker, 1992; Potter & Wetherell, 1987). Comparable to the approach of other discourse analysts (e.g. Hollway, 1989), the analysis was largely guided by intuition and the extensive reading I had undertaken about discourse analytic methods. Essentially, as a result of this reading, I was aware of the key concepts and what I was 'looking for' within the data, and, as such, I did not follow a procedure whereby the data analysis followed a set of progressive stages (e.g. Willig, 2008a). As a result, in line with others (e.g. Parker, 1992), I am not looking to define a method or stringent procedure as such, yet to produce a retrospective 'checklist' or number of criteria that I searched for in my analysis of discourse that others, should they want to replicate this approach to analysis, might find helpful. The following sections document the analytic procedure taken to analyse both the newspaper articles and the interview transcripts.

#### 3.6.2.1 Familiarization with the data set

Firstly, the newspaper articles and interview transcripts were read without any attempt at analysis in the first instance. Willig (2008b) states that this is an important part of the analytic process as it enables the reader to see what is going on in the transcript and, in the case of the interviews, what the discourse is accomplishing for the participants. This is prior to the analysis proper, which then allows you to explore precisely how the things going on in the texts are being accomplished. The newspaper articles and interview transcripts were read again throughout the other stages of analysis to ensure that any interpretations made stayed as true as possible to the data.

#### 3.6.2.2 Coding

After reading each article and transcript through once without making any kind of written notes, the second stage involved coding. This included making brief notes at the side of the text when anything interesting and relevant to my research questions appeared in the data set. These codes were both descriptive, whereby they described what was being said in the data, sticking closely to the text, and interpretative, whereby I began to interpret meaning behind the text. As

the process of coding progressed, patterns began to emerge within the data set and so similar codes were used. As recommended by Potter and Wetherell (1987), an inclusive approach was taken regarding the coding process whereby all parts of the text that were initially interesting were marked.

### 3.6.2.3 Analysis and interpretation of the data set

The following six stages constitute the 'checklist' of concepts that were attended to throughout the analysis of the newspaper articles and interview transcripts. The first four stages of analysis share similarities with the six steps of Foucauldian discourse analysis outlined by Willig (2008a). These stages focus on the constitutive nature of discourse, the identification of the discursive terrain that is available to discuss older motherhood and its shaping of possibilities for practice and subjectivities. The final two stages draw more on a discursive psychological approach and consider how accounts of older motherhood are constructed through the different discursive constructions available, and to what ends.

#### One: Discursive constructions

Similar to the first stage of Foucauldian discourse analysis, as outlined by Willig (2008a), the first stage of analysis involved the identification of the discursive constructions of the topic under study – in this case, older motherhood. In practice, this involved highlighting all extracts where older motherhood was referred to. This involved both explicit, as well as implicit references and is the first stage whereby the 'discursive terrain' of older motherhood is identified.

#### Two: Interpretative repertoires

Leading on from this came the identification of interpretative repertoires, where the discursive constructions of older motherhood began to be broken down. Interpretative repertoires are generally identified in discourse analytic research through their repetition across a data corpus (Edley & Wetherell, 2001). Yet, in attending to the variation in constructions of older motherhood, the different interpretative repertoires of older motherhood can be distinguished. As such, attention was paid to any dilemmatic features of these constructions (Billig et al., 1988). Again, in the literature there is an implication that the identification of interpretative repertoires is somewhat intuitive:

Identifying interpretative repertoires turns out to be a 'craft skill' rather than being something that one can master from first principles. It is an ability that develops with practice...As an interviewer, for example, there usually comes a time when one begins to feel as though you've heard it all before. People seem to be taking similar lines or making the same kinds of arguments as others previously interviewed...Gradually, one comes to recognize patterns across different people's talk, particular images, metaphors or figures of speech. This is a sure sign, as an analyst, that one is getting a feel for the 'discursive terrain' that makes up a particular topic or issue (Edley, 2001, p. 198-199).

Here, attention was also paid to the action orientation of interpretative repertoires – in this case the different constructions of older motherhood. This largely involved a consideration of what function each interpretative repertoire might have, and whose interests particular constructions of older motherhood might serve.

#### Three: Subject positions

A further consideration was with the subject positions, or 'ways of being' that were made available for participants within the interpretative repertoires identified, and, by implication, what ways of being were denied. Further, there was a consideration of the possible implications these subject positions may have for women's subjectivity.

#### Four: Practice

This stage involved considering the possibilities for practice opened up by the different interpretative repertoires and subject positions identified. Here, I contemplated what the various constructions of older motherhood, and positions offered within them, said about what older mothers can do, or have done to them. For example, the construction of older motherhood as 'risky', and, the positioning of older mothers as 'at risk' (see Chapter Four) implies firstly, that women ought to have their babies earlier, and, secondly that older mothers should be placed under increased medical surveillance.

#### Five: Constructions

At this stage the analysis moves away from an approach to discourse that is akin to

Foucauldian discourse analysis and focuses more on the constructive nature of discourse. Here, particularly in relation to the interview data set, attention was paid to which discursive resources the participants were drawing on, and which they were negotiating or resisting. There was an additional dual focus on action orientation here. Firstly, there was a consideration of what is achieved, in an ideological sense, by taking up or resisting a particular subject position, or evoking or resisting a particular interpretative repertoire. Moreover, the function of drawing upon or resisting particular discursive resources was considered locally, in terms of participants were able to achieve within the interaction at hand.

#### Six: Discursive accomplishments

In this stage there was a focus on the localised deployment of discourse, attending to exactly *how* the language used in the media text, and or by participants, enabled them to achieve particular functions. That is, there was a focus on the discursive and linguistic devices used in order to construct a particular version – invoke a particular interpretative repertoire or take up or resist a particular subject position. This focus is akin to a more discursive psychological analysis and attempts to examine the discursive and rhetorical devices employed by participants and consider how using these assists them in accomplishing social acts within a given interactional setting. A list of the main rhetorical devices attended to in the analysis can be found below (table 3.4). Where possible I have used examples from the data set collected for this research.

<b>Device</b>	<b>Example and function</b>	<b>Reference</b>
Reported speech	<p>“They said “What do you want to do?” and I really didn’t have a clue” (Laura, Interview Two)</p> <p>Serves to increase the facticity of accounts and establish objectivity.</p>	Hutchby & Wooffitt (1998); Wooffitt (1992)
Script formulations	<p>“Having a baby is a strain on any relationship” (Lily, Interview Nine).</p> <p>Constructs accounts as ‘normative’ – reflecting what anyone would say/do/experience</p>	Edwards (1994)
Three-part lists	<p>“All the risks associated with pregnancy and birth</p>	Jefferson (1990)

	<p>rise sharply over the age of 35, including miscarriage, birth defects and problems such as high blood pressure affecting the mother” <i>The Independent</i>, 28 November, 2008</p> <p>Three-part lists are sections of discourse constructed of three parts. They are a highly persuasive rhetorical device.</p>	
Extreme case formulations	<p>“I’ve always been extremely extremely active” (Sally, Interview One)</p> <p>Adds strengths to claims by taking them to extremes.</p>	Pomerantz (1986)
Contrasting discourse	<p>“Like now I’m completely not bothered about going out anymore. Whereas then I would’ve really resented not going out all the time” (Laura, Interview Two)</p> <p>Emphasises change or difference by placing two contrasting accounts close by.</p>	Smith (1978)
Category entitlements	<p>“His [partner’s] sister is a paediatric consultant” (Sally, Interview One)</p> <p>Build up credibility of accounts/ justifies claims through evoking the opinion of others who have certain knowledge entitlements.</p>	Potter (1996)
Disclaimers	<p>“Sounds awful, but”</p> <p>Disclaimers anticipate (and reject) potential negative claims.</p>	Hewitt & Stokes (1975)

**Table 3.4 List of discursive devices**

Although defined as six 'stages' here, the analysis will be integrated, addressing each of these stages simultaneously. In order to guide the reader in terms of making sense of the analysis; in practice, this will involve a discussion of how the discursive object is constructed and what implications the construction has in terms of practice and subjectivity, in terms of the subject positions or 'ways of being' that are made available. Moreover, for the interview data specifically, there will be a consideration of the discursive constructions of older motherhood that are drawn on, negotiated, or resisted by the women themselves, and the subject positions taken up, negotiated or resisted. The function of participants' localised discursive orientations will also be examined, yet it is acknowledged that discursive accomplishments are governed by the discursive constructions that are available. For example, should a woman draw upon constructions of 'good' mothering, such as maturity and self-sacrifice in order to justify 'delaying' motherhood, it would be considered that this is only successful owing to the 'availability' of such discourses of 'good' mothering. As such, the action orientation of participants' accounts is examined with reference to the discursive context in which they are uttered, thus stepping outside the boundaries defined by discursive psychology.

### 3.7 Chapter Summary

The purpose of this chapter has been to outline the methodological approach taken in this thesis. Firstly, I outlined the theoretical framework of the thesis, detailing the theoretical context within which this research sits. This was followed by a discussion of the two main approaches to discourse analysis drawn on in this thesis, and how I aim to combine them here for the purposes of analysis. The remainder of the chapter was dedicated to outlining the specific methods used to collect and analyse the data for the study. The following four chapters comprise the findings of the analysis, beginning with the analysis of 'older mothers' in the news media.

## Chapter Four - Representations of Older Mothers in the British Media

Chapter three was dedicated to outlining the principles of a combined approach to discourse analysis, which has been used to analyse the data corpus collected for this research, in addition to introducing the methods used in this research project. This first data chapter presents the findings of study one and comprises an analysis of a selection of articles taken from UK newspapers written about older motherhood.

The principle aim of this study was to identify the interpretative repertoires (e.g. Potter & Wetherell, 1987) that are commonly used to construct older motherhood in order to shed some light on how women who become mothers later are contemporarily viewed in society. There is an additional focus on the subject positions or ways of being that are made available to the women through these repertoires. Furthermore, attention will be paid to the rhetorical nature of the language used by the media in constructing these accounts of older mothers or older motherhood.

### 4.1 Analysis

Following the analysis of the 26 newspaper articles, two competing interpretative repertoires of older motherhood and older mothers were identified. The first, and most prevalent repertoire constructed older mothers as selfish. As I will now demonstrate, central to this repertoire is the notion that older motherhood is a choice and, as such, moral accountability is assigned to women for seemingly willingly putting themselves and their babies at risk. Furthermore, reasons for 'delaying' motherhood are inferred as selfish and self-interested. The second less prevalent but contrasting repertoire constructs older motherhood as positive and beneficial, and older mothers as 'good' mothers. This repertoire is characterised by notions that older mothers are more secure, stable, and responsible and that they are dedicated to the needs of their infants. Furthermore, in this repertoire, later motherhood was constructed as the outcome of a

responsible, rational decision, rather than a 'selfish' choice. This chapter will be dedicated to outlining these interpretative repertoires and demonstrating how the language used in the articles functions to construct them.

## 4.2 'Selfish' Older Motherhood

The most prevalent repertoire of older motherhood identified in the newspaper articles constructed older mothers as 'selfish'. Although the word 'selfish' was rarely explicitly used, it was heavily implied through simultaneous discussions of later motherhood as both a choice and as medically risky, in addition to commonplace assumptions regarding exactly why women 'delay' motherhood, as I will go on to demonstrate. The following section of this chapter will discuss how these notions intertwine in order to provide an account of older motherhood that defines it as implicitly selfish.

### *4.2.1 Older motherhood – a (selfish) choice?*

Since the advent of and widespread accessibility to contraception, it is often considered that the timing of motherhood is a choice for women. The following section of this chapter focuses on a consideration of how the notion of 'choice' was often invoked in the newspapers with reference to older motherhood, alongside common observations or assumptions about why women 'delay'. Furthermore, the potential implications of this, in terms of accusations of 'selfishness' for women, are discussed.

Through constructing the timing of pregnancy as a woman's choice, a pervasive implication was that those women who had babies later on in life were invariably those who *chose* to do so. This is indicated by the extracts below:

#### Extract 4.1

1. The average age of British women giving birth is stable at 29,
2. but the numbers of women choosing to start families in their late
3. thirties and early forties has risen sharply.

(*The Observer*, 28 October, 2007)

Extract 4.2

1. The Royal College of Obstetricians and Gynaecologists (RCOG) is
2. urging would-be mothers to have children between the ages of 20
3. and 35 to minimise the chances of childbirth damaging their own
4. or their babies health.
5. It has issued its clearest advice yet on older motherhood, after
6. doctors raised concerns that among the record number of women
7. choosing later parenthood, some are ending up childless because
8. they have ignored their biological clock and left it too late to
9. start a family.

(*The Guardian*, 15 June, 2009)

Extract 4.3

1. In 2005, there were 1,177 babies born to mothers over 45 – up
2. from 586 in 1995. The increase comes as it was confirmed that the
3. birth rate of women in their early 30s has surpassed that of
4. women in their late 20s for the first time. The news that more
5. women are waiting to have their children comes despite warnings
6. from senior doctors that it is dangerous to both mother and baby
7. to wait so long.

(*Mail Online*, 27 February, 2007)

Similar to many of the articles in the corpus, these extracts discuss the apparent increase in the numbers of women having babies later on in life. Indeed, coverage of the growing numbers of older mothers almost seemed to serve as a catalyst for the majority of the articles written, whereby the articles were often set against the backdrop of a discussion of the increase in 'older' mothers. The increase in later mothers was constructed as extensive through the use of phrases such as "risen sharply" (extract 4.1, line 3) and "record number" (extract 4.2, line 6) that were often used to describe the trend. Often statistics were outlined (e.g. extract 4.3) which served as provision of 'concrete evidence' for the trend and effectively functioned to shore up

the argument of the article.

Further, these extracts demonstrate how the timing of motherhood was predominantly constructed as a woman's *choice* in the newspaper articles (extract 4.1, line 2; extract 4.2, line 7). Where the verb 'choose' was not explicitly used, for example in extract 4.3, choice was effectively inferred through use of phrases such as "wait so long" (extract 4.3, line 7), "putting pregnancy on hold" (*The Sun*, 24 September, 2008), "delaying motherhood" (*The Independent*, 2 December, 2006), "leave it late" (*The Observer*, 28 October, 2007), "waiting longer" (*The Telegraph*, 1 July, 2008), "trend to put-off starting families" (*The Guardian*, 25 October, 2006), and "postponing having children" (*The Times*, 25 October, 2006), which were all used to describe women who were having babies at a later age. The verbs used in these phrases all have one thing in common when discussed in relation to older mothers – they imply agency and, consequently, 'choice' (Budds et al., 2013). Furthermore, as noted by Shaw and Giles (2009) these types of verbs, when used to describe women having babies later on in life, reflect both the dominant ideology of femininity, and society's implicit pronatalism. That is, it is expected that women will have, and indeed, will want to have children and as such older mothers are seen as those who are delaying the inevitable.

In constructing the timing of pregnancy as a woman's choice, the newspapers effectively positioned women as responsible and accountable for the timing of their pregnancies. Although this is not necessarily problematic in itself, the notion of 'choice' in relation to timing of pregnancy becomes problematic for women when discussed in conjunction with the risks associated with that timing, as well as assumptions made in the articles about the reasons why women 'delay' motherhood. The implications of the discussions of risk will be considered further in the next section of this chapter; firstly, however, the remainder of this section will consider suggestions made in the articles about the reasons behind the increase in the number of women *choosing* to have babies later on in life, as it is these assumptions which seem to underpin a subject position of 'selfish older mother' that women who begin families later may then be required to negotiate and resist.

The prevalent explanation for the observed increase in older mothers was that women who 'chose' later motherhood did so in order to focus on a career. This assumption was ubiquitous in

the data corpus and spanned both negatively and positively framed articles. Indeed, 21 out of the 26 articles analysed linked 'delayed' motherhood with women's career ambitions despite research, discussed earlier, that provides limited evidence for this assumption (see section 2.1.3). Furthermore, the newspapers often inferred that reasons behind later motherhood, such as careers, were self-interested, which is central to the repertoire of older motherhood as selfish, and forms the cornerstone of the subject position of the 'selfish older mother'.

#### Extract 4.4

1. Most pregnancies occurred among women aged 25-29, but the rate
2. for those aged 40-44 achieved the largest increase – more than 6
3. per cent from 11.5 conceptions per 1,000 women in 2005, to 12.2
4. in 2006.
5. The national rise was mainly attributed to social and economic
6. factors, with more women choosing to put their career before
7. starting a family. The growing popularity of IVF treatment may
8. also play a part, but doctors say that older mothers may be
9. risking their own health and that of their babies by delaying
10. pregnancy until later in life.

(*The Times*, 29 February, 2008)

As with many others, this article begins with a discussion of the increase in the numbers of women having babies later on in life, particularly between the ages of 40 and 44 (lines 1-4). The article reports that the rise was "mainly attributed to social and economic factors" (lines 5-6), specifically noting the impact of "more women choosing to put their careers before starting a family" (lines 6-7). Thus, it is inferred that those women who 'delay' pregnancy are, firstly, those who choose to do so and, secondly, most likely delay in the interest of pursuing a career. Although this notion was pervasive in the newspaper corpus analysed, in contrast, the literature tends to suggest that women cite other more circumstantial reasons for 'delayed' motherhood, such as lack of an appropriate partner (e.g. Berryman et al., 1995; Cooke et al., 2012), yet such alternatives are rarely considered. As such, the media effectively perpetuates a simplistic view that women who delay motherhood are invariably those who choose to do so for career reasons.

The notion that women ‘choose’ to ‘put careers before motherhood’ implies agency and infers responsibility and accountability to women for making this ‘choice’. Little consideration is given to the societal expectation for women to achieve and contribute to the world of work, nor the economic and social circumstances, which often require and drive women to pursue a career so that they may establish economic stability before beginning a family. What is more, ‘choice’ infers that concentrating on a career is something that women invariably *want* to do, with little consideration that pursuit of a career may be a necessity, rather than a desire for some women. It implies that, given the choice between starting a family and pursuing a career, women are choosing to place the latter as their priority and with little consideration of how many women actually have the opportunity to begin their families earlier. As a result of this, the notion that women are ‘choosing’ to put their careers before motherhood is, simplistically, read as self-interested – a means of pursuing individual desires and putting these above and beyond familial needs. This, in effect, paves the way for the subject position of the ‘selfish older mother’. There is no equivalent discourse of choice surrounding men who pursue a career before (and largely during) fatherhood – a career is an expectation of men, yet a ‘choice’ for women. Indeed, that is not to say that many women do want to pursue a career, but portraying that this is the case for all women who begin their families later is simplistic and as such fails to illuminate some of the other issues around ‘delayed’ motherhood. In addition, this simplistic portrayal becomes increasingly problematic when women’s ‘choice’ to put careers before motherhood is discussed alongside the medical risks that increase with advancing maternal age, as hinted at in the extract above: “doctors say that older mothers may be risking their own health and that of their babies by delaying pregnancy until later in life” (lines 8-10). The direct implications of discussing risks of later motherhood alongside women’s choice to delay motherhood will now be discussed.

#### *4.2.2 Older motherhood – a risky choice*

Among the articles, later motherhood was pervasively constructed as ‘risky’. Discussions of risk centred on the risks of infertility, as well as the risk of medical complications associated with older mothers or their babies. This section demonstrates how the repertoire of ‘older motherhood as selfish’ was constructed through discussions of women ‘choosing’ to have babies later and, therefore, the implicit suggestion they are ‘choosing’ to put themselves and

their babies at risk. The articles present the idea that health risks to both mother and baby increase with advancing maternal age, particularly in women over 35, as demonstrated in the extract below:

#### Extract 4.5

1. The proportion of mothers aged over 35 has doubled since 1989
2. from 6 per cent in 2006, and the group of those over 40 is rising
3. even faster. But the risk of a Down's syndrome pregnancy is 16
4. times greater in a mother over 40 than in one aged 25. All the
5. risks associated with pregnancy and birth rise sharply over the
6. age of 35, including miscarriage, birth defects and problems such
7. as high blood pressure affecting the mother, Professor Morris
8. said. "The risks are fine up to the age of 35 but over 35 they
9. become exponentially greater."

*(The Independent, 28 November, 2008)*

In the majority of the articles, as evidenced in the extract above, a discussion of the contemporary trend towards later motherhood, whereby increasing numbers of women are having babies later on in life, is reported alongside the increasing health risks to mother and baby with advancing maternal age. As such, the trend towards later motherhood is constructed as a public health problem. In this extract, statistics are used to present the increase in mothers aged over 35 and 40 (line 2) and this is followed by discussions of the risks that increase alongside maternal age (lines 3-9).

The reporting of the increase in health risks to older mothers and their babies, where discussed, takes a reasonably consistent form across the data corpus. That is, the newspaper articles tend to construct older motherhood as being risky and as such position older mothers and their babies as 'at risk'. This is often achieved through reporting of statistics and probabilities relating to the associated health risks. The reporting of statistics is a key rhetorical device involved in fact construction (Best, 2012). Statistics are considered to be scientific, objective measures of phenomena and as such, reporting statistics gives the impression that you are reporting the 'facts'. As a result, reports of statistics are considered to be more factual and less value-laden.

In addition, scientific, objective knowledge is contemporarily privileged and valued above other forms of knowledge in our society. Here, probability statistics are used to demonstrate the increased risk of a Down's syndrome pregnancy as women age (lines 3-4).

The 'riskiness' of older motherhood is further worked up through the rhetorical organisation of the talk relating to the risks. When outlining the risks, a three-part-list (Jefferson, 1990) is utilized: "All the risks associated with pregnancy and birth rise sharply over the age of 35, including miscarriage, birth defects and problems such as high blood pressure affecting the mother" (lines 4-7). A three-part list is a highly persuasive rhetorical device often used in political contexts (Atkinson, 1984; Heritage & Greatbatch, 1986) or courtroom scenarios (Drew, 1990). Here, each part of the list is constructed from a different risk to mother and baby, which when put together, functions to shore up the legitimacy of the claim that later motherhood is more risky. Moreover, the information about the risks comes from an 'expert' source - Professor Joan Morris. Prior to this extract, a category entitlement (Potter, 1996) is evoked for her when she is described as "the head of the Down's Syndrome Birth Register" and as such, she is expected to have particular knowledge entitlements specific to her category - that is, knowledge about the risks of delayed pregnancy, particularly in relation to Down's syndrome. As a result of this, the credibility of the account concerning the increasing risks associated with later motherhood, and the idea that older mothers and their babies are positioned as 'at risk', is increased.

Finally, the claim that later motherhood is risky is also shored up through use of extreme case formulations (Pomerantz, 1986). Firstly, it is suggested that 'all the risks' (line 4) increase with maternal age, with 'all the risks' denoting an extreme case formulation. Here, it functions to emphasise the high number of risks that increase with advancing maternal age - that is, all of them, without exception. As such, it helps to legitimise the concern that later maternal age is associated with an increase in risks to mother and baby. Furthermore, in the extract later motherhood is constructed as being particularly risky beyond a specific age cut-off: "The risks are fine up to age up to the age of 35 but over 35 they become *exponentially* greater" (lines 7-9). Again, the use of 'exponentially' here constitutes an extreme-case formulation (Pomerantz, 1986), which functions to emphasise the sheer increase in the risks a woman faces once she reaches the age of 35. As such women over 35 and their babies are constructed as being at particular risk.

Coupled with the prevailing assumption made by the articles that the timing of motherhood is a woman's choice, discussion of the risks that increase with advancing maternal age positions women as morally responsible for the risks to herself or her baby that might incur with later motherhood. Furthermore, as discussed previously, given that there is a suggestion that women delay motherhood for self-interested reasons, such as the pursuit of a career, there is an implication that women are putting themselves and their babies at risk for 'selfish' reasons.

Further analysis of the data suggests that not only are women held accountable during their pregnancy for putting themselves and their babies 'at risk' of complications, they are also constructed as accountable for any fertility problems their daughters might experience in the future, for example:

Extract 4.6

1. Women in their late thirties and forties who give birth to girls
2. may compromise their daughters' own chances of starting a family.
3. Advancing age not only reduces a woman's ability to conceive but
4. also raises the risk that her female offspring will struggle to
5. conceive later in life, scientists claim. Their findings are
6. alarming because women are increasingly postponing having
7. children until they have established a career. One in seven
8. couples already has difficulty becoming pregnant, and this is
9. likely to worsen as more daughters of older mothers reach
10. adulthood.

(*The Times*, October 25, 2006)

This extract came from an article which reported on research findings that appeared to suggest that female babies born to older mothers may be 'at risk' of fertility problems in the future. By itself, this research ought not to conjure up issues of accountability or morality, but might simply be considered an unfortunate correlation. However, owing again to the fact that later motherhood is constructed as a choice, accountability and morality are both brought into the frame. The idea is that having chosen to start their families later in life (again in order to

establish their careers according to this particular article and others), older mothers are accountable for the outcomes associated with those choices, that is, the increased risk of their daughters suffering fertility problems. Presumably, the same is true for daughters born to women who have had babies earlier in their late twenties or early thirties and who have then gone on to have a daughter later on in life, however this is not made explicit. Instead, the propensity for women to 'postpone' motherhood is considered to be the particular problem here - women who 'delay' pregnancy are putting their daughters 'at risk' of infertility.

This idea is worked up through the language used and the rhetorical organisation of the text in the article. In the first sentence, women who give birth to girls in their late thirties and forties are described as 'compromising' their daughters' fertility (lines 1-2). This is set against a backdrop of concern about the increasing number of women 'postponing' motherhood until they have established a career. Again, the author's use of the verb 'postponing' (line 6) implies agency, which implies choice. As such, it is considered that a mother's choice to delay pregnancy is negatively impacting on their daughters' fertility. In addition, their use of an emotive adjective 'alarming' to describe the findings (lines 5-6) is interesting in that it seems the findings are not considered alarming in themselves, but become so when discussed alongside the increasing numbers of women postponing motherhood, and so putting their daughters at risk of infertility: "Their findings are alarming because women are increasingly postponing having children until they have established a career" (lines 5-7). Murphy (2004) suggests that in today's society we are expected to minimise risk-taking behaviour in relation to our own health and that expectation becomes even more salient when you are responsible for the health of another – when you are a mother, for example. It is considered a greater moral issue when your 'choices' or decisions impact upon the lives of others and put them at risk. As such, it is inferred that later mothers are making a morally questionable choice. Selfishness is inferred as it is considered they are risking their daughters' fertility for their own personal desires - pursuit of a career. Consequently, it is inferred that later mothers are positioned as 'bad' mothers as being a 'good' mother is traditionally tied to attributes such as selflessness and self-sacrifice - putting your children's needs and concerns before your own.

To summarize, the repertoire of older motherhood as selfish is constructed through the newspapers simultaneously discussing later motherhood as a woman's choice, whilst making

specific claims about why women choose to mother later, and discussing the risks that increase as a consequence of such a choice. The next section discusses a contrasting repertoire of older motherhood – that older mothers are good mothers.

### 4.3 The Good Older Mother

In contrast to the repertoire or account of older mothers and older motherhood as selfish, an alternative repertoire, which presented older motherhood in more positive light and constructed older mothers as good mothers, was also evident in the newspaper corpus, though this repertoire was significantly less prevalent. In this repertoire, older motherhood is constructed as favourable through suggestions that older mothers are stable, secure, responsible and dedicated to the upbringing of their children – all notions which are central to contemporary definitions of ‘good’ motherhood. Furthermore, in this repertoire, the timing of motherhood was not presented as a woman’s selfish choice, but, more positively, as a rational and responsible decision.

#### 4.3.1 Older motherhood – a rational decision?

In contrast to the notion that older motherhood is a straightforward choice for women, as seen in the previous section, a smaller selection of the articles framed older motherhood, more positively, as a rational decision – a response to the difficulties of combining family life with work. For example:

#### Extract 4.7

1. Psychologist Dr Claudia Herbert says there are pros and cons to
2. putting motherhood on hold. “Women face a very difficult decision
3. in the quest to have it all. Often it is not enough to be a
4. mother; a woman wants a career in her own right as well. “A lot
5. of women feel pressure from society to prove themselves and
6. fulfil their individual ambitions before starting a family.”
7. “Having another child can bring huge financial losses if a woman

8. has to rely on state support or depend on a partner's income...."  
(break of five lines)
9. "Many women feel a loss of control when giving up their earning
10. power and essentially their identity within society, which can be
11. very difficult. So they tend to wait until they are established
12. educationally and emotionally. "Trying to juggle a career with
13. being a mum holds a lot of responsibility and so many women are
14. focusing their attention on one area at a time."  
(*The Sun*, 24 September, 2008)

At the beginning of the extract, the route to later motherhood, linked here to the quest to "have it all", is constructed as a 'decision' (line 2). This is in contrast to the previous extracts whereby later motherhood is constructed as a choice. The outcome of framing the timing of motherhood as a decision is that it infers responsibility – a decision is a choice we make after careful consideration of the options available to us, whereas a choice alone appears to suggest something that is altogether more frivolous, based upon desire rather than careful consideration. What is more, it is described as a 'very difficult' decision (line 2), which shores up the amount of responsible consideration and deliberation is required by women to make it. Furthermore, the views quoted in this extract are that of an 'expert' – psychologist Dr Claudia Herbert, which gives the statement further credibility. Psychologists are known to have certain knowledge entitlements (Potter, 1996) about human thought and reasoning. As a result of this construction, women who 'delay' pregnancy are positioned as responsible decision makers, rather than frivolously acting on their own desires. It is suggested that the quest to 'have it all' is made complicated by difficult decisions that women have to make regarding the negotiation of career and motherhood.

Furthermore, there is an acknowledgement that "often it is not enough to be a mother; a woman wants a career in her own right as well" (lines 3-4). This is followed by a discussion of societal pressures, which women may feel encourage them to fulfil their individual ambitions prior to starting a family (lines 4-6). As such, the timing of motherhood is not constructed as a full choice here, but is shaped and restricted by existing societal pressures that may encourage women to put other priorities first. As such, women are positioned as having limited agency; to some

extent societal pressures dictate the timing of motherhood.

Such social and cultural constraints within which women have to negotiate the timing of motherhood were rarely given consideration in the corpus of newspaper articles analysed, where, more often, the timing of motherhood, as discussed above, was constructed as a free choice. Furthermore, in this extract there is recognition of a financial limitation of childbearing: “Having another child can bring huge financial losses if a woman has to rely on state support or depend on a partner’s income” (lines 6-8) – having a child not only means that women lose out on income, but also it forces her to become financially dependent, whether on the state or a partner. This taps into the prevalent concern that people should only have children when they can afford to take care of them, which becomes clear when we think about responses to single mothers or families who rely on state benefits to support their children (Silva, 1996). As such, having a child whilst pursuing a career is not constructed as preferable.

The difficulties inherent in managing a career alongside a family are also acknowledged in this extract: “Trying to juggle a career with being a mum holds a lot of responsibility and so many women are focusing their attention on one area at a time” (lines 12-14). Again, the idea that women might concentrate on building a career first before having babies is constructed as a rational decision made by these women - given the fact that doing both at once is a struggle, it makes sense to focus on one area first.

The following extract again challenges the notion that delayed motherhood is a straightforward choice for women. As is the case with the majority of the challenges to pervasive and stereotypical representations of later mothers, this extract is taken from a comment piece. The author of this article is Corinne Sweet, who also wrote a book on later motherhood. In her article Sweet acknowledges and attempts to challenge stereotypical portrayals of women who delay pregnancy including, as demonstrated in this extract, the assumptions made about why women start their families later.

#### Extract 4.8

1. Let’s get one thing straight: women over 40 don’t “forget” to
2. have children (as per the famous postcard “I can’t believe I

3. forgot to have children”); nor are they so career-obsessed that
4. they blot babies out completely. The issues are far more complex.
5. Few women find the right parental partner straight away. Mr Right
6. is as elusive as Bridget Jones in a thong. Most of us kiss a
7. helluva lot of frogs only to find they fail to turn into princes.

*(The Independent, 7 June, 2008)*

Unlike the majority of the newspaper articles where the trend to delay motherhood is equated with women choosing to pursue a career, this notion is critiqued in this extract as the author directly challenges some of the widespread assumptions made about later mothers: they do not ‘forget’ to have children, nor are they ‘career-obsessed’ to the degree that babies are ‘blotted out’ of their lives completely (lines 1-4). Instead, she suggests, “the issues are far more complex” (line 4). The author then goes on to discuss the nature of the complexity behind ‘delayed motherhood’, noting that one of the reasons behind delayed motherhood is the difficulty women face in finding an appropriate partner: “few women find the right parental partner straight away” (line 5). The difficulty women experience in finding an appropriate partner is shored up through a comparison to the situation of a well known character in popular culture: “Mr Right is as elusive as Bridget Jones in a thong” (lines 5-6) which would be well-recognised by women today and adds an element of humour. Finally, the author considers the experience of women trying to find the right person to settle down and have children with, remarking: “most of us kiss a helluva lot of frogs only to find they fail to turn into princes” (lines 6-7) and as such referring to the quest many women go through to find the ‘right’ person whom they see as appropriate to begin a family with. Using the collective pronoun ‘us’ constructs the quest for the ‘right’ relationship as something commonly experienced by the majority of women, rather than the exception. Thus, far from a straightforward choice, she notes that a woman’s timing of pregnancy is somewhat down to her relational circumstances.

Although the lack of an appropriate relationship is often cited as a contributory factor to delayed parenthood in the scholarly literature on later motherhood (e.g Berryman et al., 1995) this was very rarely acknowledged in the newspaper articles analysed. As such the prevailing subject position or ‘way of being’ made available in the newspapers for later mothers was one who *chose* to do so in order to (selfishly) pursue a career, but with some resistance by this

contrasting account which positions these women as those trying to be good mothers – rationally deciding upon later motherhood in response to life circumstances and seeking to construct the right situation in which to bring a baby into.

#### 4.3.2 Older mothers make good mothers

The repertoire constructing older mothers as good mothers was further developed by discussions of the ‘characteristics’ possessed by older mothers, which make them ‘good’ mothers. In comparison to constructions of older mothers as ‘selfish’ and ‘risky’, such constructions were less prevalent amongst the corpus, however they were often used to counteract and inoculate against the idea that older mothers are (selfishly) putting themselves and their babies ‘at risk’. The extent to which the repertoire of good older motherhood was evident differed for each article. For five of the articles collected, defence of older mothers, or the suggestion that older mothers made ‘good’ or ‘better’ mothers seemed to be the most dominant thread. Other articles provided a more ‘balanced’ picture detailing what they framed as the positives and the negatives of later parenting, whilst some included a sentence or two about the positives of later motherhood, which was in contrast to the rest of the article which appeared to be largely negatively framed and focused upon the risks. The repertoire of ‘good’ older motherhood included descriptions of the characteristics of older mothers as secure and stable; focused and devoted mothers; and as more responsible mothers. In the main, the extracts that will be discussed in the analysis come from those articles that framed older motherhood in a largely positive light. This was felt to be appropriate to ensure that the extracts were not taken out of context – in those articles that were predominantly negatively framed, the positives of older motherhood were commonly set against the backdrop of the risks or problems associated with later motherhood.

One of the most prevalent ideas about the benefits of older motherhood, as constructed in the articles was that older mothers make secure and stable mothers. This was a feature of the majority of those newspaper articles that gave some room to discussing the advantages of later motherhood. The articles often pointed to economic, emotional and relational stability as being typically associated with women who begin their families later on in life.

For example, the following extract considers that 'older' mothers tend to be in settled, long-term relationships when they have their children.

Extract 4.9

1. Lesley Page, 64, professor in midwifery at King's College,
2. London, had her son David when she was 47 and her two adopted
3. children were in their teens: 'People say older mothers get too
4. tired,' she says, 'but they should try talking to younger
5. mothers. It's the same for everyone; motherhood is tiring.' But
6. it is undeniably easier for those in a stable relationship, and
7. here again older mothers have the edge. Almost 85 per cent of
8. them are married, and those that aren't tend to have a strong
9. support network of family and friends. Admittedly, this might not
10. include grandparents – research shows that older mothers were
11. themselves often born to older mothers. 'What their children lose
12. in the grandparental relationship, they gain from the fact that
13. they are less likely to have to contend with parental divorce or
14. separation,' says Dr Berryman.

*(Mail Online, 12 October 2008)*

The extract begins by normalising the experience of motherhood as tiring for women of all ages. One of the 'problems' of later motherhood, as constructed by the media is that older mothers are less able to deal with the physical challenges associated with taking care of young babies. Yet here, the article presents the view that motherhood is tiring for women of all ages (lines 4-5). Furthermore, the article quotes the views of Lesley Page – who, it is mentioned, is a professor of midwifery at Kings College University in London. In stipulating that she is a professor of midwifery, her opinion is more likely to be respected or believed – as an 'expert' in pregnancy and motherhood she is assumed to have certain knowledge entitlements (Potter, 1996). Moreover, described as having her son when she was 47, it becomes apparent that she is an older mother herself and, as such, has first hand experience of what later motherhood is like. This double category entitlement, as professor of midwifery and older mother, works to

legitimise her opinions. Furthermore, this opinion is used as the backdrop for presenting the benefits of later motherhood – motherhood is tiring for everyone, but older mothers are said to have an advantage – something to make motherhood ‘easier’, that is, they are often in stable relationships (lines 5-7). This is ‘evidenced’ by the fact that the majority (85 per cent) of older mothers are married. In constructing later motherhood as preferable owing to the fact that many older mothers are in secure relationships that have been sealed by marriage, the article reiterates the ubiquitous idea that marriage is preferable and desirable in our society and, further, renders marriage a mark of commitment and security in a relationship. Older mothers are better mothers because they are in secure, committed relationships, signified by marriage.

In addition to the high rates of marriage, older mothers, when not married, are said to benefit from having a “strong support network of family and friends” (line 8). A recognition that this might not include grandparents is offered. However, this is again counteracted through a discussion of the benefit of older mothers having more secure relationships, meaning that their children are less likely to have to deal with parental separation or divorce. Here the article draws upon the commonly held knowledge that parental divorce is a stressful event in a child’s life. Older mothers are positioned as better mothers as their relationships are considered to be more stable and less likely to end in divorce – as such they are less likely to put their children through the stress of separation.

Further contributing the repertoire of good older motherhood is the suggestion that older mothers are dedicated mothers. The implication here is that older mothers are ready to dedicate themselves to motherhood and to focus their attentions on their children, and so, make ‘good’ mothers.

#### Extract 4.10

1. Women who leave it late to embrace motherhood are often
2. criticised for gambling with their fertility and risking their
3. own and their baby’s health. But now a leading academic says it’s
4. better for many women to delay getting pregnant. Professor
5. Elizabeth Gregory says older mothers are financially secure and
6. happy to put their careers on hold while they bring up baby, and

7. they are more likely than younger first-time mothers to be in
8. stable relationships...

((break of 14 lines))

9. 'I have found an overwhelming number and range of reasons why
10. what I have termed the "new later mothers" are absolutely right
11. to delay motherhood' said Gregory, director of the Women's
12. Studies Programme at the University of Houston. 'For one thing,
13. they have a stronger family focus and feel ready to focus on
14. family rather than trying to juggle priorities because they have
15. achieved many of their personal and career goals.

(*The Observer*, 28 October, 2007)

Set against the criticism that older mothers are risking their fertility and putting their own and their babies health 'at risk' (lines 1-3), it is suggested, on the contrary, that it is 'better' for women to 'wait' until they are older to become pregnant. This is attributed to financial and relational stability, but also the idea that women who 'delay' motherhood are "happy" to put their careers on hold and are "ready to focus on their family". The outcome of this is that older mothers are positioned as 'better' mothers, which is successful owing to the fact that contemporarily 'good mothers' are considered to be those who dedicate their time to their children. Again, this view is shored up by reporting the views of an 'expert', whereby Professor Elizabeth Gregory, is described as "director of the Women's Studies Programme at the University of Houston" (lines 10-11). Through this description her account will be considered to have greater credence, and, will consequently have a greater impact in terms of a resistance to the prevalent idea that older mothers put themselves and babies at risk, as well as the implicit argument that they are selfish.

In addition, the quote that has been used in the article further functions to position older mothers as good mothers. Professor Gregory states: "I have found an overwhelming number and range of reasons why what I have termed the "new later mothers" are absolutely right to delay motherhood' (lines 8-10). Her account is an emphatic one, in which she makes use of extreme case formulations (Pomerantz, 1986). For example, the use of the verb 'overwhelming' (line 8) serves to emphasise the sheer volume of reasons that she discovered which support the idea

that women are right to have babies later – that is, she found so many that she was ‘overwhelmed’. The extreme case formulation functions to present her findings as a stark contrast to the prevailing criticisms directed at women who ‘delay’. Moreover, the use of the extreme case formulation ‘absolutely’ (line 9) functions to cast the decision women make to have babies later as the correct one – beyond any doubt. The reasons she chooses to illustrate that later motherhood is the right decision are centred around the ability for older women to focus on their families, rather than juggling a number of different priorities. It is inferred that this is only possible because they have achieved many of the things that they wanted to in life, such as personal and career goals. It is worth highlighting that in the quote, older motherhood is not only constructed as positive, it is constructed as preferable. Older mothers are described as having a ‘stronger family focus’ (lines 11-12) and as a result of using the comparative adjective ‘stronger’, they are consequently constructed as better mothers. What is also interesting to note about this extract is that the article is effectively turning something that could be perceived quite negatively – that women are delaying motherhood for what might be (and have been) perceived as ‘selfish’ reasons, such as pursuit of a career, on its head. Rather, it is suggested that having fulfilled their life and career ambitions prior to motherhood, they are better mothers because of it as they are now able to focus their attentions on their children. As such, invoking the notion of dedication effectively inoculates against the idea that older mothers are ‘selfish’, as inferred in earlier extracts. As I will go on to discuss in Chapter Seven, this same idea frequently emerged in the interviews with older mothers, whereby they used it to justify and account for the timing of their pregnancy. Something the above extract also infers is that, in being able to dedicate their time to and focus their attention upon their children, children also benefit from having an ‘older mother’.

In addition to, and bound up with, the notion that older mothers are stable and dedicated mothers, is the idea that older mothers are responsible. Linked to notions of maturity and sensibility, the idea is that older mothers behave more responsibly, in comparison to younger women, in particular when it comes to ensuring the health of themselves and that of their babies. The following extract comes from an article written by Lowri Turner, a television presenter and journalist. An older mother herself, in this article entitled ‘*Why older women turn out to be better mothers*’ she aims to argue the benefits of later motherhood and considers, using her own story as an example, that not only do later mothers make good mothers, they

make better mothers.

Extract 4.11

1. There are now thousands of women like me. But rather than looking  
2. at the health of the whole woman, researchers simply get out a  
3. magnifying glass to focus on our shrivelling ovaries. The men and  
4. women in white coats appear happy to ignore the other factors  
5. that could make for a successful conception and pregnancy. In my  
6. 20s, I smoked 40 to 50 cigarettes a day and spent at least two  
7. nights a week with Chardonnay practically on a drip. I was  
8. permanently on a diet. At 35, I had to have fertility treatment  
9. before I conceived my first child. At 43, however, I don't smoke,  
10. don't drink, run 15 miles a week and grind up flax seeds for  
11. breakfast. I got pregnant within the first month of trying.

((break of seven lines))

12. We are often accused of being selfish, which is odd because the  
13. older mothers I know are highly motivated to take care of their  
14. health and that of their babies. While many women in their 20s,  
15. the age at which we are all told we should get pregnant, are too  
16. busy knocking back glasses of pinot grigio to worry about  
17. tomorrow, we older mothers are usually comparing brands of fish  
18. oil.

*(Mail Online, February 21, 2008)*

In this extract, the idea that older mothers make better more responsible mothers is largely centred on health behaviours. Prevailing notions of the 'biological clock' position 'older' women as 'at risk' of infertility, however in this extract, through constructing the idea that 'older' mothers take care of their health, this notion is challenged. As such it is argued that older mothers, contrary to popular belief, are actually in a better position to become pregnant.

At the beginning of the extract, the focus reportedly taken by researchers when considering the reproductive potential of older women is critiqued. It is said that these researchers place undue

focus on women's ageing reproductive systems, or 'shrivelling ovaries' (line 3). Further, it is suggested that the medical profession largely ignores other factors that could enhance the fertility of older women. Described here as 'the men and women in white coats' (lines 3-4), the construction of medical professionals is entirely different to the earlier examples that have been discussed, and is rather derogatory. Far from being constructed as 'experts', we are encouraged to consider them to be ordinary men and women – merely dressed up in white coats. As such, their opinions as 'experts', far from being held in high esteem, are effectively undermined and devalued. This is followed by an explanation of the health behaviours that older women practice which might improve their chances of fertility, in comparison to the activities of younger women. Here, the journalist uses herself as an example, stating: "In my 20s, I smoked 40 to 50 cigarettes a day and spent at least two nights a week with Chardonnay practically on a drip. I was permanently on a diet. At 35, I had to have fertility treatment before I conceived my first child. At 43, however, I don't smoke, don't drink, run 15 miles a week and grind up flax seeds for breakfast. I got pregnant within the first month of trying" (lines 5-11). In using this particular example the author provides evidence that contests the prevailing notions that, firstly, it is increasingly difficult to become pregnant when you are older and, secondly, that the best age for women to try for a baby is in their twenties or early thirties. With regard to the latter, her example proves this is not always the case – a description of her younger self when she smoked, drank, was constantly on a diet, and required IVF treatment to conceive at 35, is contrasted with her behaviour in her forties where she doesn't smoke or drink, runs fifteen miles a day and eats healthily. It is implied that being more responsible about her health when she was older meant that she reportedly became pregnant within the first month of trying. Following the use of her own case as an example, it is then suggested that this typifies the comparison that can be made between younger and older women "We are often accused of being selfish, which is odd because the older mothers I know are highly motivated to take care of their health and that of their babies" (lines 12-14).

The prevalent notion that older mothers are selfish is once again resisted through drawing on the notion of responsibility in relation to health. The suggestion is that, far from selfish, older mothers are "highly motivated to take care of their health and that of their babies" (lines 13-14). Finally, the author makes a comparison between older and younger women, which positions later mothers as better, more responsible mothers: "While many women in their 20s, the age at

which we are all told we should get pregnant, are too busy knocking back glasses of pinot grigio to worry about tomorrow, we older mothers are usually comparing brands of fish oil” (lines 14-17). In contrast to the research that is often reported in the media, which states that women should have their babies younger, before they are 35 (Budds et al., 2013), here older mothers are positioned as better candidates for motherhood, resisting the idea that ‘older’ mothers are ‘selfish’.

#### 4.4 Chapter Summary

The focus of this chapter has been to explore the repertoires or accounts of older mothers and older motherhood that prevail in the UK news media. The analysis revealed two contrasting repertoires of older motherhood: older motherhood as selfish, and ‘good’ older motherhood. With reference to the first repertoire, it was considered that later mothers were principally discussed in relation to *choice* and *risk*. Assumptions were made that older mothers are those who ‘choose’ to delay motherhood, and for reasons that were construed as ‘selfish’, such as pursuit of a career. As such the news media predominantly carved out the subject position of the ‘selfish older mother’ for those who ‘delay’ pregnancy. Conversely, notions of responsibility, dedication and stability were also invoked, which had the effect of positioning later mothers as ‘good mothers’. Although this construction was much less prevalent in the corpus it often functioned to critique and inoculate against the stereotypical subject position of the ‘selfish older mother’ as women who, in *choosing* to delay pregnancy for ‘selfish’ reasons, put themselves and their babies ‘at risk’.

The primary aim of this preliminary study was to contribute to understandings of how society currently views women who come to motherhood later on in their lives. In identifying the ‘discursive terrain’ of older motherhood – the ways in which it is possible to speak, and, by implication, not speak about ‘older mothers’, it is possible to consider what discursive resources are commonly made available for older mothers to construct their identities from. This was achieved through identifying interpretative repertoires, or common constructions of older motherhood that were evident in the media corpus, in addition to an exploration of the prevalent subject positions or ways of being that were made available to these women through the media discourse.

The following three chapters are based upon the analysis of the semi-structured interviews that were held with 'older mothers'. The aim of these chapters is, firstly, to further develop knowledge and understanding about the constructions of older motherhood that are made available to women placed in this category. This is beneficial as it allows a consideration of what 'choices' these women may make from the limited number of discursive resources available, when constructing identities (Edley, 2001). Moreover, there is an additional concern with the ways in which women can draw upon different constructions of older motherhood and take up, negotiate or resist the discursive positions they make available.

Before moving on to the analysis of the interviews, I feel it is important to address the relationship between the findings of the media study and the analysis of the subsequent interview-based research. Whilst I would not necessarily agree that the findings of this initial study were used as 'apriori' themes in order to *intentionally* guide the analysis of the interviews, on reflection, I was probably, inevitably, sensitised to the representations of older motherhood that were evident in the media and the issues that these raised. It may be little coincidence then that the three chapters based upon the analysis of the interviews are inextricably linked with the findings from the media study – that is, each chapter focuses on a specific topic that was found to be significant in the media, namely 'choice', 'risk' and 'good older motherhood'. Whilst I attempted to approach the interview analysis with an open mind, it is perhaps inevitable that my reading of the data was influenced by my findings from the media study. Moreover, as part of the study I was interested to consider whether the prevailing repertoires of older motherhood in the media were recognisable to women in the study and, if so, whether they would identify the 'ways of being' offered within them or, alternatively, negotiate or resist them. This may help to explain the degree of congruence that is evident between the studies.

## Chapter Five - 'Choosing' Older Motherhood?

In this first chapter based on the analysis of interviews with the 'older' mothers in this study, the women's accounts of their 'reasons' for later motherhood are explored. Following the eleven interviews it became apparent that, in contrast to stereotypical representations (see Chapter Four), timing motherhood was not a simple, conscious and arguably selfish choice for these women. Instead, these women often constructed later motherhood in terms that avoided and undermined this idea by couching later motherhood in terms of 'circumstances' and 'readiness' to become a mother.

As discussed in Chapter Two, since the introduction of contraception and legal abortion in the 1960s, which gave women greater control over reproduction, the timing of motherhood has been conceptualized as a choice. It has been noted that the assumption that women are able to choose when to become mothers is reflected in expressions such as 'family planning' (Meyer, 2001). A consequence of this is that women who 'delay' pregnancy are invariably considered to be those who have *chosen* to do so. Further, since the move towards equality that came with the second wave of feminism in the 1970s, leading to an increase in opportunities open to women, it is understood that women are able to 'choose' from an array of lifestyle options before embarking on motherhood. As such, the 'choice' to postpone motherhood might be considered one of the strategies through which women may attempt to 'have it all', by pursuing a career or other ambitions first and 'leaving motherhood for later'. Notions of choice and autonomy are at the heart of both postfeminist and neoliberal discourses, with the ideas of "being oneself" and "pleasing oneself" central to what has been termed a "postfeminist sensibility" (Gill, 2007b). Through the lens of these discourses it is now more accepted that women should be able to live a life of their own, rather than dedicating the majority of it to others. However, the 'choice' to 'delay' motherhood comes with a definite caveat for 'older mothers', owing to the accountability that such a choice brings with it – particularly with reference to the associated risks (Budds et al., 2013).

As discussed in Chapter Four, notions of 'choice' feature strongly in stereotypical representations of 'older' or 'delayed' motherhood, with the common assumption being that

these women delay motherhood for a career. The stereotype of the career woman frivolously 'gambling with' and 'risking' her fertility by *choosing* to delay pregnancy whilst pursuing a career did not emerge in these accounts, although careers and employment did feature as a contributing factor in many of the women's discussions about the timing of their pregnancies. As will be discussed later on in this chapter, some women spoke of their awareness of this stereotype and also often worked to resist it. For the most part, the accounts described by the women depicted the reasons behind later motherhood as multiple and complex - an amalgam of carefully considered decisions and life circumstances as opposed to a straightforward 'choice'. Moreover, this chapter will consider that prevailing ideologies surrounding 'good' parenting, in addition to the norms and values inherent in contemporary individualistic western cultures, function to define social norms concerning the 'right' time to begin a family. As such, this chapter contributes to the debate regarding the extent to which women's lives, particularly in relation to decisions about motherhood, are autonomously shaped through choice or are governed by external constraints or ideologies.

It should be reiterated that the influences upon the women's timing of motherhood were often diverse, with women discussing various personal, relational and circumstantial issues that had an impact on their timing of motherhood. This chapter will consider how women predominantly drew upon two different interpretative repertoires when discussing the timing of motherhood: 1) Older motherhood as circumstance and 2) Older motherhood as readiness.

### 5.1 Older Motherhood as Circumstance

Many of the women drew upon what has been termed here as a repertoire of circumstance when discussing the timing of motherhood. Through this repertoire, later motherhood was presented as the outcome of a set of life circumstances beyond the women's direct control, rather than a straightforward 'choice'. This repertoire was largely constructed with reference to contemporary societal notions about the 'right' situation or set of circumstances in which to have a child, the absence of which denotes a 'wrong' or unfavourable situation. This included the importance of having the 'right' relationship, alongside 'security' and 'stability' in relation to economic and life circumstances - all of which constitute contemporary prerequisite conditions for parenthood. The implication is, that you should not 'choose' to become a parent, until these

conditions have been satisfied, as noted by Dally (1982, p.43).

The fact that any woman can choose, at least in theory, whether or not she becomes a mother has profound effect on women, on men, on families and on parenthood itself. First there is the common idea that one should only have children if one is able to care for them properly, physically, economically and emotionally, according to today's high standards. For most people this means getting married, acquiring what is regarded as adequate material possessions, and, at the time chosen, producing a small family, usually two children, and devoting to them a tremendous amount of time, emotion and money over many years in order to give them what one believes is the best chance of a good life.

On one hand, the discursive availability of this repertoire served the women's best interests because it functioned to justify and account for women's later motherhood, enabling them to suggest that earlier parenting was not possible, given their 'incorrect' life circumstances. Further, it enabled them to manage any moral accountability associated with 'choosing' to 'leave it late', resist their potential positioning as a 'selfish older mother' and instead present themselves as good parents for parenting in the 'right' circumstances. At the same time, however, on a wider ideological level, it is observable how the discursive constructions of the 'right' time, or 'right' circumstances in which to begin a family have implications for the extent to which women are able to fully 'choose' the timing of their pregnancies. That is, it could be argued that societal definitions of the 'right' time and 'right' circumstances in which to parent effectively shape women's reproductive decisions – such that they 'put off' motherhood, until these 'ideal' conditions for motherhood are satisfied. The section of analysis that follows concerns the way in which the 'need' for the 'right' relationship governed the timing of motherhood for women.

### *5.1.1 The 'right' relationship*

The following extract comes from an interview with Rebecca who was a first-time mother at 36. In the extract Rebecca cites the absence of the 'right' relationship in which to have a baby as the reason why she became a parent later on in life. As such, she constructs the timing of her

pregnancy as an outcome of circumstances beyond her control, rather than a 'choice'. In her interview Rebecca narrated how she had been in a long-distance relationship with the father of her child. Although Rebecca's pregnancy was essentially unplanned and unexpected, during her interview she suggested that it was something she had actually wanted. When she unexpectedly became pregnant, although she could not be in a relationship with the father of the child owing to what she described as the 'complexity' of their situation, she decided to keep the baby and raise her son as a single parent. She spoke of how although she had previously not become pregnant owing to a lack of a suitable relationship, at that time in her life, the desire she felt to have a child superseded her inclination to be in a relationship: she did not want to risk 'delaying' for the 'right' circumstances any longer for fear this may result in her never being able to have a child. Ironically then, despite accounting for her delay by suggesting she was waiting for the right partner and the right situation, she ultimately did not become a mother in these 'ideal' circumstances.

Prior to this extract Rebecca had been asked whether she felt that her age had any impact upon her experience of pregnancy, such that it would have been different when she was younger. Rebecca responded by suggesting that she did not feel that her age affected her experience of being pregnant, but that it was following birth she began to 'feel her age', referring to the physical challenges she was experiencing taking care of her newborn (her baby was just 14 weeks old at the time of the interview). Rebecca continued by discussing the negative impact her pregnancy had upon her body image and reflected that, had she been younger, she may have felt more depressed about the toll pregnancy and breastfeeding had taken on her body. As a response to this, Rebecca was asked whether concerns over her body image contributed to her 'decision' to have her son 'a little later on'. The following extract begins with her response to this.

Extract 5.1 Participant Three, pp. 4-5

1. KB So do you think that um (.) sort of things like that contributed
2. to your decision to have [son] a little later on (1.0) things like [what
3. kind of things?]
3. Rebecca [no
4. no no] (.) no it wasn't that [...] it's more a question of I I just never

5. (1.0) I never found (.) I was never in the right situation I you know  
 6. I never had (.) the right relationship never had a stable  
 7. relationship  
 8. KB Hmm  
 9. Rebecca I was with somebody (.) in my twenties for eight years (.) but I was  
 10. in my twenties and I (.) and I (.) and I didn't feel (0.5) and in fact  
 11. neither of us (1.0) wanted to start a family then we just hadn't  
 12. really spoken about it

In response to Rebecca's discussion, I asked whether concerns over body image and the physical impact of pregnancy contributed to her 'decision' to start a family later (lines 1-2). The way in which this question is worded serves to demonstrate the pervasiveness of the assumption that women have agency in relation to timing of parenthood and neatly illustrates how we are all caught up in expressing these prevailing discourses. Indeed, Rebecca had already admitted to me that she unexpectedly became pregnant. Additionally, Rebecca responds to this question by drawing upon a repertoire of circumstance – through which the timing of her pregnancy is constructed as a product of her situation in life, rather than a decision, or 'choice', despite the fact that some might argue that she had more than opportunity to start a family in her twenties during her relationship of eight years.

In response to the question posed to her, Rebecca denies that concerns about body image and the physical impact pregnancy has upon a woman's body were reasons that contributed to her later motherhood. Instead, she suggests that it was because she was never in the right situation in which to begin a family: "no, no no (.) no it wasn't that [...] it's more a question of I I just never (1.0) I never found (.) I was never in the right situation, I you know I never had (.) the right relationship never had a stable relationship" (lines 3-7). The notion of there being a 'right' situation in which to bring up children is pervasive in our society and is conceptualized as a prerequisite for parenthood, with it predominantly being the responsibility of women to ensure they bring children into the world in the 'right' circumstances (Phoenix & Woollett, 1991). The implication is that those who do not have the right set of circumstances, including the 'right' relationship ought to suspend childbearing until such time that they do.

Notions of the 'right' relationship in which to have children are socially, culturally and historically contingent. Whilst relationships have historically been based upon a more economic arrangement where the concern has been to find someone who was an appropriate economic match (Beck & Beck-Gernsheim, 1995), currently, notions of the 'right' relationship are imbued with a sense of the importance of personal fulfilment (Beck & Beck-Gernsheim; Giddens, 1991; 1992). This is recognisable in Rebecca's account as she describes her lack of the 'right' relationship as a contributory factor in relation to her delayed motherhood. Contemporary notions of good or ideal relationships are also heavily bound up with notions of stability and longevity. Although separation and divorce are much more accepted in our culture today than at any point in history, they are still considered unfavourable. This is particularly the case when the separating couples have children, owing to concerns over the effects of parental divorce on their psychological wellbeing (Amato, 2000). As such, it is a cultural expectation that people ensure they have secured a stable relationship prior to beginning a family. If they do not they may be at risk of being labelled a 'bad' parent for bringing a child into an unsettled or hostile relationship.

This discursive construction clearly has implications for people's practices and decision-making in relation to the timing of pregnancy. For example, Rebecca reasons that she did not have the 'right', 'stable' relationship and so could not have children earlier. Perpetuating the need for the 'right' relationship prior to motherhood may have a wider ideological function, in terms of limiting the degree to which the state has responsibility over children. The state bears little or no responsibility for the children of two-parent families so long as the parents are working and able to provide financially for them, however, should children be brought into a lone parent family, or into a relationship that is likely to break down, there is increased likelihood that the state would have to support the children financially. However, this repertoire also serves a function for Rebecca in that in drawing upon a circumstantial repertoire and the notion that she was not in the right situation – she did not have the right relationship - Rebecca's is able to present a valid account for why she became a mother later on in life – she simply was not in a position to be able to start a family earlier. This further functions to remove accountability from Rebecca through setting her later motherhood up as a product of circumstance, as opposed to choice. Rebecca's management of accountability is further achieved through the rhetorical organization of her account - her statement that she had never been in the right situation in which to have children: "I was never in the right situation, I you know I never had (.) the right relationship never

had a stable relationship” (lines 5-7) constitutes a three-part list (Jefferson, 1990); a rhetorical device which functions to convince the listener of her circumstances.

Rebecca continues to narrate her account of later motherhood, discussing her relationship history. She describes how she was in a long-term relationship with somebody when she was in her twenties, but they eventually broke up. At that time, she states, she did not want to begin a family: “I was with somebody (.) in my twenties for eight years (.) but I was in my twenties and I (.) and I (.) and I didn’t feel (0.5) and in fact neither of us (1.0) wanted to start a family then we just hadn’t really spoken about it” (lines 9-12). This statement further works to account for Rebecca’s timing of parenthood in two ways. Firstly, she explains she had not wanted to start a family in her twenties. This works as a justification due to the fact that in our society we subscribe to the idea that babies should only be borne into families where they are very much wanted, and as such, women who bear children when they are unwanted suffer harsh judgement from society. It is considered irresponsible to have children unless you want them. As such, Rebecca constructs herself as doing the right thing by not having babies earlier and in taking steps to plan her reproductive future. This enables her to assume the position of one who is adhering to the ideals of responsible and ‘good’ parenting. Indeed, those who do not ‘plan’ their pregnancies adequately are at risk of being heavily criticised (Martino, Collins, Ellickson, & Klein, 2006), as it is often planned pregnancies that are assumed to be the most ‘wanted’ (Freeman, 2005). Secondly, Rebecca relates that it was not only she who had not wanted children, but her partner also: “in fact neither of us (.) wanted to start a family then” (lines 8-9). This functions to construct shared accountability for the fact that she did not have children in her twenties – it was something neither of them wanted. As such, she resists the potential charge, often aimed at older mothers (see Chapter Four), that it was her own independent, ‘selfish’ ‘choice’ to ‘delay’ parenthood.

Extract two comes immediately after the close of extract one and is Rebecca’s continued account of later motherhood, whereby she continues to narrate her coming to motherhood later on in life as circumstantial.

Extract 5.2 Participant Three, p.5

1. Rebecca Um and then we split up and and as I (.) kind of gradually (1.0) got

2. older I just just never had a (.) a steady relationship (.) again=  
3. KB =yeah  
4. Rebecca for (.) any length of time  
5. KB Hmm  
6. Rebecca And so it was that really=  
7. KB =yeah  
8. Rebecca just chance  
9. KB Yeah I think that's quite a common=  
10. Rebecca =I'm going to (.) to=  
12. KB =Yeah  
13. Rebecca carry on [feeding him]  
14. KB [Yeah that's] fine (.) Yeah no worries (.) yeah [short pause  
15. while mum feeds baby] Yeah no I think that's quite a common  
16. Rebecca Yeah  
17. KB Common kind of thing I think=  
18. Rebecca =I find it quite annoying when you read things in the press about  
19. you know oh they're leaving it too late and (.) biological clock blah  
20. blah blah you just think (.) for a lot of people it isn't a choice it's  
21. just how it happens

Rebecca goes on to state that as she got older she never had a steady relationship again, suggesting that the relationships she did subsequently have were not 'steady' or were otherwise 'inappropriate' to bring a baby into (lines 1-2). In relation to this Rebecca invokes a repertoire of circumstance – later motherhood, for her was the outcome of circumstances beyond her control - she claims it was “just chance” (line 8). Strictly speaking, Rebecca had more than opportunity to have a baby within her relationships – it is not the case that she could not physically become pregnant. Arguably then, she did have the 'choice' to become pregnant earlier. However, she deferred owing to the absence of the 'right' relationship, which demonstrates how people's 'choices' and practices are constrained by societal ideals. That is, people are warned not to begin having children in 'any' relationship, but should wait for the 'right' relationship.

In addition to functioning on this wider ideological level, this repertoire can also be useful to

older mothers like Rebecca. That is, it may be evoked in order to account for the timing of their pregnancies and to resist the notion that the timing of motherhood was a 'choice' for them. Indeed, it certainly functions in this way for Rebecca, as she uses it to construct the timing of her pregnancy as something beyond her immediate control: "it was that really...just chance" (lines 6-8). This function may be important for women like Rebecca as a means of resisting accusations that they have made 'risky' choices regarding the timing of their motherhood. Indeed, Rebecca demonstrates awareness of the negative representations of older mothers in the media, such as those discussed in Chapter Four: "I find it quite annoying when you read things in the press about you know oh they're leaving it too late and (.) biological clock blah blah blah" (lines 18-20). Rebecca critiques and resists this construction by drawing on a repertoire of circumstance: "for a lot of people it isn't a choice. It's just how it happens" (lines 20-21). Through this Rebecca is thus able to resist the notion 'delayed' pregnancy was a choice for her, and as a result, resist moral accountability, the subject position of the 'selfish older mother'. She effectively positions herself as a victim of circumstance, rather than somebody who 'selfishly' delayed childbearing by choice. Although it might be argued, given that Rebecca was previously in a long-term relationship for eight years, that she *chose* not to begin a family earlier and, as such, *chose* to delay pregnancy, in invoking a repertoire of circumstance Rebecca is able to manage this more negative reading of her account of later motherhood. Instead, she presents in her account that it would have been unthinkable for her not to wait for the right relationship prior to beginning a family and as such effectively justifies her later motherhood, presenting it as a lack of choice.

Rebecca is further able to manage accountability for the timing of her pregnancy through the rhetorical organization of her talk, through which she is able to construct her account as typical. She speaks of the accusations in the press that women of her age are "leaving it too late" (lines 18-19) to begin a family and reasons that instead many other people may have the same experience as she did. They too are not purposefully 'choosing' to 'leave it too late': "you just think (.) for a lot of people it isn't a choice it's just how it happens" (lines 20-21). In doing this, Rebecca normalizes her experiences and reduces her need to account for them – they are in fact typical of women in her situation, meaning the assumptions made by society about why women 'delay' motherhood are incorrect.

The following extract comes from the interview with Laura. During her interview it emerged that following blood tests Laura had screened as high risk for having a child with a fetal anomaly. The impact of these screening results was discussed by Laura when she had been asked to reflect on whether she felt that her age had any effect on her experience of pregnancy and maternity care. This extract deals with Laura's response.

Extract 5.3 Interview Two, p.4

1. Laura So they [health professionals] did keep saying "well you are over
2. thirty-five" (.) it's like I know heh heh
3. KB So that's the kind of thing they just kept saying?
4. Laura Yeah (.) I felt they said it (.) quite a lot when (.) there was (1.0) it's
5. I know I'm thirty-five (inaudible)
6. KB Yeah, I don't need to be told
7. Laura Yeah and you read all the (2.0) um you know you do your own
8. reading and research so you know that it's a risk
9. KB Yeah yeah
10. Laura But there's not much you can do about it to be honest
11. KB No
12. Laura It's not like (.) I was sat at home (.) y'know waiting to have a baby
13. for ten years and just didn't bother
14. KB Hmm
15. Laura It wasn't (.) like that (.) so and I did feel that it was mentioned quite
16. a lot yeah

Immediately prior to the beginning of this extract, in response to a question Laura was asked as to whether she felt her age had any impact upon her experience of pregnancy and maternity care, she recalls that she felt the midwives in the hospital had mentioned her age "quite a lot" (line 4). At the beginning of the extract it is inferred that, throughout her pregnancy, health professionals attributed her high-risk rating to her age: "So they did keep saying "well, you are over thirty-five"" (lines 1-2). It emerged later on in the interview that Laura's age was mentioned specifically at the time her consultant telephoned her to advise her of her high-risk rating. As such, it seemed that her maternal age – over 35 - was given as an explanation for her being

considered 'at risk'. What is additionally inferred in Laura's account is that she felt accountability and blame were being assigned to her for her 'high risk' rating, owing to an assumption about the reasons why she became a parent at 35. This is apparent from the way in which she draws upon a repertoire of circumstance, similar to Rebecca, to enable her to resist the common assumption that older mothers have agency or choice in relation to the timing of their pregnancy. She states that despite doing reading and research and knowing that later pregnancies posed a particular risk, "there's not much you can do about it to be honest" (line 10), suggesting her later pregnancy was an outcome of circumstances beyond her control, rather than a straightforward choice. She reiterates this when she says: "It's not like (.) I was sat at home (.) y'know waiting to have a baby for ten years and just didn't bother...It wasn't (.) like that" (lines 12-15). Similarly to Rebecca, Laura later cites the fact that she had not met someone whom she considered to be a suitable father to her children until later on in her life as the reason why she became a parent later (this is discussed further in extract 5.4). Again, the construction that it is a woman's 'choice' to delay motherhood is one which best serves the interest of the state, as it dispels the idea that the state holds any responsibility for the number of women beginning motherhood later on in life, particularly in the face of the associated risks.

Drawing on this construction of older motherhood as a product of circumstances to counter the assumption it was a choice serves Laura's interests as it effectively accounts for and justifies her later motherhood. This is of particular importance for Laura owing to the charge that her baby is at greater risk of having a foetal anomaly as a result of her maternal age. Had she *chosen* to be a later mother she would be held morally accountable for the risks to her baby. This expectation to monitor either personal health risks results in assigning moral accountability to the individual who is seen to be in control of taking, or indeed avoiding, those risks. This expectation is said to be even greater when an individual's actions carry the possibility of putting the health of another 'at risk' (Murphy, 2004).

Laura's account of later motherhood as an outcome of circumstances, and her eschewal of accountability for the risks faced by her baby, is in part successful owing to the rhetorical organization of her talk. Firstly, Laura's account of the reading and research she did, which made her aware of the risks associated with advancing maternal age is scripted – that is, her actions are described as routine or expected (Edwards, 1994): "you read all the (1.0) um you

know you do your own reading and research so you know that it's a risk" (lines 7-8). In using the general pronoun 'you' her actions are heard as those that would be taken by any woman in her situation. That is, undertaking reading and research about the risks associated with pregnancy at a later age is constructed as something any woman of her age embarking on motherhood would do. As a result of this, the health professionals' reiteration of the suggestion that the risk she faces is linked to her maternal age is constructed as unnecessary – obviously this is something she, and other mothers in her situation, would already be aware of. The scripted nature of her account continues when she states: 'there's not much *you* can do about it to be honest' (line 11), describing her inability to respond or act upon the information she had gathered about the risks of later motherhood. Here, Laura again infers that her actions – in this case her relative inability to act – are those that would be followed by anybody in her situation and as such are constructed as an ordinary, everyday response to her situation. That is, anyone in her situation – growing older, aware of the risks of later motherhood, but not in the right circumstances to have a baby would respond in the way she did – namely, struggle to do anything about it. As a result of scripting of this kind, her actions, constructed as normative, are absolved of the need for any specific account (Edwards, 1994). Further, the notion that older mothers have agency in relation to the timing of their pregnancies is constructed as inaccurate. Instead, it is suggested that, when in the 'wrong situation', women can do very little to plan earlier pregnancies.

Laura can also be seen to reiterate her lack of personal accountability for the timing of her pregnancy. Switching her pronoun use back to the personal, she states: "It's not like I was sat at home (.) y'know waiting to have a baby for ten years and just didn't bother" (lines 12-13). Here, the notion that she was not 'sat at home waiting to have a baby' is an exaggerated example of the charge that is commonly held against older mothers – namely, that they willingly 'delay' pregnancy (see Chapter Four). As such, she almost parodies the assumption that women have a straightforward choice over the timing of their pregnancies and constructs it as unrealistic, even laughable. Again, this enables Laura to resist the notion she willingly 'delayed' pregnancy, instead presenting later motherhood as something beyond her control.

Laura's discussion of the risks associated with later motherhood and the way in which these were presented in pregnancy advice texts she had read and on the Internet was lengthy in

comparison to some of the other women's interviews. The following extract comes somewhat later on in the discussion Laura and I had about risk and later motherhood. In this extract Laura can again be seen to resist the notion that women have full agency when it comes to the timing of their pregnancies, stating that in her case a lack of the 'right' relationship was responsible.

Extract 5.4 Interview Two, p.8

1. Laura Yeah so I'd say books and the Internet were quite negative and
2. the other thing (.) in the press (.) in the newspapers there were
3. loads of articles about (.) you know (.) being pregnant when you're
4. older and women leaving it too late and (.) things like that
5. KB Yeah
6. Laura And I think it is important because I think women (.) should know
7. What (.) the risks are
8. KB Yeah
9. Laura But I think if you haven't been (.) in the right relationship it (.)
10. there's nothing you can do about it

At the beginning of this extract, Laura discusses the way in which later mothers are portrayed in newspaper articles, such as those analysed in Chapter Five. This demonstrates that this group of women are likely to be aware of how they are being represented and stereotyped in the media: "the other thing in the press, in the newspapers there were loads of articles about you know being pregnant when you're older and women leaving it too late and things like that" (lines 2-4). Indeed, a few of the other women spoke of the way in which the media portrayed later motherhood. Furthermore, it is interesting to note that Laura identifies the agency that is ascribed to women in these articles in relation to the timing of their pregnancies, with her description that they accuse women of "*leaving* it too late". Her description here forms a three-part list (Jefferson, 1990) which functions to convince the listener about the kinds of things said in the press about older mothers.

Laura accepts that women should be given information about the risks associated with later motherhood (lines 6-7). However, she presents the idea that even knowledge about the risks may not make a great deal of difference in some cases. That is, where you are not in the 'right

relationship' in which to have children: "But I think if *you* haven't been (.) in the right relationship it (.) there's nothing *you* can do about it" (lines 9-10). Again, similar to Rebecca before, in evoking a repertoire of circumstance Laura critiques the inference that women have agency surrounding the timing of their pregnancies. Through Laura's general pronoun use 'you', she speaks of the situation of all women in her position, and, constructs her actions – again, here her inability to act and bring her pregnancy forward, as those that any woman would undertake in her situation.

What the accounts from Laura and Rebecca perhaps show is that, rather than being a 'full' 'choice' the timing of motherhood is to some extent shaped by societal ideals, communicated through discourse, about the 'right' situation in which to begin a family, of which contemporary definitions of the 'right' kind of relationship form a substantive part. Although *in theory* women may have children at any point in their lives they choose – particularly given the developments in assisted reproductive technologies whereby women can become pregnant without being in a relationship at all - in practice, women's reproductive decision-making is shaped according to what society deems as the 'correct' conditions for parenthood. These conditions are policed through discursive constructions, which effectively position those who do not become parents in the 'right' circumstances as deviant, or 'bad' parents and leave them open to social discrimination. In this respect, this process may be likened to Foucault's notion of a disciplinary regime (Foucault, 1977). That is, societal definitions of the 'appropriate conditions for parenthood' – those which benefit the state – are internalised by individuals. The idea is that individuals then control the self through self-discipline – here this manifests itself in terms of disciplining the body in terms of its reproductive capacity – preventing pregnancy until such time that the socially defined 'right' conditions are obtained. Yet, Foucault would argue, this self-discipline is not necessarily felt as originating from the state, owing to the degree it has been internalised and, as such, seems like a natural practice. That is, it seems 'natural' or 'common sense' that women would wait until they could ensure the right conditions for parenthood before embarking on beginning a family, and so the role the state plays in governing women's reproductive decision making is effectively hidden.

### *5.1.2 The 'right' situation*

The following extract is taken from the interview with Helen, who had her first baby at 35. An Australian national, Helen came to England in 2004 where she met her husband. Now working as a doctor in the north of England, Helen was married two years after she met her partner and had become pregnant a couple of years following her marriage, after roughly 18 months of trying for a baby. During the interview Helen mentioned that she felt networking services could be improved for new mothers. She mentioned that she felt this was particularly important for new mothers of her age who, she suggested, have often led very busy lives up until the birth of their babies and needed to keep themselves busy once their babies had been born. Helen then considered the reasons for delayed pregnancy in people of her age: “often when people do have children like at my age they’ve got (.) the reason they’ve delayed is cos they’ve got a career or they’ve got other things that has made it very difficult”. With reference to this, later on in the interview, I questioned Helen over her reasons for having her first baby later on. It is here the next extract begins.

Extract 5.5 Participant Five, pp. 30-31

1. Helen So partly we wanted to wait and see whether we were staying
2. here going there (.) have a job as well beforehand so that we had
3. (.) some security (.) rather than being in a position where (.) you
4. know we’re trying (.) struggling (.) financially because I (.) you
5. know was a new mum and then couldn’t work (.) you know
6. because no-one (.) will employ you because you know=
7. KB =Yeah
8. Helen If that makes sense=
9. KB Yeah
10. Helen So it was partly just having some security (.) as well as you know
11. partly career because that’s why I hadn’t had one (.) before then
12. KB Yeah
13. Helen I (.) y’know (.) I’d sort of been too busy I suppose
14. KB Yeah yeah
15. Helen Sounds awful
16. KB No it’s just circumstances isn’t it I mean
17. Helen Yeah

18. KB Yeah ok yeah
19. Helen So yeah I think so I think a lot of people do that (.) wait until
20. they've (.) can aff' (.) not afford it but they know that they can (.)
21. they're in a position that they're not gonna be (.) struggling (.) if
22. they do choose to have a child

Immediately prior to this extract, in response to the question as to whether, like the women she described, her career had any impact on her timing of pregnancy, Helen states that her reasons for 'delayed' motherhood were "probably partly" owing to her career. Following this, she gives a detailed, descriptive account of her circumstances prior to her pregnancy whereby she narrates how she originally came to England from Australia on a temporary six-month visa, yet, having met her partner, she decided to stay in England. She describes how she spent a lot of time 'to-ing and fro-ing' between England and Australia on temporary visas, which was difficult, but necessary to be with her partner. Owing to these difficulties there was subsequently some debate as to whether they would emigrate to Australia or stay in England. There was also some concern about her ability to secure a full-time job following her medical training. Helen narrates this account in some detail. Participants' use of detail in accounts is said to be characteristic of the management of accounts of events which are in some way problematic or contentious (Edwards & Potter, 1992). A justification of delayed motherhood may be an example of such an issue.

Helen continues to narrate her account in this way between lines 1 and 11 whereby she continues to describe what she presents as the reasons for her older motherhood in detail. In her account, Helen can be seen to draw upon a repertoire of circumstance whereby she describes her situation in life as one which was less than ideal to bring a baby into. This was in relation to the significant practicalities of deciding upon whereabouts the family would settle, in addition to their concerns about economic security.

Alongside notions of the 'right' relationship, discussed in the previous section, stability and, in particular, economic security are at the cornerstone of what is contemporarily considered in our society to be the 'right' situation in which to bring children into. That is, it is inferred that people ought not to have children unless they have a job and an appropriate amount of income with

which to take care of them. Indeed, we are made aware of this when we consider perceptions and treatment of women and families in society who do not work, have little economic security and so therefore bring up their children on state benefits (McIntosh, 1996; Tyler, 2008).

Discourses of the 'right' situation, including the notion of the 'right' economic circumstances for parenting serve state interests. If families are economically self-sufficient they will require little or no financial input from the state, thus relieving the state of any responsibilities for these children. Social stigma that is associated with 'bringing children up on benefits' further discourages people from relying upon the state. In this way, discourse about the 'right' economic situation for starting a family has the capacity to shape practices – perhaps encouraging people to wait until they are financially stable before embarking upon parenthood. Indeed, Helen describes that she and her husband wanted to secure financial stability prior to parenthood through securing jobs: “have a job as well beforehand so that we had (.) some security (.) rather than being in a position where (.) you know we're trying (.) struggling (.) financially because I (.) you know was a new mum and then couldn't work (.) you know because no-one (.) will employ you because you know” (lines 2-6). Moreover, similar to Rebecca's consideration that she waited for the 'right' relationship, in stating that Helen and her partner 'waited' for the right economic circumstances prior to beginning a family she is able to account for and justify later motherhood. Again, in drawing on the repertoire that later motherhood is a product of circumstances – in her case, a lack of the right economic situation, she is able to present later motherhood as a sensible decision, rather than a selfish choice – the way it is often portrayed (see Chapter Four). Helen describes wanting to develop precisely those circumstances that are recognised as matching societal definitions of the 'ideal' or 'right', circumstances or situation in which to begin a family. As such, she presents the idea that she is an older mother for the 'right' reasons.

Helen goes on to discuss her route to later motherhood as partly caused by the need to develop financial security, yet also “partly career because that's why I hadn't had one before then” (lines 10-12), describing herself as “too busy” (line 13) to have a baby at that time in her life. As such, it might reasonably be construed that she delayed motherhood for a career, thus risking her own positioning as a 'selfish older mother' – the type that was revealed in the media analysis in Chapter Four. However, Helen effectively manages her accountability for delaying motherhood for this reason by drawing upon the notion that she needed to develop the right circumstances

in which to begin a family. As such, she effectively side-steps the notion that she chose to delay motherhood for what might be construed as 'selfish' reasons, and frames her decision to delay as based upon achieving a secure situation in which to parent her child. This is partly achieved by Helen's articulation of some of the limitations that face women in combining motherhood with work or a career – "no-one will employ you" (line 6). In order to be able to combine work and motherhood, Helen suggests it is firstly necessary to secure a job before embarking upon motherhood, owing to concerns she had that once pregnant your chances of being employed are reduced. Indeed, statistics gathered by the Equal Opportunities Commission estimate that upwards of 30,000 women a year suffer dismissal owing to the fact that they are pregnant or on maternity leave (Equal Opportunities Commission, 2005). Moreover, at the time of writing this thesis, things may be set to worsen for women. This is because austerity measures introduced by the coalition government are said to disproportionately affect women (The Fawcett Society, 2013a). It is argued that government cuts will 'hit women hardest', whereby more women than men will lose their jobs and it may be even harder to secure work, particularly part-time work, which would enable them to combine work and motherhood.

The difficulties women often face in combining work and motherhood, and the impact these might have on women's timing of pregnancy, are rarely acknowledged in representations of older motherhood (see Chapter Four). Instead, the common narrative is that women 'choose' careers over motherhood. This construction of older motherhood best serves the interests of the state in that attention is deflected from the role the state plays in shaping women's decisions about motherhood. For example, it could be argued that rather than women choosing later motherhood, women's ability to combine work and motherhood is limited by inadequate social policy. As such, the state arguably encourages women to pursue career before motherhood, as there is little alternative. However, through the notion of 'choice' the 'problem' is said to lie with the women, who are constructed as in need of altering their priorities and not with the state, meaning inadequate policy is not altered and discrimination against women who try to combine motherhood and work is not addressed. Here, Helen effectively draws upon a circumstantial repertoire to counter this construction of choice, presenting her later motherhood as a sensible, rational decision based upon the limitations women experience in combining a career and motherhood. In this way she is able to resist the 'selfish older mother' subject position, instead taking up the position of a responsible, 'good' mother for taking steps to ensure she became a

mother in the correct circumstances in order to give her child the best possible start.

Helen also negotiates her account of the timing of her motherhood through the rhetorical organization of her talk. Immediately following her admission that she was “sort of too busy” to begin a family earlier, Helen, almost as an aside, claims that this “sounds awful” (line 15). In this respect, similar to the function of a disclaimer (Hewitt & Stokes, 1975), she anticipates, and rejects, the potential negative reading of her actions – that she was ‘too busy’ for motherhood, which consequently assists her in rejecting the ‘selfish older mother’ subject position that might otherwise be assigned to her and any possible guilt over ‘placing other priorities first’ that she might feel as a result. The requirement for managing the statement that she was ‘too busy’ to start a family earlier indicates the cultural expectations placed upon women to prioritise motherhood over other ambitions, such that women who have had other priorities first feel the need to apologise for and justify them.

Helen’s account of securing a job prior to motherhood is scripted in parts, which enables her to normalise the actions she took. Helen moves from discussing the situation for herself and her husband specifically: “we wanted to wait and see whether we were staying here, going there” (lines 1-2), to scripting her account and talking of the experience of others in more general terms. This is achieved through her switching from the personal pronouns ‘we’ and ‘I’, to the more general pronoun ‘you’. The change occurs where Helen begins to discuss the implications of being pregnant upon women’s chances of employment: “rather than being in a position where (.) you know we’re trying (.) struggling (.) financially because I (.) you know was a new mum and then couldn’t work (.) you know because no-one (.) will employ you” (lines 3-6). In switching to the general pronoun ‘you’, Helen effectively scripts her account (Edwards, 1994) and considers her situation as something that might commonly be experienced by women once they become pregnant – that they would struggle to secure employment. As such, she frames her actions – securing a job first – as a natural and reasonable response to a common problem and constructs her behaviour as what any women would sensibly do in the same situation, thus managing the degree to which her actions warrant any specific justification. Furthermore, Helen’s repeated use of ‘you know’ between lines 3 and 10 is also noteworthy. Cappelli (2006) suggests that in instances such as these, ‘you know’ functions as an utterance-final generalizer, which allows the speaker “to extend their specific examples to more general observation” (p. 6).

As such, she presents her actions as a general response to the difficulties surrounding combining work and motherhood. In the final few lines of the extract, Helen is more explicit about how her actions correspond to the likely actions of other people in her situation: “I think a lot of people do that (.) wait until they’ve (.) can aff’ (.) not afford it but they know that they can (.) they’re in a position that they’re not gonna be (.) struggling (.) if they do choose to have a child. (lines 19-22). Again, this enables her to script her actions – waiting for the right circumstances - as normative - something “a lot of people” do and as such frames them as less personally accountable.

## 5.2 Older Motherhood as ‘Readiness’

Another interpretative repertoire evoked by women in their accounts of the timing of motherhood was that of ‘readiness’. Being ‘ready’ to mother was something that was either explicitly mentioned or at least implied by each of the women who took part in the study. Furthermore, this concept is commonly raised in the existing literature that explores the experience of ‘older mothers’ (e.g. Benzies et al., 2006). As will now be discussed, the repertoire of readiness was largely constituted from notions of self-fulfilment and the perceived importance of obtaining this prior to parenthood, alongside a consideration of the ability to be a ‘good’ parent.

Self-fulfilment is central to late modern individualist western cultures (Rose, 1999). Today individuals are encouraged to plan and follow their own life trajectories, with the self and one’s life path considered to be largely the responsibility of the individual and as such in requirement of reflexive production and maintenance (Beck & Beck-Gernsheim, 2002; Giddens, 1992). Furthermore, Beck and Beck-Gernsheim (2002, p.55) have considered that as part of contemporary individualistic culture there has been a monumental shift in the lives of women over the last few decades from a life of ‘living for others’ (cf Frieden, 1963) towards an increasing demand for the ability to have ‘a bit of a life of one’s own’. This is characteristic of both postfeminist and neoliberal discourses whereby the notions of choice autonomy are considered central to the lives of women today (Gill, 2007b). However, as discussed in Chapter Two, notions of ‘choice’, autonomy and individuality notably contrast with societal definitions of ‘good’ or ‘ideal’ mothers, which emphasise the capacity for mothers to be selfless, sacrificing their individual needs and desires for that of their children. Dally notes: “Today we put great

emphasis on the individual child, so much so that it is widely believed that we should only produce a child if we have a reasonable prospect of giving it the prolonged and intensive loving care that we believe it needs” (1982, p.19).

Throughout their interviews many of the women spoke of things they wanted to achieve and experience prior to motherhood including the development of a career, education, travel and ‘living one’s life’. Interestingly, it is precisely these kinds of admission that place women at risk of being charged with selfishness. Owing to the importance society places on motherhood, women should not be seen to be ‘putting it off’, particularly in favour of pursuits that are considered self-interested. However, as will be discussed below, the need to pursue other interests prior to motherhood may be a consequence of the definitions of ‘good’ motherhood that prevail. It is argued that these definitions mark motherhood out as so intensive and child-centred that there is no room for women to pursue other interests alongside it, arguably making ‘delayed’ motherhood a ‘constrained choice’.

The following extract comes from Rachel who gave birth to her first daughter at the age of 35. Rachel had been in a relationship with her husband since she went to university and describes having spent most of her adult life working and travelling before training to become a primary school teacher. At the time of the interview she was also studying for a Masters degree. Rachel noted that the issues surrounding the timing of her pregnancy were complex and multifaceted. At the beginning of the interview she narrated how she had ‘protected herself’ by telling herself that she did not want to have children, in the event that one day she found that it was “too late” and that she was unable to have them. She described her final decision to start trying for a baby as prompted by financial stability, akin to Helen in the previous section, in addition to concerns about her age – she was aware of the age-related risks that increase from the age of 35. However, throughout the interview Rachel also discussed how she did not feel ‘ready’ to have children until her thirties, which was related to things she wanted to do and achieve before motherhood. The next extract is concerned with Rachel’s discussion of this.

Extract 5.6 Participant Six, p. 11

1. KB Do you think it would have been any different if you were in your
2. twenties?

3. Rachel You see with me there's no way I could have even thought about  
 4. having kids in my twenties
5. KB Yeah
6. Rachel I just wasn't ready for it I liked (.) my life and I liked my (.) erm  
 7. going out and travelling (.) and all the things (.) that came with that  
 8. and I'm just I'm really glad I did it later
9. KB Hmm
10. Rachel Really really glad because I wouldn't want (.) cos now I feel like (.)  
 11. not that's it (.) but I feel like it's such a change
12. KB Hmm
13. Rachel And you (.) I mean we (.) we're probably gonna carry on (.)  
 14. regardless to some extent and still go on different holidays and  
 15. still do a lot of the things and hopefully not do too much of this kind  
 16. of family stuff that (.) y'know where you go to wacky warehouses  
 17. and stuff like that and go to parties every weekend and we're  
 18. really (.) fairly (.) convinced we're not gonna do that sort of stuff so  
 19. we've gotta (.) try not to do it so

In response to the interviewer's question as to whether Rachel thinks that motherhood would have been any different had she had her daughter in her twenties, Rachel takes this opportunity to explain why she would not have had children at this point in her life. Drawing on a readiness repertoire, she declares that she would not have even been able to think about having children owing to the fact that she was not ready: "you see with me there's no way I could have even thought about having kids in my twenties...I just wasn't ready for it" (lines 3-6). Rachel continues by defining her lack of 'readiness' to her fondness for her situation in life, whereby she could pursue activities as she pleased: "I just wasn't ready for it I liked (.) my life and I liked my (.) erm going out and travelling (.) and all the things (.) that came with that and I'm just I'm really glad I did it later" (lines 6-8). As noted earlier, notions of 'being oneself' and 'pleasing oneself' are central to both a 'postfeminist sensibility' (Gill, 2007b) and neoliberal discourses, and are the cornerstone of the values of individualist western cultures. As such, through drawing on this notion, which is central to contemporary societal values, Rachel's aspirations are not heard as selfish, but are justified as some that any woman of today might reasonably pursue. This is

particularly true, owing to the dramatic change becoming a parent brings about, as articulated by Rachel: “cos now I feel like (.) not that’s it (.) but I feel like it’s such a change” (lines 10-11). As such, although she acknowledges that having a child does not necessarily signal the end of life beyond children, Rachel recognises the enormity of the impact that becoming a mother has on the activities that you are able to pursue in life. That is, your life becomes largely child-centred, such that the activities you pursue are expected to be those that best meet the needs and desires of the child – referred to by Rachel as “family stuff” - where she gives the examples of going to ‘wacky warehouses’ and ‘children’s parties’ – very different activities to those she pursued prior to motherhood. As such, Rachel notes that she was “really glad” she spent time pursuing other activities prior to motherhood, as these are the kind of things that are difficult to achieve when you have a child as your priorities are expected to shift to their particular needs.

The concept of ‘readiness’ then, for Rachel, is described as a perceived ability to relinquish the things she enjoyed in life prior to having children, in accordance with the ideology of intensive, child-centred motherhood. That is, she anticipates she would not have been ready to do this in her twenties and as such implicitly supposes that she would not have lived up to societal standards of what makes a ‘good’ mother. Thus we might observe the impact that discourses of ‘good’ motherhood and the prevailing ideology of intensive motherhood have on women’s reproductive decision-making or ‘choices’ about when to become a mother such that they are essentially limited through prevailing discourses of ‘good’ motherhood that define when they are ‘ready’. As such, it could be suggested that the ideology of intensive motherhood may help to explain the trend for women to ‘delay’ motherhood, as opposed to it being a woman’s straightforward ‘choice’.

In drawing on a readiness repertoire, Rachel effectively negotiates why timing motherhood later was the right for her, thus legitimising her older motherhood. This legitimization is achieved in part through the rhetorical organization of her account, which functions to persuade the listener of her absence of readiness for motherhood. Her description of why she could not have thought about having children earlier, as she describes her enjoyment of her life without children: “I just wasn’t ready for it I liked (.) my life and I liked my (.) erm going out and travelling (.) and all the things (.) that came with that” (lines 6-8) forms a three-part-list (Jefferson, 1990), which serves rhetorically to reiterate to the listener the reasons why she felt she was not ready for

motherhood. Moreover, she remarks that she was “really glad” (line 8) that she came to motherhood later, repeating and upgrading this to “really really glad” (line 10), which emphasises her absence of regret over her timing of parenthood.

The following two extracts come from the interview with Chloe. In response to a similar question asked of Rachel regarding whether she supposed motherhood would have been at all different had she had her daughter in her twenties, Chloe revealed that she had become pregnant in her mid-twenties, but decided to have a termination owing to her circumstances at that time. The next extract begins with Chloe’s discussion of this.

Extract 5.7 Participant Seven, pp. 14-15

1. Chloe Yep (.) I think I’d have probably I mean (.) it’s awful to say that I
2. was pregnant and I was twenty-five obviously um (.) and it sounds
3. terrible but I know at the time it was a it was it wasn’t some a it
4. was a lifestyle choice but I was (.) the f’ the guy I was living well
5. I was living with a French guy in France=
6. KB =Hmm
7. Chloe =and then I came back to England (.) and I got pregnant when he
8. was living in France so we made the decision not to go ahead with
9. it=
10. KB =hmm
11. Chloe = because (.) well I made the decision because I was the one
12. earning money and I was (.) in a career and all the rest of it and
13. he was (.) it just sounds awful but it just would have (.) stopped life
14. in its tracks I think for me=
15. KB =Yeah
16. Chloe Um (.) and you know financially and stuff it wasn’t (.) viable

At the beginning of the extract, Chloe begins to narrate the reasons for terminating her pregnancy at 25 by drawing upon a readiness repertoire, similar to that evoked by Rachel in the previous extract. However, in addition, like the women discussed in the previous section of this chapter, Chloe can be seen to construct her timing of motherhood as a response to life

circumstances, or the absence of the 'right' situation in which to have children. That is, she had a termination owing to the fact she did not have the right circumstances in which to begin a family. Interestingly, this is contrary to her earlier framing of the termination as a "lifestyle choice" (line 4). In drawing upon a circumstantial repertoire, similar to Helen, Chloe narrates how she and the father of her child were living in different countries, and how having a baby would not have been "financially viable" (line 16) at this time, contributing to a justification of her later motherhood.

Further justification for Chloe's termination and subsequent 'delay' of pregnancy, similar to in Rachel's case, comes from her description of the impact she anticipates that having a baby would have had on her life: "it just sounds awful, but it just would have (.) stopped life in its tracks I think for me" (lines 13-14). Here, Chloe hints at the intensity of modern motherhood (Hays, 1996) as she refers to the way in which becoming a parent changes people's lives, limiting their ability to move forward with certain things. As such, Chloe positions her former self as not 'ready' for parenthood. The way in which Chloe feels it would have 'stopped life in its tracks' is in relation to continuing a career. Indeed, the inherent difficulties women experience in combining work and motherhood have been widely discussed (e.g. Asher, 2011). These difficulties are partly owing to prevalent notions of intensive, 'good' motherhood whereby mothers are encouraged to give intensive, continual care to their children first and foremost before any work outside the home. Thus, similar to Rachel in the previous extract, it might be considered that Chloe was not yet ready for motherhood, owing to the impact current definitions of 'good' motherhood hold for women's lives in that it constrains women's abilities to pursue anything outside of it. Furthermore, social policy limits the flexibility women have in combining work and family (Asher, 2011), with an absence of policies that might enable women to take career breaks in order to have children without compromising their careers. Owing to the inherent difficulties in combining career and motherhood, later motherhood and putting a career first, effectively makes sense. Again, Chloe's account hints at the way in which societal discourses of 'good' motherhood may shape and constrain women's reproductive decision-making. Owing to the fact that modern motherhood, as Chloe puts it, has the capacity to 'stop a woman's life in its tracks', it effectively makes more sense to pursue other activities, such as a career, first. However, in the next extract taken from Chloe's interview, four lines after the close of the first, it becomes apparent that Chloe must carefully manage her 'decision' to have a

termination and put her career before motherhood in order to avoid being positioned as a 'selfish older mother'.

Extract 5.8 Participant Seven, p.15

1. Chloe But I mean I went to university and I left (.) and I thought well I'm
2. now gonna have a career and (.) that was (.) y'know (.) sounds
3. awful doesn't it? But that's (.) kind of=
4. KB =Doesn't sound awful at all=
5. Chloe =One of those decisions you know
6. KB Yeah
7. Chloe Whereas I think the thing about having [daughter] at forty-one was
8. that we were so desperate to have her, we really wanted to have
9. her (.) and we were really excited when I got pregnant and it
10. worked (.) and we'd been through three years and=
11. KB =Yep
12. Chloe a lot of money (.) to get pregnant, god it cost a lot (.) to do IVF so
13. (.) she was absolutely wanted from day one

Chloe can be seen to draw again on a repertoire of readiness as she narrates the life trajectory she wished to take prior to motherhood and ultimately, what she describes as the reasons for her termination in her twenties: "I went to university and I left (.) and I thought well I'm now gonna have a career and (.) that was (.) y'know (.) sounds awful doesn't it?" (lines 1-3). Chloe's aspirations for self-fulfilment in relation to developing a career might be heard as reasonable within a modern individualistic culture that values self-fulfilment and the pursuit of one's own interests. We might expect that the termination of her pregnancy in her twenties therefore emerges as justifiable on these grounds, particularly given the difficulties inherent in combining motherhood with a career. Despite this, however, Chloe's repeated use throughout her account of phrases "it's awful to say" (extract 8.7, line 1) "sounds terrible" (extract 8.7, line 2) and "sounds awful" (extract 8.7 lines 9-10; extract 8.8 line 2) suggest that these justifications are problematic. Repetition of this phrase appears to function in a similar way to a disclaimer (Hewitt & Stokes, 1975) as it effectively anticipates and wards off ill judgement of her actions. The necessity to manage her account in this way demonstrates that there is still anxiety about

women seen to be privileging other pursuits over motherhood, which was also evident in the analysis of the media (see Chapter Four; Budds et al., 2013). This type of justification may seem more urgent in Chloe's case given that following her termination in her twenties it took her a while to be in a position where she was able to think about becoming a parent again, owing to a lack of, as she described it 'the right relationship'. Furthermore, as a result of this delay she ultimately needed to have IVF in order to conceive. As such it could be argued that in having a termination in her twenties she ultimately risked her chances of becoming a mother entirely.

Chloe continues her justification of delayed motherhood by further invoking a repertoire of readiness, which this time manifests itself in terms of Chloe emphasising how much she really wanted a baby at that time of her life: "the thing about having [daughter] at forty-one was that we were so desperate to have her, we really wanted to have her (.) and we were really excited when I got pregnant and it worked" (lines 7-10). Here, Chloe effectively constructs her pregnancy at 41 as something she was not 'just' ready for, but really 'desperate' for. This emerges in stark contrast to her pregnancy at 25 which she previously constructed as having the ability to 'stop life in its tracks' for her. Contrasting discourse, such as this, functions to emphasise change or transition and highlight the differences between descriptions (Smith, 1978). Here, it functions to emphasize the difference in Chloe's readiness for parenthood. The desperation of Chloe and her partner to have a baby at that time in their life is evidenced further by the amount of time they had been trying for a baby, in addition to the amount of money they spent on IVF treatment in order to become pregnant: "we'd been through three years and...a lot of money to get pregnant, god it cost a lot to do IVF" (lines 10-12). Through this account Chloe effectively positions herself as a 'good' or 'better' mother now that she is having a child at a time in her life where her baby was "absolutely wanted from day one" (line 13), with 'absolutely' constituting an extreme case formulation (Pomerantz, 1986), which serves to emphasise the amount Chloe wanted her baby, and 'from day one' signalling that there was never any doubt about her desire to have this baby at this time. As such, in drawing on a readiness repertoire, Chloe's account simultaneously works to justify her later motherhood in addition to positioning herself as a 'good' mother, which is inferred by her construction of how much she wanted her baby.

### 5.3 Chapter Summary

The focus of this chapter has been to explore women's accounts of the timing of motherhood. Indeed, the timing of motherhood seems to be a particularly crucial issue for women who begin their families beyond age 35 for two reasons: 1) common awareness about the increase in risks to both mother and baby that correspond with advancing maternal age, and 2) stereotypical assumptions about the reasons *why* these women 'delay'. Morality imbues both these reasons owing to the prevailing discourse of 'choice', which permeates assumptions about the timing of women's pregnancies (Budds et al., 2013). The analysis revealed that the reasons for later motherhood as described by the women were often multiple and complex. Thus, the findings here critique the stereotypical, simplistic assumption that the timing of motherhood, and therefore 'delayed' motherhood is a straightforward choice for women. In fact, as demonstrated in the analysis, some of the women in the study, for example Rebecca, actively worked to resist this assumption and the stereotypical subject position of the 'selfish older mother' that comes with it. The analysis demonstrated that women drew upon two predominant interpretative repertoires when constructing accounts of their delayed motherhood: 1) Delayed motherhood as circumstance, and 2) Delayed motherhood as readiness.

Throughout the chapter the way in which societal discourses which define the 'correct' circumstances within which women should 'choose' to mother, in addition to discourses of 'good' motherhood which effectively define women's 'readiness' for motherhood, were explored. As a result, it is suggested that, far from a free, full choice for women, the timing of motherhood is to some extent culturally negotiated and shaped. Arguably, the timing of motherhood is only a 'choice' so long as women make the 'right' choice. That is, women should only 'choose' to mother if the 'right' circumstances for motherhood are realised, and if they are 'ready' to fulfil the standards of motherhood society promotes.

## Chapter Six – Risking ‘Older Motherhood’

One of the greatest concerns with the trend towards delayed pregnancy and the increasing numbers of ‘older mothers’ relates to the risks that are associated with having children later on in life, particularly past the age of 35 (Bewley et al., 2005). If we reconsider the literature discussed in Chapter Two, it would appear that these risks are extensive, with research suggesting that as women age they are more at risk of infertility problems, as well as birth-related complications.

In Chapter Four, prevalent representations of older mothers in the British news media were examined, whereby the propensity for the newspapers to discuss the risks that occur with later pregnancies was discussed, with the newspapers emphasizing the risks that increase for women past the age of 35 or 40. Moreover, it was argued that, in discussing the ‘choice’ for women to ‘delay’ motherhood alongside the risks that increase with advancing maternal age, a ‘selfish older mother’ subject position was made available to these women through the media. This was compounded by the assumption that women were ‘delaying’ motherhood for ‘self-interested’ reasons - namely, the pursuit of a career.

The previous chapter explored the way in which the women who took part in the study resisted the notion that older motherhood was a choice, instead framing later motherhood in terms of ‘readiness’ or as the outcome of circumstances beyond their control. As such, they were able to resist the ‘selfish older mother’ subject position. Having examined the notion that the timing of motherhood is a ‘choice’ for these women, this chapter considers how they managed and negotiated the idea that they were ‘putting themselves and their babies at risk’ in ‘delaying’ motherhood.

The notion that risks of both fertility problems and pregnancy-related complications increase with maternal age over 35 is a product of ‘risk categorization’. Categorizing the population in terms of risk is common practice and involves the identification of discrete groups deemed to be in need of specific attention relating to a given risk. The idea that expectant mothers are potentially ‘at risk’ is a key feature of the medicalization of pregnancy and childbirth (Oakley,

1981). Also central to this is the concern to predict risk and identify, in advance, a number of 'risk factors' which, when present, will suggest that something is likely to go wrong (Oakley, 1993). As noted earlier, 'advanced maternal age' has been considered one of these risk factors and as such, 'older mothers' are categorised as being 'at (particular) risk'.

A problem with probabilistic risk assessments based on populations, whereby *categories* of persons are identified as being at particular risk, lies with considering how to apply them meaningfully to individuals in order to determine an *individual's* level of risk (Sarangi & Candlin, 2003). Heyman (2009) notes a limitation with current practice, whereby the problems associated with any category or population, are effectively 'spread' across all members of the category. Taking older mothers as an example, any risk or problem associated with older mothers as a population is effectively applied to all older mothers as individuals, despite the likelihood that many women in this category will have no complications whatsoever (Heyman, 2009). Heyman (2009, p. 87) notes that "individuals included in a high or low risk category may seem to 'carry' this riskiness as a personal attribute" despite the fact that individual risk cannot be accurately measured.

This chapter will consider the ways in which the women interviewed for the study were effectively positioned as 'at risk', in addition to interrogating how they managed, negotiated and resisted this positioning through challenging the commonsense notion that pregnancy over 35 is more 'risky'. In the main, this was achieved through the women drawing upon two interpretative repertoires. The first, 'risk as contingent', constructed the level of risk they faced as being dependent on other individual factors, as opposed to maternal age alone. Secondly, through drawing on a normality repertoire, women's pregnancies were constructed as 'normal', as nothing out of the ordinary, and therefore to be excused of any particular attention or concern about 'risk'. Furthermore, this chapter will consider the implications of the notion that women over the age of 35 are more 'at risk' of both fertility problems and pregnancy-related complications.

## 6.1 Risk as Contingent

The notion that women have a biological clock, which represents the limited period of time

within which a woman can successfully conceive is prevalent in contemporary western society and has become common sense. As might be expected, given that the women interviewed for the thesis were of an age where fertility is said to decline sharply (Bewley et al., 2005; Dunson et al., 2002; Nwandison & Bewley, 2006), most of the women interviewed spoke of being aware of the decline in fertility associated with age and this notion was well understood by the participants. As such, there was an understanding that, being older, they were positioned as 'at risk' of experiencing problems with their fertility, as evidenced in the quotations below:

"I was really sort of conscious because of my age that I wanted to sort of get on with it and have a child as soon as I could really."

(Daisy, first-time mother at 36)

"With all the statistics we always hear about fertility goes down the older you are, I think this is a big worry for a lot of women once they reach thirty-five."

(Kim, first-time mother at 37)

"We weren't getting any younger. I mean, that's important for a woman because you worry about how long your fertility is gonna last for."

(Jackie, first-time mother at 36)

What follows is a discussion of how women drew upon a contingent repertoire in relation to discussions of advancing maternal age and the risks of declining fertility, which enabled them to negotiate and ultimately resist the 'at risk' subject position. The first extract comes from the interview with Laura who had been in a long-term relationship until her late twenties, which subsequently ended in her early thirties. Following this she met a new partner and they decided to try for a baby fairly early on into their relationship (as she describes it) owing to concerns about perceived age-related concerns over the length of time it might take them to conceive. Immediately prior to this extract Laura discusses some information she found on the Internet, which documented statistical evidence regarding the increased risk of fertility problems for older women.

Extract 6.1 Participant Two, pp. 6-7

1. Laura I was reading about getting pregnant (2.0) that sent me into a
2. complete panic because=
3. KB =Yeah
4. Laura It just (.) was (.) y'know all the stats it just seemed were against
5. you completely
6. KB Yeah (.) do you feel like they kind of (.) emp (.) tend to emphasize
7. the negative rather than=
8. Laura =Yeah definitely
9. KB Yeah
10. Laura and then I spoke to someone else (.) who's a (.) friend (.) who's a
11. doctor (.) and she said that the stats include (.) everyone from all
12. (.) walks of life
13. KB Hmm
14. Laura So (.) other things have a big factor on it (.) apart from age so=
15. KB =[Yeah]
16. Laura [Your] lifestyle and how healthy you've been and things like that
- [Break of six lines]
17. Laura I felt that (1.0) it (.) your lifestyle isn't really mentioned (.) I don't
18. feel
19. KB Yeah
20. Laura On the Internet (.) so (.) it didn't (.) give you any reassurance that
21. if you've been really healthy it would help (.) at all
22. KB No [it just wasn't mentioned]
23. Laura [do you know what I mean?] It was all about your age and
24. nothing else

Laura begins by stating that she found discussions of maternal age and its impact on fertility were common when she was searching for information about becoming pregnant. It seems that this literature caused concern for Laura regarding her perceived chances of conception and perhaps signalled her recognition that, owing to her age, she is 'at risk' of fertility problems: "It just (.) was (.) y'know all the stats it just seemed were against you completely" (lines 4-5). The impact of this positioning on Laura's subjectivity is clear, as she describes the anxiety and

'panic' that ensued following her consumption of this information: "I was reading about getting pregnant (2.0) that sent me into a complete panic because...It just (.) was (.) y'know all the stats it just seemed were against you completely" (lines 1-5), with 'complete panic' and 'against you completely' denoting extreme case formulations (Pomerantz, 1986) which serve to emphasise her concern.

The implications being positioned as 'at risk' can have for people's practices can be observed within Laura's case, as she describes slightly later on in the interview how her concerns over being 'at risk' of fertility problems prompted herself and her partner to try for a baby early on in their relationship, when they "hadn't been together that long". As such, this demonstrates the power of risk discourse and the subject position of being 'at risk' which is made available within it. The ideological function of this discourse is clear from Laura's account, in that it may prompt individuals to consider their level of risk and to act accordingly. As such, it can be seen how risk categorization is linked to Foucault's notion of governmentality (Foucault, 1991). Risks are calculated, assessed and then conveyed to individuals, who are then held responsible for managing them and as accountable in the event they 'fail' to manage the risks and experience unfavourable outcomes. At first, Laura presents her 'panic' as justified after having read statistics on the difficulties of conception in older women. The way in which statistics are commonly presented perpetuates the idea that they are factual, and they are generally considered to be scientific, objective measurements of phenomena already existing in the world (Best, 2012). However, she goes on to critique these statistics by drawing on her access to alternative scientific knowledge, which questions and undermines their credibility.

From line ten onwards Laura begins to question the validity of the statistics she had come across through her access to alternative information: "I spoke to someone else (.) who's a (.) friend (.) who's a doctor (.) and she said that the stats include (.) everyone from all (.) walks of life...So (.) other things have a big factor on it (.) apart from age so... Your lifestyle and how healthy you've been and things like that" (lines 10 - 16). Laura's critique is based upon the idea that the statistics do not present the whole story when it comes to the risks of age-related fertility problems. Instead, Laura argues that fertility is not only dictated by maternal age, but is also contingent on your lifestyle and degree of health and, as such, proposes there is an individual element to the degree of risk one might face. This enables her to resist the position of being 'at

risk' of fertility problems as she infers that having led a healthy lifestyle she will not be at risk of the same fertility problems as other women in her age category. She states: "the stats include (.) everyone from all (.) walks of life" (lines 11-12), implying that she might be considered separate from other mothers in her category – perhaps those who do not live healthy lifestyles. Here Laura can be seen to draw on neoliberal ideas, which emphasize the role of individual choice and responsibility when it comes to health. Throughout the extract Laura infers that she has chosen a healthy lifestyle, for example: "so (.) it didn't (.) give you any reassurance that if you've been really healthy it would help (.) at all" (lines 20-21). As such, she positions herself as being responsible and manages accountability for 'leaving it late' – despite trying for a baby later on in life, she has done everything she could to preserve her fertility.

As I will now go on to discuss, Laura's resistance of the subject position of being 'at risk' of fertility problems, and her challenge to the idea that maternal age is a direct cause of such problems is in part worked up by the rhetorical organization of her talk. In presenting alternative information that she has access to, which could undermine the statistics she has read on the Internet, Laura makes use of category entitlements: "and then I spoke to someone else (.) who's a (.) friend (.) who's a doctor (.) and she said that the stats include (.) everyone from all (.) walks of life" (lines 10-12). Laura begins by stating that she has received alternative information by 'someone', but then goes on to clarify that the person she had spoken to was actually a doctor. This has the effect of legitimizing and corroborating the counter-argument Laura presents – that other factors have an impact on your fertility rather than age alone. Moreover, Laura works to reduce the importance of maternal age as a risk factor for fertility problems when she states: "So (.) other things have a big factor on it (.) apart from age so...Your lifestyle and how healthy you've been and things like that" (lines 14-16). In stating that other things have a '*big* factor on it', Laura infers that the impact of maternal age is small in comparison. Moreover, this utterance constitutes a three-part list (Jefferson, 1990), which works rhetorically to persuade the listener of the other factors that impact upon fertility, besides maternal age.

In the final part of the extract Laura can be seen to highlight the bias and inaccuracy of the information she had read on the Internet: "I felt that (1.0) it (.) your lifestyle isn't really mentioned (.) I don't feel...On the Internet (.) so (.) it didn't (.) give you any reassurance that if you've been really healthy it would help (.) at all...do you know what I mean? It was all about your age and

nothing else” (lines 17-24). Here Laura describes the lack of information on the Internet about the other factors that may impact upon fertility, such as those that she had learned from her friend, the doctor. She states: “it didn’t give you *any* reassurance” and with this Laura suggests that instead of there merely being a bias towards discussions of the negative effects of age on fertility, discussions of factors that may preserve fertility and reassure older women were *entirely* absent: “it was *all* about your age and *nothing else*”. As such, she constructs the information she has seen on the Internet as biased and as such undermines its credibility. Again, this supports her critique of the ‘reality’ of the link between maternal age and declining fertility. Use of ‘all’ and ‘nothing else’ here are also extreme case formulations, with which Laura is able to emphasize and highlight the inaccuracy of the information she had read. As a consequence, her account that fertility is contingent on factors besides maternal age and is, to some extent, individually determined is persuasive.

The second extract in this chapter comes from an interview with Rebecca, who was 36 when she became pregnant. Following a breakdown in the relationship between herself and the father of her child, Rebecca decided to keep her baby and become a single mother. Prior to this extract, Rebecca had just been asked whether she was aware of the risks of it being harder to conceive that are often associated with getting older. Rebecca responded by revealing that both she and her partner were aware of the risks, and that owing to her age and due to the fact that she and her partner did not see each other regularly, they felt the risks of her becoming pregnant “seemed quite small”. In actual fact, Rebecca recalled that she became pregnant “almost immediately” – she described her conception as a “lightning strike”, a metaphor that emphasizes how slim she originally felt the chances were. In this extract, Rebecca can be seen to draw upon a contingent repertoire, whereby she critiques the notion that advancing maternal age leads to risks of fertility complications and, similar to Laura, constructs fertility as something that is largely dependent on the individual.

Extract 6.2 Interview Three, p. 24

1. Rebecca Just er (2.0) it’s it’s just touch and go I mean (.) I don’t erm (3.0) I
2. know people talk about the (.) the risks of you (.) being infertile as
3. you get older (1.0) I think that it’s more (2.0) I I think it’s more (1.0)
4. more down to sort of (1.0) y’ I think more emphasis should be

5. placed on the individual because I think that we're individually  
6. quite different (.) and I think it would be helpful if people knew  
7. earlier on (.) how, how fertile they were and how long (.) you know  
8. what their chances were
9. KB Hmm
10. Rebecca Um (1.0) because if (.) if somebody had said to me (1.0) you  
11. would have no problem getting pregnant right up until the age of  
12. forty-five (.) I pr' (.) I probably would have waited even longer to be  
13. in (.) a (.) relationship and have that support
14. KB Hmm
15. Rebecca But it's because you just don't know
16. KB Yeah
17. Rebecca That I kind of you know I got to thirty-five and thought (.) y'know I  
18. don't want to risk (.) you know, it, it was in my life plan having  
19. children (.) don't want to risk not ever having (.) children

At the beginning of this extract Rebecca continues to discuss the circumstances of her conception and begins to consider the impact of maternal age on fertility, demonstrating her knowledge of the 'risks' of fertility problems that are considered to increase with advancing maternal age: "I know people talk about the (.) the risks of you (.) being infertile as you get older" (lines 1-3). Following this, however, Rebecca continues by invoking a contingent repertoire, which enables her to critique the perhaps taken-for-granted assumption that advancing age, particularly age over 35, is associated with fertility problems in *all* women: "I I think it's more (1.0) more down to sort of (1.0) y' I think more emphasis should be placed on the individual because I think that we're individually quite different" (lines 4-6). Here, Rebecca can be seen to challenge the notion that women over a 'certain age' are at risk of fertility problems by proposing that a woman's level of fertility is unique and individual.

Again, similar to Laura, the implications that the notion women are 'at risk' of fertility problems past age 35 can have in terms of practices can be observed as Rebecca alludes to the impact concerns about age-related fertility problems had on her timing of pregnancy: "I got to thirty-five and thought (.) y'know I don't want to risk (.) you know, it, it was in my life plan having children

(.) don't want to risk not ever having (.) children" (lines 17-19). Rebecca's concerns about her fertility thus prompted her to contemplate and plan motherhood imminently, for fear that if she left it any later she would be unable to have children. This decision was particularly crucial in Rebecca's case owing to the fact that she was in a 'complicated' relationship at the time – a relationship that subsequently broke down leaving Rebecca a single mother. In actual fact, Rebecca experienced no problems with becoming pregnant at the age of 35, yet her perception of the risks she faced prompted her to try for a baby before she was ready – that is, before she was in the kind of relationship where she would get support with motherhood. As a response to this, Rebecca reflects on the potential benefits of a more individualised understanding of fertility, stating: "I think it would be helpful if people knew earlier on (.) how, how fertile they were and how long (.) you know what their chances were...Um (1.0) because if (.) if somebody had said to me (1.0) you would have no problem getting pregnant right up until the age of forty-five (.) I pr' (.) I probably would have waited even longer to be in (.) a (.) relationship and have that support" (lines 6-13). In doing so, Rebecca makes the case that fertility levels are contingent on the individual, such that some women can easily become mothers well beyond age 35, thus critiquing the link between maternal age over 35 and declining fertility in *all* women. She suggests that had she been aware that she could perhaps conceive until her mid forties her decision would have been different – she would have waited to be in a relationship where she would have received support with parenting, rather than becoming a single mother.

Rebecca's concern about age-related fertility decline functions to account for her single motherhood and her decision to bring her child into a situation that, by society's standards, is considered less than ideal. Such a justification is potentially warranted, as single motherhood is still considered problematic (Silva, 1996). Lone mothers are commonly constructed as 'feckless' 'irresponsible' and problematic for the state owing to an over-reliance upon state benefits (Phoenix, 1996). Single mothers are also often charged with inadequate parenting (McIntosh, 1996) and constructed as 'not good enough' mothers (Roseneil & Mann, 1996).

Through Rebecca's personal account of how she might have waited longer to have children had she been aware of her individual fertility, she evidences the implications that effectively positioning all older women as 'at risk' of fertility problems can have. In her account Rebecca suggests that she rushed into pregnancy owing to the pervasiveness of the concerns about

infertility in 'older' women and her consequent positioning as being 'at risk' of fertility problems. Her positioning is clearest in lines 17-19 where she discusses not wanting to risk "not ever having children", which is an extreme case formulation (Pomerantz, 1986). Using this extreme case formulation enables Rebecca to position herself as being 'at risk' of the worst-case scenario – not ever being able to have children – and it functions to emphasize the critical nature of the issue, as well as to justify her decision and actions surrounding the timing of her pregnancy – namely not waiting to be in a relationship. This description is also constructed of three parts, which bolsters the persuasiveness of her account and shores up her subjective feelings of being 'at risk'; again, this has the effect of further legitimizing her actions (Jefferson, 1990). Furthermore, it is interesting to note that throughout her description Rebecca uses the pronoun 'I', which allows her to personalize and claim ownership of this experience. In line eighteen, however, her pronoun use shifts to the more general pronoun 'you' when she states: "it's because you just don't know" (line 15). This shift is significant as it makes Rebecca's account appear scripted (Edwards, 1994) and as such, this removes the necessity of her actions requiring any specific account. Her actions – becoming a parent before she was in a steady relationship – are read as those that any woman would take in her situation and as such are no longer individually accountable. That is, they were a response to commonplace notions that fertility declines with maternal age, which positions all women over a certain age as at risk of infertility, as well as to the lack of information available to women about their fertility on an individual level.

## 6.2 Normalising Older Motherhood

As discussed in Chapter Two, in addition to being 'at risk' of fertility problems or involuntary childlessness, the medical literature would appear to suggest that older women, and their babies, are 'at risk' of a plethora of other complications as a result of women's 'advancing maternal age'. As such, while pregnant, women over a certain age, usually over 35, are positioned as being 'at risk' of complications within medical discourse. The implications of this for practice are that women over 35 are apparently subject to increased medical surveillance in order to prevent risks as far as possible. As such, women over 35 may have a different experience of maternity care. Indeed, previous research has suggested that one area in which being older might impact on a woman's experience of pregnancy and motherhood is throughout

their maternity care (e.g. Carolan & Nelson, 2007). Again, just as the women in the study demonstrated knowledge of the increase in fertility problems with advancing maternal age, they also showed an awareness of the increase in the risks of complications.

Given the volume of medical literature which presents the idea that women over 35 are at higher risk of complications we might expect women over 35 to be placed in a 'high risk' category and as such to experience greater surveillance throughout their maternity care. Indeed, previous studies have found that older women are more likely to be labelled as 'at risk' by their midwives (Windridge & Berryman, 1999). However, for the most part, this did not appear to be the case for the participants in the present study. Of course, it may be a feature of the sample that those who were particularly at risk or experienced adverse complications associated with their age may not have opted to participate in a study exploring older motherhood. However, the majority of women interviewed felt that their age did not have an impact on their experience of antenatal care in that midwives did not treat them as 'older mothers'. The quotes below illustrate how, despite apparently being well documented in the medical literature, for a number of participants the risks associated with older motherhood were not mentioned by health professionals.

“When it came to screening I'd had a private screening for um (.) um the Down's syndrome and...a couple of other things...Because I was very aware of how old I was but the midwife didn't seem really didn't seem that concerned.”

(Lily, first-time mother at 38)

“I was regularly seen by the community midwife um she was a very enthusiastic midwife and um very supporting and um very encouraging it there was never an issue that I was a late mother or something.

(Kim, first-time mother at 37)

“Um I I wouldn't say that I I I don't remember being spoken to about risks of being an older mother...um I don't think that ever actually came up um and now it could be because I was I'm only just over the sort of threshold of what they consider older.”

(Rebecca, first-time mother at 36)

“Yes they did yes erm it was given to us as an option [screening] and we said no because we wouldn’t act on it anyway...And it was as simple as that really er there wasn’t anything about oh being older or anything like that...Err I think that the only friend I’ve known who had stuff said to her repeatedly about being older is the one who’s forty-one...So I think and I the fact that I know a lot of people who in their mid to early thirties erm I think there seem to be quite a lot of us about ha ha and so we’re not getting treated as older mothers in fact I wasn’t.”

(Rachel, first-time mother at 35)

For these participants, their experience of maternity care and communication about risk was not influenced by maternal age. A possible reason for this, as inferred by both Rebecca and Rachel in the final two quotations, could be the contemporary ‘normalization’ of older motherhood over age 35. Indeed, as considered briefly in Chapter Two, an idea considered within this thesis is that the definition of what constitutes an ‘older’ mother is currently changing, shifting to define women becoming first-time mothers over 40, rather than those who embark upon motherhood at 35. As such, this may alter the extent to which concerns about ‘risk’ are communicated to this group of women. Indeed, Rebecca considers that being ‘just over the threshold’ of what is considered older might have meant that a discussion of the risks was less appropriate for her. Rachel reflects on whether the increase in older mothers – meaning it is increasingly normal to have a child later on – might explain why she was not treated as an older mother, including a lack of discussion about the risks associated with later motherhood. She contrasts this to the experience of a friend who is over 40 whose age was mentioned repeatedly throughout her antenatal care.

Although, for the majority of participants, their experience of maternity care and communication with health professionals was not influenced by their maternal age, this was not the case for all of the mothers. Among the sample there were exceptions, where maternal age seemed to be used as an explanation for those who were considered to be ‘at risk’. Where this was the case, women appeared to describe this as having a significant impact on their experience of care. I will now discuss how those mothers, whose age meant they were considered to be medically high risk, attempted to resist the subject position of being ‘at risk’ through drawing upon a repertoire of normality. Through this, they attempted to position themselves in relation to other

pregnant women, constructing their situation as 'normal' and as nothing out of the ordinary and, as such, not warranting any particular concern about risk.

The next extract comes from the interview with Katie, who had her first baby at age 43. During the interview Katie described that prior to this she had been pregnant twice before. During her first pregnancy Katie experienced a miscarriage at five weeks. Katie then became pregnant a second time and during the interview discussed the antenatal care she had received during her this pregnancy at some length. Katie recalls that owing to the fact that she was older – in this case over 40, the midwife asked her whether she would like to see a consultant. Katie opted to see a consultant who subsequently warned her about the increase in risks and complications that can occur in women of her age. In the interview Katie recalled the encounter with her consultant leaving her feeling distressed as she was presented with, what she described as a “barrage” of information, about the risks she and her baby faced as a consequence of being older. Based on this information, Katie went down the route of antenatal screening and opted for a diagnostic screening test. Through this she discovered that the baby she was carrying did in fact have Down’s syndrome. Following this Katie decided upon a termination. In this extract Katie attempts to manage and resist the subject position of being ‘at risk’ through invoking a repertoire of normality. In positioning herself relative to other pregnant women in her situation who experienced no complications, she manages any accountability ascribed to her for incurring the risks associated with the timing of her pregnancy.

Extract 6.3 Participant Ten, pp. 19-20

1. Katie When I (.) when I got pregnant though (.) the second time (.) I
2. didn't for a minute when I went for those tests I didn't for a minute
3. really think there'd be a problem
4. KB Hmm
5. Katie You know I just (.) I really didn't
6. KB No
7. Katie Um (.) even though you know that there's a higher risk (2.5) I think
8. you just y' you're so happy (.) and so optimistic
9. KB Hmm, hmm
10. Katie That I really didn't think it would be a problem

11. KB Yeah
12. Katie Because I've (.) I've got you know I'm (.) in a group of girls that are
13. very similar (.) um age (.) and very similar lifestyle so I've got (.)
14. plenty of friends that have had babies thirty-five (.) upwards
15. KB Hmm, hmm.
16. Katie Y'know um (.) and there's never been a problem
17. KB No
18. Katie So I'd never (.) been y'know (.) heard about someone who has
19. had a problem because they were older
20. KB Yeah, yeah yeah
21. Katie And in fact I'd had friends that had had children when they were
22. forty forty-one (.) and um (.) there hadn't been an issue
23. KB Hmm
24. Katie So when I went for the tests I wasn't at all (.) worried

At the beginning of the extract, despite having an awareness of the increase in risks associated with having a baby at her age, Katie describes that she did not anticipate that she would experience any complications with her pregnancy when she initially went for the screening: “I didn't for a minute when I went for those tests, I didn't for a minute really think there'd be a problem” (lines 1-3). Given the routine positioning of ‘older’ women as ‘at risk’ of complications with pregnancy, and in demonstrating an awareness of the risks, it might be considered that Katie would take up the subject position of one who is ‘at risk’ and respond accordingly. In terms of subjectivity, this positioning ought to cause Katie concern and anxiety, as experienced by Laura in extract 6.1. However, Katie emphasises her overall lack of concern about the risks she could face: “so when I went for the tests I wasn't at all (.) worried” (line 24). As discussed earlier, one function of risk communication is to shift responsibility onto the individual for managing the degree of risk they may face. As such, Katie's knowledge of the risks, but lack of anticipation that they would apply to her could be construed as irresponsible under these circumstances. However, Katie goes on to justify her apparent lack of concern about the risks of older motherhood by drawing on a normality repertoire. In this instance, the repertoire enables her to position herself as ‘normal’ relative to other women she knows of in her situation who have had babies later – other women who did not experience any complications. She states that she

“really didn’t think it would be a problem” (line 10) “Because I’ve (.) I’ve got you know I’m (.) in a group of girls that are very similar (.) um age (.) and very similar lifestyle so I’ve got (.) plenty of friends that have had babies thirty-five (.) upwards...Y’know um (.) and there’s never been a problem” (lines 12-16). In emphasising her similarity to peers who have had babies at a similar age with no complications, Katie effectively justifies the assumption she made that she too would experience no complications. Katie effectively constructs later pregnancy, with no complications, as the ‘norm’ among her peer group and as such presents the idea that she had no reason to consider her own situation to be any different to those around her who started their families beyond age 35. As such, she manages any accountability she may be charged with for ‘not taking the risks seriously enough’.

Katie’s justification of her apparent lack of concern over the degree of risk she faced is, in part, further worked up through the rhetorical organization of her talk as she emphasises how ‘very’ similar she is to her peers, in terms of age and lifestyle (lines 12-13). In remarking that she has “plenty of friends that have had babies thirty-five (.) upwards” (line 14) without complications, she constructs this situation as the norm. As such, Katie’s experience is marked out as an exception. Owing to many of her friends’ experiences she would have had no reason to consider that hers would be any different. Furthermore, she describes having had friends in their early forties who had children without complication: “and in fact I’d had friends that had had children when they were forty forty-one (.) and um (.) there hadn’t been an issue” (lines 21-22). This evidence is particularly significant owing to the fact that Katie was in her early forties when she became pregnant for the second time, with the baby who had Down’s syndrome. Although age 35 is usually marked out as a threshold for when women are more ‘at risk’ of complications, age 40 is associated with women being of particularly elevated risks. As such, her evidence that she had friends over 40 who had healthy pregnancies again marks her experience out as an unfortunate exception.

The next extract comes from the interview with Chloe. Chloe gave birth to her first baby at the age of 41. The only woman in the sample to conceive through IVF, Chloe became pregnant after her third cycle of treatment. During her interview it emerged that Chloe had suffered from a brain tumour in her thirties, which required major surgery. Immediately prior to this extract Chloe has just explained how those responsible for her maternity care had consulted with her surgeon

regarding some concerns they had about the impact the pressure of giving birth naturally might have on her head. Following this correspondence it was considered safe for Chloe to give birth naturally. It is interesting to note that throughout her maternity care Chloe describes how in many ways her pregnancy was considered special, given that her baby was conceived through IVF. Chloe felt that her care was different on these grounds. However, as she recalls, the fact that she was an older mother was not an issue in the early stages of her pregnancy:

“...the midwives were very quick to tell me that they saw plenty of women my age and that I wasn’t exceptional cos I kept say’ I kept calling myself an older mum and they kept saying you’re not an older mum we see lots of women your age”

However, as Chloe describes in the following extract, concerns over her age arose during her labour, when she and her baby were considered to be ‘at risk’.

Extract 6.4 Participant Seven, pp. 4-5

1. Chloe And there was great debate for weeks and weeks and
2. weeks and then they finally decided I was normal I can push like
3. the rest of them and then that (.) really kind of irritated me
4. because when I got into hospital (.) they were obsessed with the
5. fact that I was forty-one and my due date was the (.) fourth of
6. December (.) and they wanted me in on the fourth of December
7. being induced if she hadn’t come naturally and of course (.) she
8. was showing no signs of arriving on the fourth of December and I
9. was um (1.0) you know wanting to have her naturally (.) and that
10. side of things went very badly wrong as far as I was concerned
11. because (.) I was pressured into coming and they kept (.) getting
12. me back in to monitor my heartbeat just because I was forty-one
13. [and]
14. KB [Ok]=
15. Chloe =I had no blood pressure issues the whole time I was really quite
16. normal and it (.) of course there was this added thing of you know

17. she's an IVF baby does that make her even (.) y'know (.) I was  
 18. like 'oh god' you know (.) so after five days I had no option they  
 19. induced me and that was (.) when it all went really badly wrong  
 20. because it became very medical at that point um=  
 21. KB =Ok=  
 22. Chloe =I mean it didn't go badly wrong in that she's safe and she arrived  
 23. but I didn't have any say in anything I wanted to have a waterbirth  
 24. and all these different things that I wanted to do (.) and it was all  
 25. just taken out of my hands by having (.) you know by being  
 26. induced

In this extract Chloe can be seen to draw upon a normality repertoire whereby she constructs her pregnancy as normal, as nothing out of the ordinary. In the first instance, this normality is constructed as being relative to those women who have not had a brain tumour: "there was great debate for weeks and weeks and weeks and then they finally decided I was normal, I can push like the rest of them" (lines 1-3). Here, Chloe works to position herself as a 'normal' pregnant woman despite the concern health professionals expressed about her brain tumour. Chloe's repetition of 'weeks and weeks, and weeks' constitutes a three-part-list (Jefferson, 1990), which in this instance works to emphasise the length of time it took for health professionals to make their decision. Additionally, the use of 'finally' presents their decision as one which came after a long delay and works, alongside the three-part list, to present the length of time it took them to decide Chloe could give birth naturally as excessive and unnecessary.

Following their decision that her brain tumour would not impact upon her ability to give birth naturally, and that Chloe was a 'normal' pregnant woman, she describes herself as "irritated" when health professionals turned their attention to her age in order to mark her out as being in need of particular medical treatment around the time of her labour. This demonstrates the impact that the sudden concern about her maternal age had on Chloe's subjectivity. Later on in the interview she revealed how one of the health professionals she came into contact with had told her that it was hospital policy, in line with NICE guidelines, to induce women over 40 on their due date, and no later, owing to an increased risk of stillbirth in women of this age. Therefore, as a result of her being over 40, Chloe was positioned as 'at risk' by the health

professionals caring for her. The implications for practice here are clear in terms of 'what could then be done' to Chloe. Her positioning led to increased surveillance and attempted medical intervention during her pregnancy. Chloe works to resist the notion she was 'at risk' as a consequence of her maternal age throughout the remainder of this extract through drawing on a repertoire of normality – constructing her pregnancy as 'ordinary' and positioning herself as a 'normal' pregnant woman. This is further achieved through Chloe's construction of the health professionals' concern with her age as inappropriate and unnecessary as she states: "they kept (.) getting me back in to monitor my heartbeat just because I was forty-one" (lines 11-12). Chloe's use of 'just' here enables her to construct her age as the sole reason why she was continually brought back into hospital. It also works to construct her age as an unfair and arbitrary reason for her receipt of specialist care. Furthermore, her description that those in the hospital were "*obsessed* with the fact that she was forty-one" (lines 4-5) serves to construct the idea that they showed an unhealthy or unreasonable degree of interest in her age.

From line 18 Chloe begins to describe the implications of being considered 'at risk', in terms of increased surveillance and intervention – that is, she describes the 'medicalization' of her pregnancy. This explicitly demonstrates the impact that being positioned as 'at risk' owing to maternal age has on practice, in that it constrains Chloe's choice and control: "I didn't have a say in anything" (line 23); "it was all just taken out of my hands" (lines 24-25). As a result of this positioning Chloe is left fighting for control over childbirth, recounting how she struggled and subsequently managed to persuade health professionals to allow her to go past her due date, yet that after five days she had "no option" but to be induced. This demonstrates the implications of her positioning in terms of her loss of control, but also in terms of the power medical professionals have in these situations. Ultimately, Chloe's 'at risk' positioning renders her silenced and removes all agency in terms of birth options. Conversely, her positioning gives health professionals the power to survey and intervene, and the ability to effectively remove Chloe from a position where she has choice and control. Given Chloe's prior construction of the relative 'normality' of her pregnancy, this intervention and the subsequent negative implications for Chloe's birth experience are rendered unnecessary and inappropriate and serve to highlight the problems inherent in defining all women over a 'certain age' as potentially 'at risk'.

### 6.3 Chapter Summary

Owing to the medical literature which apparently evidences a plethora of risks that older women face including fertility problems, risks to themselves and risks to the babies (as discussed in Chapter Two), it could be suggested that older women conceive, carry, and give birth to their infants within a discourse of risk. As such, the literature would appear to suggest that women who begin their families over 35 will be positioned as being 'at risk' of an array of complications. This chapter has demonstrated how concerns about increasing risks associated with advancing maternal age were well understood by the women in the study, who were aware of their positioning as 'at risk'. Additionally, it has explored how the women managed and negotiated the subject position of being 'at risk' and, often, worked to resist it. This resistance was firstly negotiated through challenging the link between maternal age and declining fertility, which was achieved through drawing upon a contingent repertoire, through which the risks of infertility were presented as something dependent on individual factors, as opposed to being a *fait accompli* for all older mothers. Secondly, in the latter part of this chapter, the way in which women could be seen to draw upon a normality repertoire in order to challenge the subject position of being 'at risk' was considered. In constructing their pregnancies as 'normal' relative to other pregnant women, they were able to present any particular concern about risk related to their age as unnecessary.

The women's resistance of the subject position of being 'at risk' is perhaps of particular importance, owing to the common notion that older mothers put themselves and their babies 'at risk'. This formed part of the prevailing 'selfish older mother' subject position, as defined in the media analysis in Chapter Four. Moreover, the dominant notion that the timing of pregnancy is a woman's choice further functions to assign responsibility and accountability to women for making the wrong 'choices' and having a baby when it is medically riskier. Resisting the notion that they were in fact 'at risk' at all functions to manage this accountability.

## Chapter Seven - The 'Good' Older Mother

“The cultural idiom of motherhood, and the only one that people find bearable, is that once a woman has produced a child she bonds with it in utter devotion, forgets her own wishes, and sacrifices herself for her baby. When she does not slip easily into this role, she risks the accusation of being a bad mother.”

(Sheila Kitzinger, *The Year After Childbirth*, 1994, p.116)

The quotation above, taken from an advice guide on how to ‘survive the first year of motherhood’, quite neatly summarises the expectations of new mothers and cultural definitions of what it means to be a ‘good’ mother. The ideology of ‘good’ motherhood was discussed in Chapter Two (section 2.3.1) where it was noted that what it means to be a ‘good’ mother is socially and historically constructed. Today, ‘good’ motherhood is partly defined by the amount of time women spend with their children and this has been the case for some time (Russo, 1976). Commentators have observed that perhaps the key component of ‘good motherhood’ is that mothers ought to be child-centred (DiQuinzio, 1999; Hays, 1996) and that this constitutes a hegemonic discourse of motherhood (Arendell, 1999). Through this hegemonic discourse there is an expectation that, in order to be a ‘good’ mother, women ought to relinquish their own needs and desires and focus upon the needs and desires of their children. This discourse firstly serves the interests of the state, and patriarchy, as it encourages women to take whole responsibility for the welfare of children (Rich, 1986). In Chapter Four, the analysis of how older mothers are represented in the media suggested that this group mothers may not necessarily meet this ideal, owing to assumptions that women ‘choose’ to ‘delay’ motherhood for self-interested reasons, namely the pursuit of a career. These are pursuits which are often considered selfish and so not as a mark of ‘good motherhood’ (Gorman & Frizsche, 2002; Mottarella, 2009). Thus, the stereotypical image of older motherhood that pervades in the media, as noted by Kitzinger (1994, p. 119) “is of a woman who puts off having a baby because she has a brilliant career and cannot find space in her Filofax for a baby. Once she has pushed the infant out of her body she cannot wait to hand it over to a nanny, put on her business suit, and stride out, brief-case in hand, to get on with her life”.

By contrast, an alternative repertoire that emerged from analysis of the media in Chapter Four was that older mothers make 'good mothers'. Although this repertoire was significantly less prevalent, within this repertoire the newspapers discussed how older mothers were more responsible, could offer their children stability and security and, having pursued other life goals and ambitions, were able to dedicate the majority of their time to the care of their children.

In the previous two chapters, the two main components of the stereotypical subject position of the 'selfish older mother' were interrogated: 'choice' and 'risk'. Chapter Five considered how, instead of being a straightforward 'choice', later motherhood is to a certain extent shaped and constrained by societal definitions of the 'right' situation in which to have children, in addition to definitions of 'good motherhood', which to some degree define when a woman is 'ready' for motherhood. Meanwhile, Chapter Six considered the ways in which the assumption that later motherhood is more risky was managed and rebutted. In challenging the notion that older motherhood is a 'choice' and is 'risky' the 'selfish older mother' subject position can additionally be challenged. This final data chapters considers the final, and perhaps most powerful challenge to the stereotypical notion of the 'selfish older mother' – the idea that older mothers make 'good' or even 'better' mothers, as the women in this study narrated what they saw as the benefits to coming to motherhood later on in life.

What emerged as pervasive across the data corpus was that throughout their interviews many women took various opportunities to construct and position themselves as 'good' mothers by invoking a repertoire of 'good older motherhood', comparable to that observed in the media analysis. It is perhaps unsurprising that this repertoire was so pervasive throughout the interviews, as it conceivable that this repertoire, of those available, best serves the interests of this group of women, particularly given the amount of negative discourse surrounding older motherhood. What follows is an exploration of how women could be seen to draw upon notions of dedication, self-sacrifice, maturity and stability, which together constitute the 'good older mother' repertoire. Moreover, it will be demonstrated how invoking this repertoire functioned as a means to resist the stereotypical subject position of the 'selfish older mother' that was seen in the news media (Chapter Four) and instead enabled the women to position themselves as a 'good', and in many instances, 'better' mothers, thus justifying their later motherhood.

Owing to the substantive nature of this repertoire across the data corpus, the discussion of 'good' older motherhood in this chapter has been divided into sections which each focus on the different components of the good older mother repertoire that were evident. Although the analysis has been divided in this way for ease of focus, it should be noted that it is a feature of discourse that there will be some overlaps across these closely related components.

## 7.1 The Dedicated Older Mother

One of the most frequent accounts that emerged from the corpus was that older mothers are good mothers because they are selfless and sacrificial, and as such dedicated to the upbringing of their children. This formed a key aspect of the good older mother repertoire as explored in Chapter Four. The ability to be self-sacrificing – willing to set aside one's own interests so that the majority of time can be devoted to motherhood, is a key feature of contemporary understandings of 'good' motherhood (Brown, Small & Lumley, 1997). As the first extract suggests, this aspect of the good older mother repertoire was also tied to ideas surrounding the existence of a 'right time' for individual women to become mothers, so that they make better mothers. This is further linked to the notion that older mothers were 'ready' for motherhood, as discussed in Chapter Five. In the case of many of these women, this 'right time' was once they had gained life experiences and achieved other goals, such as travel, education and developing careers, which then meant that they were ready to devote their time and attention to their babies - a mark of 'good motherhood' (Russo, 1976).

The first extract was taken from the interview with Rebecca, who was the only single older mother in the study. The extract begins with Rebecca being asked to reflect upon whether she felt that her age had any impact upon the kind of mum she was to her son.

### Extract 7.1 Participant Three, pp. 15-16

1. KB So do you think that in some ways you might be a different mum
2. to [son] now than you would've been (.) [when you were younger?]
3. Rebecca [Oh definitely] oh yeah yeah
4. definitely (.) I mean now I can (.) um you know I mean I'm still

5. I've just gone back to work and have (.) quite a (.) busy job you  
6. know its quite demanding (.) um (2.0) but my perspective is  
7. different now because I (1.0) I'm not kind of (.) I don't (.) I don't  
8. have that pressing feeling of there are (.) there are things that I  
9. need to do  
10. KB Ok  
11. Rebecca You know I have to get on with my career (.) and I think that I  
12. would have that if I had him at an earlier age  
13. KB Yeah  
14. Rebecca I would've always felt (.) that I should've done this and you know I  
15. tended to go there and (.) y'know careerwise things that you  
16. should've achieved (.) whereas now I (.) I really don't feel that I  
17. feel completely at at peace with having a baby at this age (.) I feel  
18. it's it's absolutely (.) it was (.) absolutely the right thing to do (.) at  
19. this age  
20. KB Hmm  
21. Rebecca Cos like I say y'know (1.0) I I've done a lot of the things that I  
22. wanted to do (.) and so I can (.) y'know dedicate myself to him

In response to the question asked of her, Rebecca reflects upon whether there are any differences in how she may have felt having a baby at a younger age and the kind of mum she would have been, in comparison to having one 'older'. Rebecca takes this opportunity to construct herself as a better mother by considering how having her baby later has enabled her to be more dedicated to her child. Rebecca speculates that when she was younger she would have felt pressure to achieve other things, specifically relating to her career (line 11) and compares this to her experience of mothering now where she describes that she feels "completely at at peace with having a baby at this age (.) I feel it's it's absolutely (.) it was (.) absolutely the right thing to do (.) at this age" (lines 17-19), and as such constructs having her baby later as the right time for her.

In this instance, Rebecca's construction of the right time to have a baby also gives her an opportunity to justify having her baby later. Hays (1996) notes that the dominant ideology of

motherhood is one of intensive motherhood. As such, in suggesting that having done a lot of the things she wanted to do earlier in her life she can sacrifice the career aspect of her life and 'dedicate herself' to her son (line 26), she consequently positions herself as a 'better' mother now that she is able to intensively focus on her son.

By drawing on this particular repertoire which presents herself as self-sacrificing and as devoted and dedicated to the upbringing of her baby, Rebecca is also able to resist a potentially more negative reading of her discussion that there were things she felt she needed to achieve 'careerwise' (line 15) which today could be heard as her being 'selfish' for prioritising her career over motherhood (see Chapter Four). As a result, she is effectively able to legitimise her actions as well as resist the position of the 'selfish older mother'. Traditionally, and according to the motherhood mandate (Russo, 1976), a good mother is not one who works (Gorman & Frizsche, 2002; Mottarella, 2009). In drawing upon this repertoire, Rebecca is able to take up the subject position of a 'good mother', whilst managing the potentially morally questionable subject position (according to the motherhood mandate) of 'career woman'. This management is required as there is an underlying imperative for women to privilege and prioritise motherhood over other occupations, which remains pervasive despite the second wave feminist movement and the push for equal opportunities for women and the increasing availability of identities outside of the domestic. Further, on an individual level, resistance of this subject position may enable Rebecca to feel less guilty about seemingly putting her career before motherhood. It is well understood that mothers who do not, for whatever reason, live up to society's ideal of the good mother who, in part, is selfless and sacrificial can experience (and are encouraged to experience) guilt as a result (Swigart, 1991). In positioning herself as a 'better' mother for doing things this way around she may be able to negotiate or manage these potential feelings.

Part of how Rebecca is successfully able to resist the subject position of the 'selfish older mother', and take up the subject position of 'good mother', is through the rhetorical organisation of her talk. In lines 17-19 she can be seen to draw heavily on extreme case formulations (Pomerantz, 1986) when discussing the timing of her pregnancy: "I feel *completely* at at peace with having a baby at this age (.) I feel it's it's *absolutely* (.) it was (.) *absolutely* the right thing to do (.) at this age". In this instance, Rebecca's use of the extreme case formulations 'completely' and 'absolutely' allows her to construct her later motherhood as something that was the best

thing to do, beyond any doubt, and thereby works to account for it. They help to bolster her claim against a more negative framing of her actions – that she ‘selfishly chose’ to prioritize her career over motherhood. Rebecca’s pronoun use in lines 14-16 is also of interest. She moves from using the personal pronoun ‘I’, to the more general pronoun ‘you’ when considering how she would have felt about things she should have achieved, had she not pursued her career and had children younger: “I would’ve always felt (.) that I should’ve done this and you know I tended to go there and (.) y’know careerwise things that you should’ve achieved (.) whereas now I (.) I really don’t feel that”. Shifting to the more general pronoun ‘you’ makes those feelings she was having appear scripted – as something anyone would feel, and therefore not in need of providing any specific account (Edwards, 1994). She then shifts back to using the personal pronoun ‘I’, which enables her to personalize her claim and bolsters the idea that having her baby at a later age was the right thing to do for her.

Whilst it is observable that Rebecca is able to use societal discourses of ‘good motherhood’ to her own ends here in order to construct an account of good motherhood and position herself as a ‘good’ mother, what is clear to see, and will become increasingly apparent in the extracts that follow, is that these accounts are formulated from the limited constructions of ‘good’ motherhood that are contemporarily available in our society. These constructions are constitutive in that they define what ‘good’ mothers ought to be like, in addition to the practices of ‘good’ motherhood – how mothers ought to behave, and subjectivities, how mothers ought to feel. Here, Rebecca’s admission that in having done a lot of the things that she wanted to do she can now dedicate herself to her child works as a justification because her actions are reflective of how society considers a good mother ought to behave – good mothers ought to be totally and selflessly dedicated to the care of their infants. Ultimately, then, her actions have enabled her to ‘meet the contemporary requirements’ of a ‘good’ mother and are justifiable on this basis.

Other than employment, many of the women compared their experience of motherhood now, as compared to their twenties, with reference to aspects of their social lives. For many of the women their assumption was that had they had their babies earlier, they may have found it harder to give up their social life and independent lifestyles. They compared this with becoming a mother relatively ‘older’, an age at which they felt ready to make this type of sacrifice for the benefit of their infants. An example of this can be seen in extract two taken from the interview

with Laura. Again, prior to this extract Laura was asked by the interviewer to reflect upon whether she thought her approach to motherhood would have been different had she started her family in her twenties.

Extract 7.2 Participant Two, pp. 28-29

1. Laura But I think (2.0) I think I would have just felt different about (.)
2. having a baby (.) then=
3. KB =yeah=
4. Laura =like now I'm (.) completely not bothered about going out (.)
5. anymore (.) whereas then (.) I would've really resented not going
6. out (.) all the time
7. KB Hmm hmm
8. Laura So I (1.0) I don't know if I'd probably have been much different
9. with [son] and you know what I want for him and=
10. KB =Yeah
11. Laura and the things we do with him (2.0) but I think from my point of
12. view I'd have probably found it a bit harder to give up stuff (.) give
13. up drinking heh

Having been asked whether her approach to parenting would have been different had Laura had her first baby in her twenties, Laura can be seen here to present herself as a 'good mother'. Although she reflects that ultimately she would have wanted similar things for her son: "I don't know if I'd probably have been much different with [son and you know what I want for him and...and the things we do with him", (lines 8-11) she also suggests that had she had him younger she would have found it more difficult to give up aspects of her social life: "whereas then (.) I would've really resented not going out (.) all the time" (lines 5-6). This is in contrast to having him now where she's "completely not bothered about going out (.) anymore" (lines 4-5).

Laura positions herself a 'good mother' by drawing on the good older mother repertoire, which, in part, is comprised of notions of good mothers as those who are selfless and sacrificial. By contrast, her admission that she would have possibly have been resentful of the way in which having her baby would have impeded her social life and that she would have found it harder to

“give up stuff (.) give up drinking” (lines 12-13) could be seen to position her younger self as an inadequate or ‘bad mother’. Contrasting discourse in this way can function to emphasise the transition Laura has made and the difference between the kind of mother she would have been ‘then’ and herself as a mother ‘now’, such that ‘now’ she is a ‘better’ mother. It has been noted elsewhere that contrasts of this kind have functioned rhetorically to construct current antenatal practices as ‘better’ than those of the past (Locke & Horton-Salway, 2010). Laura’s account is successful as a justification of older motherhood because good mothers are considered to be those that willingly put their lives on hold to care for their infants without resentment. Moreover, it has been found that in discussions of what makes a ‘good mother’ the idea that mothers have a life beyond their children was largely absent (Brown et al., 1997). Rich (1986) has argued that it is patriarchal ideology that prevents mothers from having their own goals and desires and denies them interests beyond their families. However, the idea that Laura presents is that this kind of focus on motherhood is only possible once you have lived your life a little. As such, similar to Rebecca’s case, through drawing upon this repertoire Laura is able to frame her delay of motherhood in a more positive light. Furthermore, it enables her to resist a potentially more negative reading of her admission that had she been a mother younger she would have been resentful about giving up her social life – that is, the inference that she has in fact led a selfish life. Indeed, simply *because* she spent time “going out” (lines 3-4) and “drinking” (line 12) beforehand, it could be argued that she has not sacrificed anything. However, by describing herself as a mother who is now sacrificial and “not bothered anymore” she is able to justify these actions and present herself as a better mother at her later age.

Again, similar to Rebecca’s account, Laura’s construction of and positioning of herself as a ‘good mother’ is limited and constrained by societal discourses of good motherhood. Her justification of older motherhood is only successful in that it adheres to contemporary notions of how women ought to relate to their infants and how they ought to feel about being a mother and what is required to be a ‘good’ mother. In Laura’s account and particularly in her contrast between the kind of mother she would have been younger, and the kind of (better) mother she is now, we can observe how mothers *ought not to feel* and, by implication, how they *should feel* about being a mother. That is, it is apparent that good mothers should not feel ‘resentment’ about sacrificing other aspects of their lives for their infants – the way Laura might have felt had she had her baby younger. In constructing herself as a ‘better’ mother now – it is apparent from

Laura's account that in order to be a 'good' mother you ought to feel no resentment at the prospect of sacrificing other interests in order to focus on bringing up your children.

As seen in extract one with Rebecca's account, Laura's positioning of herself as a better mother now, is partly worked up through the rhetorical organisation of her talk. She draws upon extreme case formulations (Pomerantz, 1986) when comparing how she would have felt about motherhood in her twenties where she would have "*really resented* not going out all the time" (line 4), as compared to now, where she is "*completely* not bothered" (line 5). Here the extreme case formulations partly work for Laura to distance the type of mother she would have been then, possibly resentful, to the type of mother she is now – one who totally uninterested in aspects of her social life. As such, they enable her to justify the timing of her motherhood. They also enable her to convincingly take up the subject position of the 'good mother' as one whose sole focus is on motherhood and is not concerned about activities beyond this.

What these two extracts demonstrate is that these women were able to draw upon the interpretative repertoire of good older motherhood, which equates good mothering with devotion and self-sacrifice. In doing so they effectively rebut alternative, and more negative readings of their 'later motherhood'. In this way, the women were able to negotiate their identities as 'good mothers'. Far from being selfish, in leaving it later these women emerge as 'better mothers' as they are more willing and prepared to let go of other aspects of their career and social lives in order to dedicate themselves to mothering. What these extracts may also demonstrate is that, although women were able to negotiate their identities to some extent, what it means to be a 'good' mother is constituted through discourse, such that the ways of being a 'good' mother are culturally defined and therefore limited and constrained. What also seems apparent is that, the definition of motherhood 'on offer' to women is one whereby motherhood is privileged over other occupations. As such, other feminine identities and subjectivities are restricted – good mothers are those who sacrifice these other activities and identities for their children. Further, this definition can be seen to support patriarchal ideology which ties women to motherhood, as Buzzanell et al. (2005, p. 263) state, "motherhood is the essence of feminine role fulfilment". For example, Rebecca constructed her pursuit of a career prior to motherhood in such a way that it emerged as a justification for the delay to her first pregnancy - taking this approach ultimately made her a 'better mother'.

## 7.2 The Mature, Sensible, Older Mother

In addition to drawing on aspects of the good older mother repertoire, which constructs good mothers as dedicated, selfless and self-sacrificing, the 'older mothers' in the study could also be seen to draw upon notions of maturity and sensibility. These character 'traits' are generally conceived of as positive aspects of human ageing, such that, through evoking these, women were able to justify their later motherhood and present themselves as good mothers.

Extract three comes from an interview with Kim. Prior to this extract Kim too had been asked to consider whether she would have been a different mother to her son if she had started her family younger, and whether there were any positives to later motherhood. Similar to Laura, she described how she might have missed her 'old life' more in terms of going out and socialising, but then she began to speak about a developed awareness of what she describes as particular personality traits that may too impact upon the way she parents at this point in her life. In this extract Kim draws upon the notion of maturity, and, in doing so, she is able to position herself as a good, or better, mother.

### Extract 7.3 Participant Four, pp. 8-9

1. Kim I think also in terms of (.) how I deal with him I'm a very impatient person
2. (.) um and I can see how this is kind of (.) often surfacing when I'm with
3. [son] and I'm I'm very aware that um (.) I'm often on the verge of getting
4. snappy when (.) he doesn't work like I want him to work (.) or when I've
5. got something planned (.) but he's got other plans
6. KB Hmm
7. Kim And I think (.) ten years ago I wouldn't have maybe been so aware of that
8. (.) self-aware of that
9. KB Ok yeah
10. Kim And I think I would have been (.) sort of more ready to snap at him
11. KB Hmm
12. Kim Err whereas now I can (.) I'm managing (.) manage to control it better
13. KB Yeah

14. Kim Because I know really I shouldn't snap at him heh heh  
15. KB Heh heh yeah  
16. Kim And I really (.) um shouldn't impose my agenda on him all the time  
17. because he he's a (.) person (.) has a personality and he has a right to  
18. express his personality (.) and I want him to explore that and I want him to  
19. be (.) sort of be able to explore his (.) his mind and his world

At the beginning of this extract Kim describes herself as “a very impatient person” (line 1), invoking the essentialist notion that a personality and specific personality traits and dispositions are things that we own, remain relatively consistent within us, and are also expressed relatively consistently in particular situations. This essentialist notion is critiqued within discursive psychology, which would argue instead that individuals may draw upon notions of personality traits and dispositions in order to make sense of or justify their behaviour in particular social interactions (Burr, 2003). For example, in lines 1-5 Kim links her description of herself as being an “impatient person” to her “snappy” behaviour that emerges when her son does not behave in the way she would prefer. Following this description of what might be perceived as a negative personality disposition to possess as a mother, (good mothering is often associated with the personality disposition of patience; Brown et al., 1997) Kim can be seen to resist being perceived of as a ‘bad mother’ by drawing upon one of the culturally pervasive notions associated with successful human ageing, which is that ageing leads to ‘maturity’. In lines 7-8 she describes how over the last ten years she has become more aware of this personality disposition or, as she describes a few lines below the extract in the transcript as this “weakness” in herself. As a consequence of this maturing, resulting in a greater self-awareness of her weaknesses and better ability to control them, she is able to position herself as a better mother. She supposes that had she had her son younger “I think I would have been sort of more ready to snap at him” (line 10) as compared to now where she is “managing to control it [her impatience] better” (line 12). Furthermore, she describes how her maturing has benefits for her child – her developed ability to control her impatience means that she is more able to allow her child to express his personality (lines 16-19).

Building on the last two, this extract reveals further details about what contemporarily constitutes a ‘good’ mother. Kim’s discussion of the need to control what she defines as her

'weakness', that is, her impatience and tendency to 'snap' at her infant, reminds us that this is not how society tells us mothers 'ought to behave'. By implication, we are reminded that patience is a requirement if you are to be a 'good' mother. In this way we can see how cultural discourses of good motherhood impact on maternal subjectivities and practices, as Kim is prompted to reassess and control her feelings of impatience and alter her behaviour, in terms of how she relates to her son, accordingly. In doing so, she is able to fulfil another 'requirement' of 'good' motherhood as defined by society – the ability to be sensitive to a child's individuality and personality (Brown et al., 1997). The treatment of children as 'individuals', showing respect for their wants and desires, is a component of what it contemporarily means to be a 'good' mother and reflects the ideology of intensive and child-centred parenting (Hays, 1996).

Kim's positioning of herself as a better mother is further achieved through the rhetorical organisation of her description of her personality dispositions, and their associated behaviours. In lines 2-5 Kim can be seen to set up the behaviour that 'surfaces' when she is with her child as scripted (Edwards, 1994; 1995): "often surfacing when I'm with [son] and I'm I'm very aware that um (.) I'm often on the verge of getting snappy when (.) he doesn't work like I want him to work (.) or when I've got something planned (.) but he's got other plans". That is, she constructs the routine nature of the behaviour that is often associated with her feelings of impatience and the potential impact this has on how she relates to her child. Edwards describes script formulations as 'fact-implicative' (Edwards, 1995, p. 324). For Kim, this functions to present her personality disposition, and resulting behaviour, as fact. As such, she is able to present the idea that this element of her personality is in need of control. She can then present herself as a 'better mother' by drawing on the notion of maturity, as she states that this need for control is something that with ageing and maturing she is more 'self aware of' and so is able to accomplish better. Further, similar to the two extracts discussed above, it is the contrasting discourse in Kim's account that further enables her to position herself as a 'better' mother by emphasising the difference between the kind of mother she would have been then, to the kind of mother she is 'now'.

The following extract comes from the first participant interviewed for the study, Sally, who had her first baby at the age of 36. In her interview she described doing 'everything later', including going to university and travelling – that is, later in comparison to the 'normative' ages at which

people commonly pursue such things. Beginning a new relationship with her partner in her mid thirties, Sally described unexpectedly becoming pregnant fairly early on into their relationship as she and her partner were under the impression that they were unable to have children. In the following extract Sally describes what she sees as the value in pursuing other things, including motherhood, 'later'. This is a response to the interviewer's prior question as to whether Sally thought her experience of motherhood would have been different had she had her son in her twenties.

Extract 7.4 Participant One, p.19

1. Sally I value that I've done (.) the things that I have done like although I
2. did them a bit later than others I value that as well I value the fact
3. that I went to university (.) a bit later (.) cos I'm sure I was far more
4. sensible going to university at (.) twenty-two than I was at
5. eighteen
6. KB Yeah
7. Sally I travelled the world (.) I think I went when I was (.) I would've
8. gone when I was (.) thirty (.) two thirty-three (.) and again I'm sure
9. I did that far more sensibly than I would have done had I done it at
10. twenty-one (.) so I think because of those I think I'm probably
11. doing this far more sensibly (.) than I would've done (.) in my
12. twenties (.) I don't know (.) I don't think my energy levels are (.) I
13. feel I've got in some degrees more energy now because my
14. energy is focused on [son] I I don't want to go out anymore (.)
15. clubbing etcetera which I'm presuming I still might have wanted to
16. do (.)
17. KB Ok=
18. Sally =when I was (.) twenty odd
19. KB Yeah
20. Sally I'm more grown up in myself (.) I'm more aware of the world (.) I'm
21. more aware that (.) my partner and I we've talked about we're
22. probably gonna be leaving [city] and going back over where he
23. lives originally er

24. KB Ok
25. Sally Erm because it's a little bit more out in the countryside because
26. we want somewhere nice and community-based for (.) for [son]
27. KB Yeah
28. Sally And we'd have to let go of certain aspects (.) of our life and I don't
29. think I might have been as willing to do that (.) when I was twenty

In this extract, similarly to many of the participants in the study, through drawing on a repertoire of good motherhood, Sally can be seen to build an account of why she might be a better mother now and, as such, is able to justify her later motherhood. She does this by drawing on notions of sensibility and maturity. Firstly, she achieves this by considering how she has responded to significant life events, speculating that she has pursued them more sensibly than she would have done when she was younger. Drawing on the notion of maturity, similar to Kim in the previous extract, Sally considers that being older when she attended university and went travelling – both of which may be described as significant life events – meant that she pursued these “far more sensibly” (line 9) than she expects she would have had she done them younger, or at an age that is currently considered ‘normative’ to pursue such things today. She concludes that as this is the case, she is “probably doing this [motherhood] far more sensibly (.) than I would've done (.) in my twenties” (lines 10-12). This section of Sally's account forms a three-part-list (Jefferson, 1990) where each part of the list constitutes her discussion of each of the elements in her life she feels she approached more sensibly having been ‘older’ and functions as a rhetorically persuasive device, which bolsters her account, leaving it less open to question. Furthermore, in the first two elements of the list, Sally effectively provides evidence that doing things later means that she does them ‘more sensibly’ and therefore, implicitly, ‘better’. This comes from a societal emphasis on the value of sensibility, particularly in relation to parenthood, coupled with the somewhat negative narratives that often surround those who go to university, go travelling or indeed parent ‘too young’.

For the remainder of the extract, Sally can be seen to draw further on the repertoire of good older motherhood, invoking notions of maturity, self-sacrifice and dedication, which has the effect of her positioning of herself as a ‘good’ mother now that she is older. Similar to Rebecca and Laura as detailed previously, Sally narrates how being older means that she feels able to

focus all of her energy on her son as she no longer has the desire to do more self-interested activities, which she speculates she may have still wanted to do if she had become a mother in her twenties: “I don’t want to go out anymore (.) clubbing etcetera which I’m presuming I still might have wanted to do (.) when I was (.) twenty odd” (lines 14-18). She then continues to invoke the concept of maturity: “I’m more grown up in myself (.) I’m more aware of the world” (line 20) and constructs the consequence of this maturity as being a greater capacity towards child-centred parenthood, whereby the needs of the child are put first and foremost. She narrates that their planned relocation to the countryside is in the interest of her child: “because we want somewhere nice and community-based for (.) for [son]” (lines 25-26). At the end of the extract she once again invokes a notion of sacrifice as she discusses feeling better able to ‘let go’ of certain aspects of her life, considering that when she was younger she may have been less inclined to do so.

Sally presents the idea that being older, she is more mature, and so is better able to focus on the needs and requirements of her son, speculating that she would have perhaps been less willing to do this when she was younger, similar to that observed in others’ accounts. It is the contrast between herself as a mother now, and her suppositions about the kind of mother she would have been in her twenties that ultimately functions to position herself as a better mother now. Contrasting discourse in this way functions to emphasise the transition Sally has made and the difference between herself as a mother ‘then’ and ‘now’, such that ‘now’ she is a ‘better’ mother.

Again Sally’s account, similar to the others already discussed in this chapter, reveals something about what it means to be a good mother, that is, the definition of ‘good’ motherhood that contemporarily prevails in our western society. This discursive construction both enables and constrains possible ways of mothering, in addition to possible maternal identities, which in turn shape the narratives of motherhood that can be produced (Miller, 2005). From Sally’s account it becomes clear that, similar to Rebecca and Laura’s discussions, the notion of self-sacrifice is key to ‘good motherhood’ as she reveals that a benefit of being older, and more sensible, is that she is able to focus all of her energy on the upbringing of her baby. In leaving motherhood until later, she has been able to pursue it ‘more sensibly’, which is defined in terms of her recognising and being more ready to let certain aspects of her life go and to make decisions based on what

will be best for her son. As such, it is observable how the discursively available construction of 'good' motherhood has shaped Sally's actions – for example, Sally's move out into the countryside is said to be based on what is best for her son and in this instance reflects the notion that mothers ought to put their children's needs before their own. The overlaps in women's accounts thus far demonstrate the constraints inherent within the good motherhood repertoire in terms of the limited possibilities for action and subjectivity it opens up.

### 7.3 The Stable Older Mother

In addition to maturity and sensibility, participants could be seen to draw on the notion of stability when considering the potential differences inherent in coming to motherhood later on in life. As discussed in Chapter Four, the idea of stability, both financial and relational, formed a key part of the 'good older mother' repertoire that was observed in the media analysis. As such, this construction of good motherhood is one that is 'available' to women with which to construct and make sense of their own experiences of coming to motherhood later. Furthermore, in drawing upon this element, the women were also able to construct themselves as 'good' or 'better' mothers. The next extract is taken from the interview with Lily. Earlier on in her interview Lily had mentioned that she thought there were "massive plusses" to coming to motherhood later on in life. Prior to this extract the interviewer had asked her to say a little bit more about what she perceived were the benefits of older motherhood.

#### Extract 7.5 Participant Nine, pp. 37-38

1. Lily Um, but the benefits of having her older I think are more
2. confidence (.) um (.) more sorted have a stable (.) very stable and
3. secure relationship=
4. KB =Yeah
5. Lily we've been together thirteen years
6. KB Yeah
7. Lily Having a baby is a strain on any relationship
8. KB Hmm hmm
9. Lily Even you know the best and=
10. KB Hmm

11. Lily and it's really good to have it have that solid=  
 12. KB =Yeah  
 13. Lily long-term relationship to put a baby into rather than  
 14. KB Yeah  
 15. Lily Um (.) and (.) and the same with (.) you know having a house  
 16. and (.) some savings (.) and  
 17. KB Yeah  
 18. Lily ...and that kind of thing that obviously you don't when you're  
 19. younger cos  
 20. KB Definitely yeah  
 21. Lily that (.) definitely makes things a lot a lot easier because they heh  
 22. heh (inaudible)

In this extract, Lily draws upon the concept of stability, in relation to both her relationship with her partner, and her financial status. She discusses that owing to the fact that she and her partner are both older, their relationship is “very stable and secure” (lines 2-3) and that this situation is “the same with (.) you know having a house and (.) some savings” (lines 15-16) remarking that these are things “that obviously you don't [have] when you're younger” (lines 18-19). By describing the stability of her situation Lily is able to legitimise her position as an older mother by presenting later motherhood positively, or even as preferable. She is able to do this because having a stable relationship and being financially secure are notions that partly constitute prevalent ideas about what is contemporarily defined as the ‘right’ or at least preferable situation in which to bring up a child and thus determine what it is to be a ‘good’ mother. Indeed, these notions formed part of the constructions of ‘good older mothers’ in the media (Chapter Four) and are considered with reference to women’s ‘reasons’ behind later motherhood in Chapter Five. Defined socially and culturally, it is generally considered a woman’s responsibility to ensure that she brings a child into the world within the ‘right’ circumstances (Phoenix & Woollet, 1991). The notion of having a strong and stable relationship is commonly presented as a prerequisite for beginning a family and is tied to the notion of what makes a ‘good parent’ for a child. Good parents are those who have taken the time to develop a strong and healthy relationship before they have children, owing to the perception that it is these kinds of relationship that are least likely to end in separation. Consequently, couples who begin

their families 'too soon' – before they have really gotten to know each other – or couples who bring children into an 'unhealthy' relationship, perhaps one which is marred by hostility, are positioned as deviant, as it is perceived more likely that these relationships will result in separation and assumed psychological 'damage' to children. Similarly, financial security is preferable, as these parents are perceived to be self-sustaining and less in need of financial assistance from the government. It is the cultural availability of this repertoire that allows Lily to firstly legitimize her actions and justify later motherhood, yet, further, on a more individual level, enables women like Lily to feel that they are indeed being a good mother, as they are providing their children with (what society deems as) the kind of situation that will give them the best possible start in life.

Lily's description of her relationship with her partner as stable enables her to frame 'older motherhood' as preferable and works to position herself as a better parent. This is achieved through the rhetorical organisation of her talk. Lily evidences the strength of the relationship between herself and her partner when she states: "we've been together thirteen years" (line 5). Implicit in this is, given that they are both older, and have been together for a large part of their adult life, they have had longer to develop and strengthen their relationship, getting to know each other well before having children. She presents this as important when she argues that "having a baby is a strain on any relationship...even you know the best" (lines 7-9). This utterance is scripted (Edwards, 1994), with the use of 'any' constructing the strain as something that is normal and which any couple would experience despite the strength of their relationship. However, she then goes on to say that having a "long-term relationship" along with "having a house and some savings and ... that kind of thing" ... "definitely makes things a lot easier". Thus she is suggesting that although having a baby can be a strain for any couple, a strong, long-term relationship and financial stability can act as a buffer. As such, she constructs coming to parenthood later as beneficial, or preferable as these are "the kind of thing that obviously you don't have when you're younger".

## **7.4 Chapter Summary**

The focus of this chapter has been to outline the 'good older mother' repertoire and to consider the ways in which the women who participated in the study constructed themselves as 'good' or

'better' mothers in the research interviews through the availability of this discursive construction. The good older mother repertoire was comprised of notions of dedication and self-sacrifice, maturity, sensibility and stability, resembling the repertoire of good older motherhood that was evident in media coverage of older mothers (Chapter Four). The fact that these elements were recurring features of the women's talk demonstrates the way in which available discursive constructions of good motherhood effectively shape women's good motherhood narratives – both enabling and constraining 'ways of being' a good mother. This aspect of the good mother discourse will be discussed further in final discussion chapter that follows.

From the accounts in this chapter it is clear to see that the availability of the construction of 'good motherhood' functions in two particular ways – both locally and ideologically. Firstly, on an interactional level, the deployment of this discourse enabled the women to present themselves, and their later motherhood, in a positive light within the interviews, and served as an inoculation against the potential more negative, stereotypical assumptions about older mothers – namely that they are older mothers for 'selfish' reasons, having led a 'selfish' life and 'delayed' motherhood. On a wider level, the availability of this repertoire enables the women's actions to be legitimised. In beginning their families later on in life, they were able to offer their children the best start in life, in terms of having the 'right', stable circumstances, as well as being 'better' – self-sacrificing, dedicated, and mature - mothers, who put the interests of their children first. Finally, on a more individual level, the availability of this repertoire has implications for women's subjectivity. The ability to occupy the subject position of the good mother (as society defines it) means that they are able to feel like they are being 'good' mothers to their infants. Further, this helps them to resist any negative feelings of guilt or selfishness that may otherwise come with the discursive position of the 'selfish older mother'. That said, the constraints of the 'good' mother repertoire can also be observed; the resemblance in women's accounts suggesting that women's expressions of 'good' motherhood are invariably restricted by the discourses 'on offer' to them.

## Chapter Eight – Discussion and Conclusions

The aim of this thesis has been to critically examine the contemporary notion of ‘older’ motherhood. That is, as defined in this thesis and elsewhere, the current trend for increasing numbers of women in predominantly western nations to begin their families at age 35 or beyond. Relating to this, the thesis set out to achieve two main objectives: firstly, to gain an understanding of the meaning of later motherhood in our contemporary (western) culture, and secondly, to explore some of the potential implications of women being described or positioned as older mothers. The purpose of this chapter is firstly to discuss the key findings of the study before moving on to consider some of the implications of this research. Recommendations for health professionals and policy makers will be outlined, in addition to a consideration of the future of delayed motherhood in western societies. Finally, some personal reflections about the study will be explored.

### 8.1 Discussion of Findings

The aims of the thesis were addressed by conducting two related studies. The first involved conducting a critical discursive psychological analysis of 26 newspaper articles whose subject was ‘older’ or ‘delayed’ motherhood. Addressing the first aim, the purpose of this study was to gain insight and understanding into what is meant and understood by the contemporary notion of ‘older’ or ‘delayed’ motherhood, through identifying the ‘discursive terrain’ which makes available certain ways of speaking about older mothers and older motherhood. This was achieved through the identification of different interpretative repertoires of older motherhood. Furthermore, there was a consideration of the subject positions or ‘ways of being’ that these repertoires made available for women who become parents ‘later’ on in life. The second study was based on an analysis of eleven in-depth semi-structured interviews with women who are contemporarily considered ‘older mothers’. In addition to contributing to the first objective through developing further understanding of possible ways of talking about older motherhood, an additional aim of this study was to explore the implications of prevailing constructions of older motherhood, and the subject positions made available within these, upon women’s subjectivity. Attention was therefore paid to the ways in which these women were positioned within

discourse, yet also to the way in which the women took up, negotiated, or resisted certain discursive positions. Moreover, the two studies were linked through an attempt to consider whether women appropriated (or not) the prevailing repertoires of older motherhood as constructed in the media in order to make sense of their 'being' an 'older mother'.

### *8.1.1 Making sense of 'older motherhood'*

One of the principal aims of this thesis was to contribute to understandings of what it means to be an older mother. To this end, Chapter Four of the thesis was dedicated to discussing the findings of the first study, which comprised of an analysis of how 'older' mothers are represented in the UK news media. It was anticipated that an analysis of the news media would reveal something about what it means to be an 'older' mother and how older mothers are contemporarily viewed. A critical interrogation of what it means to be an 'older mother' today – that is, how older motherhood is socially and culturally defined and constructed, is sparse in the literature (cf. Shaw & Giles, 2009). As such, this thesis contributes to understandings of what commentators mean when they talk about 'older' or 'delayed' mothers, in addition to how these women are commonly viewed by society.

The analysis revealed two prevailing repertoires of older motherhood that were evident in the media coverage on 'older' or 'delayed' motherhood. The most prevalent repertoire constructed 'older' motherhood, and so the women who become mothers 'later' on in life, as selfish, whilst a less prevalent counter repertoire constructed and positioned such women as 'good' mothers. The selfish older motherhood repertoire was constructed through an overarching focus on discussing later motherhood with reference to discourses of 'choice' and 'risk'. That is, it was considered that the media often explicitly states, or at least heavily implies, that women who 'delay' motherhood are invariably those who *choose* to do so. Furthermore, there was a propensity to suggest that women who delay motherhood do so for reasons that are *constructed as* self-interested or 'selfish', such as the pursuit of a career. The trend towards later motherhood, then, is deemed a result of the 'fact' that women have full agency when it comes to timing motherhood. As such, within the media, there was little consideration of the more circumstantial reasons that might be behind 'delayed' motherhood, such as the lack of a partner. Moreover, the various influences society and social policy may have upon women's timing of

motherhood are largely disregarded. Whilst, on the surface, the ability for women to have choice around the timing of motherhood is a positive thing; indeed, securing women's reproductive decision-making was one of the aims of the second wave of the feminist movement (Earle & Letherby, 2003). However, discussing the timing of motherhood as a 'choice' becomes problematic when discussed in conjunction with the associated risks. The majority of the newspaper articles mentioned the increase in medical risks to both mother and baby that incur with advancing maternal age, with many of the articles focused on the risks and discussing them in some depth. Consequently, as myself and colleagues have argued elsewhere (Budds et al., 2013), in constructing the timing of pregnancy as a woman's 'choice', women are positioned as responsible and accountable for any implications that their 'choice' to 'delay' might bring. This includes a situation in which they might be unlucky enough to experience any of the adverse outcomes that are said to be associated with the time that they *chose* to become a mother. Such a representation of women who apparently 'delay' pregnancy could be described as characteristic of the contradictions that are inherent within a postfeminist media culture (Gill, 2007b, p.163) whereby "notions of autonomy, choice and self-improvement" are said to "sit side-by-side with surveillance, discipline and the vilification of those who make the 'wrong' 'choices'". Moreover, it was primarily through the intersection of these two discourses of 'choice' and 'risk' that the subject position of the 'selfish older mother' was constructed for later mothers. This kind of negative representation of older motherhood, was ubiquitous throughout the majority of the articles I analysed and as such appears to have become common sense, particularly with reference to the assumption that women 'delay' motherhood for their careers. Indeed, this assumption formed the basis of an article published in the British Medical Journal in 2005, where it is claimed that careers are the cause of 'deferred childbearing' (Bewley et al., 2005, p. 589). In this article women are warned that despite wanting to "have it all", "biology is unchanged", concluding that "deferring [childbearing] defies nature and risks heartbreak". This negative stereotypical representation of older mothers is potentially damaging for women who come to motherhood later on in life, owing to the accountability that comes with reproductive 'choices', particularly in the face of risk. Moreover, it says something about societal views on working women. It seems that pursuit of a career does not constitute a 'good enough' reason to 'put off' motherhood and that motherhood ought to be privileged over women's other life 'choices'.

A second, more positive, but less prevalent repertoire that was identified was that of 'good older motherhood'. This repertoire was constructed from notions that older mothers are both economically and relationally secure and stable, are more responsible, and are wholly focused and dedicated to the care of their infants. As such, this repertoire reflects contemporary discourses of 'good' or 'ideal' motherhood, which stipulate that motherhood ought to be intensive and child-centred (Hays, 1996). This repertoire was further constructed through discussions of women making responsible, rational decisions regarding the timing of motherhood, as opposed to a 'selfish' choice. That is, it was considered (albeit comparatively rarely) that women are responsibly negotiating the 'right' time to mother in response to limitations and constraints concerning, for example, the difficulties inherent in juggling a career and a young family, or the problem of meeting a partner who may be deemed 'appropriate' to begin a family with. These constructions of good older motherhood were often utilized as an inoculation against constructions of older mothers as selfish and constitute an altogether more positive construction of 'older motherhood', which is undoubtedly of greater benefit to these women.

From the analysis of the media it seems that the meaning of 'older motherhood' today is somewhat multifaceted and contradictory. On the one hand, older mothers are deemed 'selfish' for 'choosing' to 'delay' motherhood, risking the ability to become a mother at all, and risking the health of themselves and their babies. By contrast, 'older mothers' are framed as women who make 'rational decisions', as opposed to (unconsidered) 'choices', and make good mothers owing to their capacity to be focused and dedicated to motherhood and their ability to live up to the 'ideal' of intensive, child-centred mothering. This may be an example of what Billig et al. (1988) describe as an 'ideological dilemma'. It marks the often dilemmatic and contradictory nature of discourse, whereby one discursive object, in this case the 'older mother' can be represented in a number of often competing ways. The next section will be dedicated to discussion of one of the principal contentions that emerged time and again in this study – that is it will be centred around the debate over whether the timing of motherhood, and so 'older' motherhood, can be conceptualised as a 'choice' for women.

### *8.1.2 Older motherhood – a matter of choice?*

As previously discussed and argued in this thesis, a common assumption that the timing of motherhood is a 'choice' for women prevails, with this notion forming a key part of the 'selfish older mother' stereotype – as one who *chooses* to put her career before her family. Attempts have been made within this thesis to critique and interrogate this notion of 'choice' and to consider the extent to which older motherhood can be viewed as a full, straightforward choice for women. Some of these key arguments will be summarised here. The timing of motherhood, particularly when conceptualized as a 'choice' appears to be an issue of particular importance for women who begin their families beyond age 35 for two reasons. First of all, there is a general awareness and concern from health professionals about the increase in risks to both mother and baby that correspond with advancing maternal age. Secondly, stereotypical representations of 'older mothers', as revealed in Chapter Four, include assumptions about the reasons *why* these women seemingly 'delay' motherhood, and perpetuate the idea that the majority of women do so for (what are constructed as) selfish, self-interested reasons, such as the pursuit of a career. Whilst I do not wish to 'rid' women of choice and agency surrounding reproductive matters, I feel it is important to point out the ways in which the concept of women having a 'full' choice surrounding the timing of parenthood can be problematic for women, owing to the accountability such a choice can bring with it. This is particularly important since, I would argue, and in agreement with others (Sollinger, 2005; Stadtman Tucker, 2010) timing parenthood can rarely be a woman's *full* choice.

Perhaps the first thing to note from the pervasive construction of the timing of motherhood as a woman's choice, as evidenced in the news media and discussed in Chapter Four, is that it reflects the common assumption that issues surrounding reproduction are concerns for women only. As acknowledged by Earle and Letherby (2003), this assumption has enabled women to take control over reproduction and has been a focus of feminist campaigns to secure women's rights to their own bodies. However, in agreement with these commentators, I would argue that in placing reproductive matters firmly within the hands of women they are effectively held solely responsible for managing reproduction, thus absolving others, for example partners or indeed policy makers, from responsibilities surrounding the shaping of women's reproductive decisions. Thus, with reference to the timing of pregnancy, in making, and perpetuating, the assumption that timing motherhood is a reproductive choice or decision that women alone have control over, the media effectively conceal the fact that women do not make decisions regarding reproduction

independently and in isolation, but often, yet not exclusively, within the context of intimate relationships (Earle & Letherby, 2003). As such, the assumption that the timing of motherhood is a woman's full choice is questionable on these grounds.

Stadtman Tucker (2010) observes that 'choice' is the prevailing discourse of motherhood amongst mothers themselves, yet argues there is a 'mystique of choice', questioning the extent to which women have a full choice over reproductive decisions. Sollinger (2005) notes that despite generally being defined a 'choice', women's decisions are inevitably shaped and constrained by social policy:

In recent decades middle-class women have typically defined their relation to childbearing as a "choice". But federal, state, court and corporate decisions about employment policies governing family leave, health insurance, and day care, for example, have all constrained or expanded the individual choices of even these women. Intensely private decisions about reproduction, including decisions about getting pregnant or not, staying pregnant or not, being the mother to the child one gives birth to or not, are always shaped by public laws and policies. This may be a particularly difficult insight to bring into focus, in part because of the way "personal choice" has eclipsed all other ways of thinking about pregnancy and motherhood. (2005, p. 17)

Although speaking of the situation in the US, the situation in the UK is comparable. Though British women, for the most part, have no concerns about paying for health insurance, day care issues, employment policies and gender discrimination are all problems that women who want to be mothers must contend with. Indeed, some of the women in this study raised problems of this nature. For example, Helen raised concerns about her ability to secure a full-time job in medicine as a new mum and so 'waited' to have children until after she had found a secure post. Despite women securing 'equal'<sup>3</sup> rights to the world of work, this 'equality' is not reflected in the domestic sphere. Women still do the majority of the care work and as such the difficulties women experience in 'combining it all' are well documented (e.g. Asher, 2011). Furthermore, although family friendly policies exist and have been developed in order to try to accommodate women's return to work, it has been noted that these are not always implemented so that women are able to return to work following motherhood in the way they would like (Gatrell,

2004). As a result of this it is perhaps unsurprising that women are negotiating these difficulties by firmly establishing themselves within the world of work prior to motherhood. Indeed, in doing so they may be better able to negotiate their return to work. What this discussion may suggest then is that rather than being a 'choice', women's decision-making surrounding the timing of reproduction is shaped and constrained through social policy and social attitudes, whereby, to this day, women who are or want to be mothers are discriminated against in the workplace.

The analysis of the accounts of the 'reasons' women described for their 'delayed motherhood' (Chapter Five) provides further basis for the critique of this pervasive choice discourse, as it revealed that the reasons for later motherhood as described by the women were often multiple and complex and not the outcome of a straightforward choice. This finding supports that of Cooke et al. (2012). Moreover, as demonstrated in the analysis, some of the women in the study actively worked to resist this assumption and the stereotypical subject position of the 'selfish older mother' that comes with it. The analysis demonstrated that women drew upon two predominant interpretative repertoires when constructing accounts of their delayed motherhood: 1) Delayed motherhood as circumstance, and 2) Delayed motherhood as readiness. Throughout the chapter, the way in which societal discourses which define both the 'correct' circumstances within which women should 'choose' to mother, in addition to when women are deemed 'ready' to mother was explored.

In this chapter, it was discussed how women drew upon a circumstantial repertoire, which was constructed through notions of there being a 'right' or 'ideal' situation or set of circumstances in which to bring a child into. This predominantly consisted of concepts of the 'right' personal relationship, in addition to the 'right' personal and economic circumstances, such as securing a job and financial security. The women in the study often noted an absence of the 'right' circumstances as a reason why they did not begin a family earlier on. This repertoire is reflective of societal discourses which perpetuate the notion that there is a 'correct' set of circumstances within which people should begin a family, of which, ideas about the 'right' relationship and 'right' economic conditions are central. Moreover, this discourse has the capacity to influence practice, as individuals will refrain from beginning a family until these 'correct' circumstances are satisfied, particularly since those who 'choose' to have babies in the 'wrong' circumstances often suffer harsh judgement from society – for example those women

who are lone mothers (Silva, 1996), or parent with an over-reliance upon state benefits (Tyler, 2008).

A second repertoire women could be seen to draw on was that of 'readiness'. This was a concept that was explicitly mentioned, or at least heavily implied by the majority of the women in the study, as they spoke of being 'ready' to become a parent at this time of their lives. For many, 'readiness' was bound up with self-fulfilment as the women spoke of having achieved a lot of the things they wanted to accomplish in their lives prior to becoming a mother. Notions of self-fulfilment are at the heart of individualist western values. Furthermore, ideas about 'being oneself' and 'pleasing oneself' are at the cornerstone of what has been termed a postfeminist sensibility (Gill, 2007b), and as Beck & Beck-Gernsheim (2002, p.55) have noted, as part of a contemporary individualistic culture there has been a monumental shift in the lives of women over the last few decades from a life of 'living for others' towards an increasing demand for the ability to have 'a bit of a life of our own'. As such, the women's invocation of a repertoire of readiness, drawing on the notion of self-fulfilment is not, in isolation, heard as 'selfish', yet the aspirations they point to are heard as understandable and reasonable for women of today. The 'trouble' or concern with such self-fulfilment in women appears to arrive when, as DiQuinzio (1999) defines it 'essential motherhood' is challenged or threatened. Indeed, the idea that women desire to fulfil other ambitions prior to motherhood and therefore 'choose' to delay is at the very heart of stereotypical representations of 'older' mothers and it is this that infers they are 'selfish'. According to DiQuinzio, essential motherhood "construes women's motherhood as natural and inevitable". It also presents motherhood as something which requires a woman's exclusive and selfless attention to the care of their children and for women to be self-sacrificing. Further, it dictates that all women want to be and should be mothers, implying that those who do not mother are deviant or deficient as women (1999, p.xiii). The anxiety regarding women delaying motherhood may represent an additional threat to essential motherhood alongside voluntarily childfree women. This may be owing to both the concern over women's fertility declining with advancing age and therefore the risk of involuntary childlessness and, further, the assumption that women may be prioritising other things over motherhood and therefore 'denying' their essential motherhood or, at least, delaying the inevitable.

In stating that they were now 'ready' for motherhood owing to their preparedness to relinquish

their own wants and desires in order to focus on the needs of their children, it could be argued that the women's 'readiness' to mother was defined in terms of their ability to be a 'good' mother according to the standards set by society. As it stands, society stipulates that mothers ought to be selfless, child-centred, and offer intensive care to their infants (Hays, 1996). For many women, it was considered they were now able to live up to these high standards, having had time to fulfil their individual desires and ambitions and to lead independent lives where they could do as they pleased. This highlights the tensions between individualism and postfeminism (Gill, 2007b) – living a life for oneself, and the ideology of 'good motherhood' (DiQuinzio, 1999). As a result of the 'child-centric' focus of contemporary parenting women are implicitly required to give up so much of their individual identity and so much of their own aspirations in order to become what is considered to be a 'good mother' by society's standards. As such, the concept of 'readiness' may come from a woman's perceived ability to be able to commit to this, thus, as discussed earlier on in this thesis, (see Chapter Five) it was considered that women's feelings of 'readiness' are to an extent shaped by societal ideologies that govern what it means to be a 'good' mother, including how mothers ought to feel, and how they ought to relate to their children. As such, women may only 'choose' to become a mother when they are 'ready' for motherhood in the way society defines it – thus the timing of motherhood cannot necessarily be thought of as a 'full' choice. Women could, in theory, choose to have children earlier, when they are not so 'ready', though should they bear children at a time when they are not 'ready' to relinquish their own desires and live up to society's standards of motherhood, they are at risk of being considered a 'bad' mother'.

The concept of 'readiness' is consistently found in the literature on 'older mothers' (Cooke et al., 2012; Gregory, 2007), yet the way in which societal definitions of good motherhood may, to some extent, shape women's feelings of 'readiness' is yet to be considered. Central to the concept of 'readiness' in the existing literature is often the assumption that women have full autonomy, whereby 'readiness' is often characterised as an individual and personal feeling within. However, it might reasonably be argued that, far from an autonomous state, 'readiness' might well be culturally shaped in relation to contemporary ideologies of parenthood, which define motherhood as child-centred and intensive. This thesis therefore contributes to the understanding of the concept of 'readiness' that has often been identified within the experiences of 'older mothers'. Here, there has been an attempt to consider how wider societal discourses

can shape and guide people's practices and subjectivities. As a result, it is suggested that, far from a free, full choice for women, the timing of motherhood is to some extent culturally negotiated and shaped. Arguably, the timing of motherhood is only a 'choice' so long as women make the 'right' choice. That is, women should only 'choose' to mother if the 'right' circumstances for motherhood are realised, and if they are 'ready' to fulfil the standards of motherhood society promotes.

Whilst it is clear to see how constructions of the 'right' situation in which to become a parent, alongside societal definitions of when people are 'ready', can shape and constrain the 'choices' that are made about the timing of parenthood, also noted in Chapter Five was that the 'availability' of this discourse can serve as a discursive resource through which they are able to negotiate and ultimately justify their timing of motherhood. That is, in drawing on this repertoire of circumstance, and in putting their 'delayed' motherhood down to circumstances beyond their control, such as the lack of the 'right' relationship, or the desire to develop financial stability and secure a job, they were effectively able to account for their timing of motherhood, positioning themselves as responsibly making the 'correct' decisions about when to have a baby and thus resisting the subject position of the 'selfish' older mother who delays motherhood by choice. Similarly, in stating they were 'ready' for motherhood at this age, and therefore better able to live up to society's standards of 'good' motherhood, they were further able to account for 'leaving it later'.

In this thesis it has been noted that where the timing of motherhood as a 'choice' becomes particularly problematic is when it is discussed alongside the risks that increase with later motherhood. It is partly the intersection of 'choice' and 'risk', which positions older mothers as 'selfish' for putting themselves and their babies at risk. Thus, in critiquing the notion that older motherhood is a 'choice', it is possible to relieve women of some of the accountability that may come with such a 'choice', particularly if this 'choice' results in any complications with the pregnancy. In addition to this, the findings of this thesis demonstrate additional ways in which women were able to negotiate the risks of 'older motherhood'. It is to these I now turn.

### *8.1.3 Risk, age, and motherhood*

Owing to the large volume of medical literature detailing the risks that increase for mother and baby with the advancement of maternal age, it could be argued that women who mother later do so within a discourse of risk. Indeed, the notion of later motherhood as inherently 'risky' was found to be pervasive in newspaper articles about older motherhood, as discussed in Chapter Four. Owing to concerns about the degree of risk faced by 'older mothers' and their babies, it could be argued that women who mother later are inherently positioned as 'at risk' throughout their transition to motherhood. The task in this thesis was to consider the impact of this 'discourse of risk' and to see how the women in the study positioned themselves in relation to it.

The analysis in Chapter Six demonstrated how the women could be seen to draw upon two different interpretative repertoires in order to negotiate the degree of risk they faced as an 'older' mother. Firstly, a contingent repertoire was evoked by some of the women, which enabled them to challenge the degree of risk they faced through a critical assessment of the scientific literature which promotes the idea that there is a general link between advancing maternal age and increased risks. For example, the women drew upon the notion of individualism in order to present age-associated risks as contingent upon individuality, rather than age alone. As a result, they were able to resist the subject position of being 'at risk'. Further, a normality repertoire enabled women to resist this position, through their constructions of their experiences as 'normal', 'ordinary' and 'typical' to that of other women, and in the case of Katie, as other older mothers in her peer group who had experienced no age-related complications. The women's resistance of this position may be necessary owing to the moral accountability that may come with being considered 'at risk', as a result of apparently 'choosing' older motherhood. In resisting or managing the 'at risk' subject position, women are effectively managing the degree of risk they face associated with their age, and therefore any accountability that may be associated with them 'leaving it late'. Moreover, it may help them to manage and negotiate any negative feelings that are associated with this positioning, such as stress or anxiety.

Contrary to literature that appears to suggest that pregnant women over 35 are classified as 'at risk' by health professionals (Windridge & Berryman, 1999), the majority of the women, when asked, described not feeling that their age had any particular impact on their experience of maternity care. In this study the majority of women felt that the health professionals they came into contact with throughout their pregnancy and birth did not treat them as 'older' mothers and

did not express any particular concerns about their age. Interestingly, a couple of the women speculated as to the reasons for this, which relate to something I consider in this thesis; namely that the age boundary of who is considered to be an 'older' mother is currently shifting. Rebecca, a first time mother at 36, hinted at this when she considered that the issue of her being older may not have come up owing to the fact that she was "just sort of over the threshold of what they consider older". Furthermore, Rachel, first-time mother at 35, considered that for women to begin motherhood in their mid-thirties is becoming more normative and, as such, they are no longer being treated as 'older' mothers, further remarking that those she knew of who had been spoken to about their age were over 40. Thus this adds some anecdotal support for one of the ideas that I present in this thesis that the threshold for what is contemporarily considered to be an 'older' mother is rising to age 40. This is actually reflected in NICE antenatal care guidelines (NICE, 2008) which advise that women over forty are amongst those groups who should be considered in need of additional surveillance relating to increased probabilities that they may be 'at risk' of various complications. Moreover, the notion that the age boundary of 'older motherhood' is moving up adds support to another one of the claims made in this thesis: that 'older mothers' are a socially constructed category. In the majority of literature focusing on 'older motherhood', the notion that there are in fact 'older mothers' is often taken at face value. However, what this thesis attempts to show is that what it means to be an 'older mother' is socially and culturally shaped. Indeed, it could be argued that the degree of risk faced by women between 35 and 40 is unlikely to have decreased substantially in the last few years. This leads one to question why the age bracket for older motherhood (which, in medical terms is based on risk assessments) is increasing. What *has* changed, however, is the number of women who give birth to their first baby over 35 has increased markedly and by almost two thirds between 1998 and 2008 (Office for National Statistics, 2009). It could then be argued that the increasing age of older mothers is not owing to the fact that women aged between 35 and 40 are less 'at risk' than they used to be, but that they are becoming normative. Indeed, many people that I came into contact with during this study were surprised that women over 35 would be considered 'older mothers'. As a result of first mothers over 35 becoming so 'normal', I would suggest, older mothers today are required to be 'even older' and so the definition moves up to the next age bracket – age 40.

#### *8.1.4 Good older motherhood*

Perhaps the most prevalent construction of older motherhood that was evident in the interviews was that of 'good older motherhood'. This repertoire was comparable to that identified in the media analysis (Chapter Four, section 4.3) and was constructed from notions of dedication, self-sacrifice, maturity and sensibility. Interestingly, the repertoire of 'good' motherhood these women evoked was one that is reflective of societal ideologies of 'good' motherhood, which define it as intensive and child-centred (Hays, 1996). Evoking these notions functioned to construct them as 'good' mothers. The suggestion was that in pursuing a career first or having spent time doing things that they enjoyed doing, such as going out and socialising prior to motherhood, they felt better able to relinquish their own interests in order to dedicate themselves and the majority of their time to their infants. One function of this is that the women were effectively able to ward off a potentially more negative reading of their 'delayed' motherhood. That is, that they prioritised their social lives or careers before motherhood. Despite the developments made by feminist movements, societal pronatalism prevails, and motherhood is still at the heart of what it means to be feminine, such that there is still an element of resistance to women who are seen to be 'putting other things first', such as careers. It is partly this resistance to women seemingly prioritising other activities before motherhood that means it is necessary for these women to justify their older motherhood.

Resistance to the notion that women would seemingly prioritise work over motherhood can be seen in the case of working mothers. Historically, working mothers have been chastised for going out to work and leaving their infants in the hands of another, whether in day care or with a childminder. This was fuelled by theories of attachment and maternal deprivation, which suggested that infant separation from their mothers was detrimental to their psychological development and fostered juvenile delinquency (Bowlby, 1946). Although these theories have since been critiqued (see Tizard, 1991 for a discussion), they are still influential. This is evidenced in the importance placed on mother-infant interaction for the outcome of a child's psychological development in modern childcare literature (Marshall, 1991). It has been found that, irrespective of employment status, when asked what is more important, women privilege their motherhood role over employment (Marks & Houston, 2002) and discussions of paid work have been found to be noticeably absent in women's accounts of what makes a 'good mother'

(Brown et al., 1997). As such, a 'good mother' is not one who works. This is evidenced in research which suggests that women who are in continuous employment are perceived as less committed to motherhood (Bridges & Etaugh, 1995; Gorman & Fritzsche, 2002). In addition, Mottarella et al. (2009) found that women who continued with a college education soon after having a child were rated as less feminine, more dominant, more arrogant-calculating and cold-hearted, and less warm-agreeable than women who terminated their education, again reinforcing the idea that a good mother is one who stays within the home and dedicates their time and attentions to their infants. As such, by declaring that they have spent time focusing on their careers and are now able sacrifice their own wants and desires in order to dedicate the majority of their time to caring for their infants, the women are able to occupy the position of the good mother and present 'later' motherhood as preferable. Constructions of self-sacrifice are of interest here because it is arguable that these women – in doing everything they wanted to do prior to motherhood – have not sacrificed anything.

In positioning themselves as 'good' mothers and resisting the 'selfish older mother' subject position, it could be argued that women were attempting to challenge or subvert it. Weedon (1997) considers that change in discourse is offered through resistance, and that resistance of prevalent discourses begins at the level of the individual as they produce alternative forms of knowledge, which, over time, win other people over to these discourses, gradually increasing their social power. She suggests that where there is a gap between a subject position being offered to an individual by a particular discourse and an individual's own interests, a degree of resistance to that subject position, and so to at least an aspect of the discourse in question is produced. As such, these women were doing important work – the stereotypical subject position of the selfish older mother needs to be continually resisted and challenged in order to make a space for women who have 'delayed' motherhood in which they are not perceived negatively, blamed or held morally accountable.

What is apparent is that although these women were resisting the subject position of the 'selfish older mother', their ability to do so was constrained through the discursive availability of prevailing constructions of 'good' motherhood. The interpretative repertoire they draw on and construct in order to justify the timing of their pregnancies and to position themselves as 'good' mothers is one which is closely bound up with traditional ideals of 'good motherhood'. It has

been argued that such discourses of 'good' mothering serve the best interest of the state, and of patriarchy (Rich, 1986), as the responsibility for children is placed firmly within the hands of women. The mothers that took part in the study all had what you might describe as successful, professional careers prior to motherhood and as such might have equally justified the timing of their pregnancy by reframing what it means to be a 'good' mother in terms of demonstrating individuality and independence. Harper and Richards (1979, cited in Brown et al., 1997) speculated that there would be more evidence of this kind of 'good mother' following the entry of women into the paid labour force and the movement for equality for women. However, as found by Brown and colleagues (1997) this was largely absent from accounts of good mothering in my interviews. These mothers, having had successful careers prior to motherhood, may have equally accounted for their delayed motherhood by constructing themselves as positive role models for their children, thus renegotiating the qualities of a 'good' mother. Indeed, in their study on constructions of good mothering in working managerial women, Buzzanell et al. (2005) found that their participants re-framed what it means to be a good mother in order to fit around their lifestyle, creating a 'good working mother role'. Buzzanell et al. (2005, p. 276) note that "To these managerial women, a good working mother is one: who makes quality child care arrangements by herself; who takes on the job of allocating tasks to partners...; and who feels pleasure in both working and mothering – the best of both worlds...". Similarly, Johnston and Swanson (2006) found that constructions of 'good' mothering varied according to women's work status, whether they worked part-time, full-time, or were an at-home mother. Elsewhere, May (2008) explored how lone mothers and women who have contemplated divorce present themselves as 'good' mothers. The elements of good motherhood that women focused on in this study, such as dedication, self-sacrifice, sensibility, maturity and relational stability are notions which mostly reflect traditional views of what makes a 'good mother'. As such, it could be argued that these women are leaving notions of what makes a 'good mother' largely unchallenged, thus upholding traditional notions of what makes a 'good mother' that may be damaging to women who cannot live up to these high standards.

Perhaps one exception to this can be found in the way in which women drew upon the concept of developing economic stability, whereby they considered that in having their children later on in life they would be better able to provide for them financially. Traditionally, fathers have been positioned as exclusive breadwinners (Parsons, 1951), alongside mothers who have been (and

continue to be) constructed as the main carer. In partially accounting for their delayed motherhood by considering that it enabled them to establish financial security for their children, these women can be seen to challenge the male breadwinner position, in addition to their position as, first and foremost, carers for their babies. Nevertheless, as a group, we might expect these women to be knowledgeable and sympathetic to feminist principles such that they may attempt to challenge or subvert traditional notions of 'good motherhood'. Although we might consider that middle-class ideologies of motherhood might be the most sympathetic to feminist plights, in terms of a challenge to intensive ideologies of motherhood that benefit patriarchy and position women firmly within the domestic sphere, this data does not necessarily support this. Indeed, it has been suggested that middle-class ideas of motherhood are those most closely linked with ideologies of intensive, child-centred childrearing. According to Miller:

The notion of the 'good' mother, who stays at home or experiences guilt or ambivalence as a result of combining mothering with paid work outside the home, has been premised on particular groups of white, privileged women. Such constructions lack relevance for "less privileged women (for instance, immigrant women, women of color) who have historically been important economic actors both inside and outside the home" (Segura, 1994, 212). (2005, p. 55)

Miller (2005) notes that what it means to be a good mother is contingent upon a woman's background, and can vary according to class, race and culture, such that working-class mothers are more likely to emphasise the role of work and economic provision in constructing themselves as 'good' mothers (Braun, Vincent & Ball, 2008; Reynolds, 2001).

This study assists in addressing the dearth of existing qualitative literature on older motherhood. Such a contribution is necessary if we are to understand the experiences of this growing number of women, and, if we are to 'halt' the 'trend' towards 'delayed' motherhood, which some have called for (e.g. Bewley et al., 2005). In this study I have attempted to gain insight into the cultural meaning of 'older' motherhood through analysing representations of these women in the British press, as well as through conducting interviews with women positioned as 'older' mothers. A combination of these methodological approaches is absent from the literature and is an important contribution as it enables an insight into the identities made available for this growing

group of women, in addition to how women negotiate these identities. Furthermore, I have attempted to look beyond women's accounts of their experiences of 'older' motherhood in order to explore the social and cultural context that may give rise to or constrain them. For example, although previous studies on 'older' motherhood have explored women's reasons for 'delaying', such as lack of an appropriate partner, or desire to develop financial security (e.g. Cooke et al., 2012), they have not looked to the social or cultural 'conditions' that may give rise to these contributing factors. That is, they have not considered why financial security, or the 'right' relationship should be considered a reason to 'delay' motherhood. As such, throughout this thesis I have attempted to consider the ways in which cultural scripts of 'good' motherhood and the 'right' circumstances for parenthood constrain women's 'choices' surrounding the timing of motherhood in a way that has not been attempted previously.

Moreover, through taking an innovative combined approach to discourse analysis, I have not only been able to consider how women may be positioned through discourses of 'older' motherhood, but also how they position themselves. That is, in relation to the prevailing discursive constructions of 'older' motherhood and the identities made available through these, I have considered how women are positioned through these discourses, yet also how they may appropriate, negotiate, or indeed resist the discursive positions that are available to them to occupy. Again, this is an approach which is relatively scarce in discourse analytic research, yet, I would argue, enables a consideration of how, on the one hand, we are offered 'ways of speaking' through discourse, which inevitably to some extent constrain what is available to say and which identities we are able to assume, yet, on the other, we may select and draw upon those aspects of discourse which serve our best interests.

## 8.2 Implications of the Research

This section will be dedicated to discussing the potential implications of the research findings that have been outlined in this thesis. Firstly, there will be a consideration of what this research tells us about the future of older motherhood in the UK, and comparable western societies. Secondly, although this thesis focuses on motherhood, the reasons for this imply something about the meaning of 'delayed fatherhood' in western societies, which will be discussed below. Furthermore, in light of the findings, recommendations for both health professionals and policy

makers will be outlined.

### *8.2.1 The future of older motherhood*

In light of the research findings that have been presented, and, owing to the anxieties surrounding older motherhood that were discussed in the review of the literature, I want to firstly spend some time considering what the future of older motherhood might be in the UK and question whether the trend to delay motherhood is here to stay. Implicit, and often explicit, within concerns expressed over delayed motherhood, including for example, the associated medical risks, is that something needs to be done to counteract the trend. For example, those who document research on the increase in medical risks associated with delayed motherhood suggest that women should be given more information about these risks so that they can make informed decisions surrounding the timing of their pregnancies (Cooke et al., 2010; O'Connor & Johnson, 2005; Tough et al., 2007). It may be argued that arming women with knowledge about the risks associated with later motherhood would encourage them to 'choose' to have a baby earlier and thus would contribute to bringing the 'trend to delay motherhood' to a halt. However, one of the central arguments made in this thesis is that the view that women 'choose' the timing of pregnancy grossly underestimates the complexity of older motherhood. This is because it neglects to take into consideration the wider social and cultural influences that, I argue, effectively shape and constrain women's 'choices' relating to the timing of motherhood, such that when to have children should and cannot be perceived as a 'full' choice.

I would suggest that any consideration of the trend towards older motherhood should not simply look at the decision making of the women themselves, but needs to take into account the social and cultural context within which these decisions about the timing of motherhood are being made. This is important because, as I have attempted to show within this thesis, wider social and cultural issues and discourses have the power to both facilitate and constrain women's choices. As such, the timing of motherhood, and so 'older' motherhood, cannot, in my opinion, rest with women's 'choices' in isolation. Thus, I would argue that the responsibility for the 'trend to delay motherhood' cannot be attributed to the women themselves.

It could be argued that part of the explanation for the trend towards delayed motherhood lies

with the way in which the contemporary discourses of 'good motherhood' in our society sit alongside the prevailing ideology of individualism. This, as has been noted elsewhere (DiQuinzio, 1999; Hays, 1996), sees women being caught between two competing ideologies. On the one hand, contemporary notions of 'good' motherhood define it as 'intensive' 'child-centred' and 'self-sacrificial', yet on the other, our society is inherently individualist, encouraging people to strive for self-fulfilment, which, for many women (yet not all) is not satisfied by motherhood alone, thus prompting them to seek it outside of the domestic sphere. The lack of fulfilment experienced from motherhood alone may be related to the relatively low status it is assigned in our society. It has been noted that the social capital associated with motherhood and childcare is low, in comparison the status of the breadwinner role (Gatrell, 2004), that caring for children is largely unacknowledged in our society, outstripped by the value placed on economic productivity (e.g. Grace, 1998) and that we live in a society that places a high value on goods that are not necessarily compatible with early parenthood (Smajdor, 2009). Furthermore, Sharon Hays (1996) notes the cultural contradiction between definitions of the 'good' worker and the 'good' mother. To be either one of these demands hard work and commitment and, as such, it is notoriously difficult to combine them both. Therefore, if women want to be successful at work *and* have children they are arguably doing the 'sensible' thing by focusing on one aspect of their lives before another. Having a baby later on thus seems like a sensible solution to a common problem, rather than a 'choice'. Unless these competing ideologies alter, such that being a 'good' mother and an individual become more compatible, it seems that women who want to 'have it all' are going to face the same struggles time and time again. That is, they will be forced into a position where they must 'choose' whether to put themselves first and concentrate on 'living a life of their own', or 'trade it all in' for motherhood. I would argue that as this choice is effectively forced, it cannot be considered a 'full choice'.

In addition to the constraints upon women's 'choices' as a result of these competing ideologies, the difficulties inherent in combining motherhood with work are compounded owing to inadequate social policy, which, if altered, has the potential to increase the compatibility of work and motherhood. For the moment, despite the current cultural emphasis on the need for 'good' parenting and the chastising of 'bad' parents (Jensen & Tyler, 2012), the apparent importance of bringing up children is not reflected adequately in policy and economic culture, where earning money and economic productivity are given priority. Again, as a result of this, a woman's ability

to become a mother earlier and at the same time as developing a career is constrained. Furthermore, a significant assumption made about women who mother later are that they *want* to pursue a career, rather than having to out of necessity.

A further contribution to the trend towards delayed motherhood, as relayed by the participants in this study, and elsewhere in the existing literature on older motherhood (e.g. Benzies et al., 2006), is the notion of finding the 'right' relationship. Several of the participants in the study reported being in the 'wrong' relationship in their twenties, and expressed a need to find the 'right' one before they could begin to think about having children. As discussed in Chapters Five and Seven, we have a very strong societal ideal concerning what constitutes the 'right relationship', which is considered to be one which is heterosexual, strong, of an 'appropriate' duration, ideally secured through marriage and one in which both partners are happy, content and in love. Individuals are expected to secure this type of relationship before bearing children. If they fail to do so they are at risk of being positioned 'selfish' or 'bad' parents for bringing children into a relationship that is less than ideal owing to the perceived negative effects it may have on the child. It could be argued that pressure to secure the 'right' relationship is at its strongest. In these times of late modernity, personal expectations from relationships are higher than ever, such that two individuals will commonly only continue with an intimate relationship until such a time that it is no longer emotionally or personally fulfilling. This has been termed the 'pure' relationship (Giddens, 1991; 1992). As such, given the level of expectation that is to be met, it may take people longer to settle into a relationship that is considered 'right' for them to bring children into.

All things considered, until the ideologies of intensive motherhood and burgeoning individualism relax to make motherhood and self-fulfilment more compatible, until motherhood starts to become more appreciated and valued, in line with paid work, (with social policy altered and upheld to reflect this), and until social 'rules' about the 'right' situation in which to have children become more relaxed, including anxieties over finding the 'right' relationship, I would suggest delayed motherhood is here to stay.

### *8.2.2 A note on delayed fatherhood*

Something that has not been explored in any depth within this thesis is the role of fathers. The main reason for focusing on later motherhood in this thesis is that, I would argue, there is no current concept of 'older fatherhood' equivalent to that of 'older motherhood'. This is interesting owing to the fact that, as noted by Hanson there is generally an age-gap in heterosexual relationships whereby the male is older than the female (Hanson, 2003). This would imply that if we are seeing a rise in older mothers, there ought to be a comparable rise in older fathers, though interestingly enough this is rarely mentioned. Indeed, this is evident in recent birth statistics which in fact lend support to an argument that men are in fact delaying parenting to a greater degree than women, with nearly two thirds (64%) of babies in 2010 being born to fathers over 30, whilst just under one half were born to women over 30 (48%) (Office for National Statistics, 2011).

There seems to be an overall lesser degree of anxiety surrounding the trend towards 'delayed' fatherhood, reflected in the way in which 'older motherhood' is perceived as something that is 'more risky' (Hanson, 2003). That said it is interesting to note that recently, in August 2012, the increased medical risks associated with 'older fatherhood' 'hit the headlines', as it was linked to an increase in genetic disorders (e.g. Connor, 2012; Ghosh, 2012). Moreover, these reports were made with some acknowledgement that historically "society has been very focused on the age of the mother" (Ghosh, 2012). It seems that attention is, slowly, being focused on 'older fatherhood' as, in the weeks leading up to the submission of this thesis an article about the rise in 'older fathers' appeared on BBC news website (BBC, 2013). Barbara Hanson (2003, p.169) argues that an unbalanced focus on mothers' ageing is evident in research on increased risk with parental age. She suggests that "factors in paternal physiology tend to be given less attention", compared to maternal physiology, and goes on to argue that the focus on problems with maternal age stems from the negative association our society places on female ageing, which renders it something pathological. Society does not have the same negative association of male ageing, in fact, male ageing is often seen as a positive thing, with men often said to 'mature' with age. Colloquial everyday descriptions of older men, such as 'silver fox' are largely positive, as compared to everyday descriptions of ageing women. Such differences between societal views on ageing women and men may help to explain why older paternal age is less criticized than older maternal age. It is owing to the different societal perspectives of age in relation to gender and parenthood that this thesis focuses on maternal ageing. That said, in line

with the recent surge in scholarship on men and masculinities, delayed fatherhood ought to be explored, particularly since the debates around individualism and 'having it all' are as relevant to male experience and considerations about timing of parenthood. After all, the decision to have a baby is often made within the context of intimate relationships (Earle & Letherby, 2003) and in heterosexual relationships does not rest with the women in isolation - 'readiness' to become a father is equally important to 'readiness' to become a mother. It would therefore be beneficial to conduct some future research on men's experiences of coming to fatherhood later on in life.

### *8.2.3 Recommendations for health professionals*

The majority of women in the study did not recall being treated as an 'older mother' by health professionals. This was surprising given the proliferation of research evidencing the medical risks associated with advancing maternal age over 35, and research suggesting that, largely because of their 'high risk' status, these women experience different treatment from their midwives (Carolan, 2003; Windridge & Berryman, 1999). In fact, as discussed in Chapter Six, the majority of the women spoke of the way in which their midwives demonstrated a general lack of concern about their age. In fact, it seemed in some cases that the women themselves were more conscious of the risks they faced as an 'older' mother than their health professionals.

Despite what could be observed as a general lack of concern from health professionals over the participants' age, three of the eleven women in the study described being treated differently by health professionals as a result of their age. Discussions of their age appeared to be related to concerns about the levels of risk the women faced, with their 'riskiness' being attributed to their maternal age. Firstly, Laura's discovery that she was at risk of having a baby with a genetic disorder was attributed to her age. Further, despite Chloe having no problems throughout her pregnancy, she recalls increased monitoring and surveillance during her pregnancy, as she was continually called in for her blood pressure to be monitored because she was 41. Moreover, her pregnancy ended with her being induced, with her maternal age over 40 given as an explanation by her health professionals. Finally, Katie recalls being warned about the increase in risks with maternal age during an appointment with an obstetrician. The manner in which the degree of risk she faced was communicated caused her, as she described it, considerable levels of upset and anxiety. The implications of this research then, in terms of recommendations

for health professionals, would be centred on consciousness-raising – to alert health professionals to the impact that discussions of maternal age and risk can have on women’s feelings during pregnancy and childbirth. Though I should reiterate that most women had positive experiences of care – at least with respect to their ‘older’ age, a minority did not, suggesting there is still important work to be done. Although it should be obvious that any discussions about risks associated with maternal age ought to be treated with sensitivity, worryingly, this study provides evidence that this is not always the case. I suggest that those who are responsible for giving information to older mothers regarding the associated age related risks should be aware of this and, if not already, should receive appropriate training such that in the event they do have to discuss age-related risks with women they know how to do so in a way which will limit the amount of upset and anxiety it may cause. Moreover, anxiety may be limited by contextualising the risks and discussing the probability of healthy outcomes, rather than focusing exclusively on the likelihood of negative outcomes. Of course it is important that women receive information about risk, but it is essential that these discussions are handled sensitively and that the information presented to women is balanced.

A further recommendation relates to proposals to educate women about the risks of ‘delaying’ motherhood, in order to curb the ‘trend’. The RCOG (Bewley et al., 2009) have recommended that women should be made more aware that the best age for reproduction lies between the ages of 20 and 35. To this end, they have considered it would be beneficial to provide information on the risks of ‘leaving it late’ as women seek advice on contraception. However, I would advise health professionals to be cautious when advising women on risks of ‘delaying’. Many women, as this study demonstrates, see the timing of pregnancy as a complex negotiation of decisions and life circumstances, rather than a straightforward decision that can be made, such that they can have children whenever they should choose. As a result, prompts about when women ought to be having children might be met with hostility, or may cause great anxiety, particularly if the case is that women want to begin a family, but cannot for whatever reason. Moreover, this type of ‘warning’ is clearly based on an assumption that all women *want* to have children. As such, health professionals need to be mindful of the fact that increasing numbers of women wish to remain voluntarily childless (Hakim, 2003) and so must handle discussions of ‘timing motherhood’ with this in mind.

#### 8.2.4 Recommendations for policy makers

In order to 'curb the trend' towards delayed motherhood, one suggestion that has been made is to introduce family friendly policies, such as flexible return-to-work policies following maternity leave and long career breaks for women. These, it is suggested, would enable women to combine career and motherhood more easily so that they are able to have families earlier on in their lives. Research appears to suggest, however, that even where organizations do hold 'family friendly' policies such as flexible working, these are often not routinely implemented and are made difficult for women to access, such that despite these policies existing, in practice women are still being discriminated against on their return to work (Gatrell, 2004). In order to make earlier motherhood easier for women and more compatible with the world of work, the culture of the world of work needs to change in order to accommodate mothers. All companies should have family friendly policies and be committed to implementing them. If women felt more secure in their jobs and confident that motherhood would not compromise their chances of pursuing other activities, this could open up the possibilities for women to 'choose' to become a mother earlier, should they wish.

Whilst flexible return to work policies may in theory enable women to combine motherhood and work earlier on in life, the success of this is based upon the assumption that the pursuit of a career is the only thing 'obstructing' earlier motherhood. This thesis, in contributing to understandings of 'older' motherhood demonstrates that this is not the case. As considered in Chapter Five in particular, 'delayed' motherhood can be the outcome of a multiplicity of reasons, including a lack of the 'right' relationship, the 'right' personal and economic situation and perceived 'readiness' to become a mother. As such, although flexible family-oriented policies would be welcome to many women, they may not 'curb the trend' towards older motherhood in isolation. Indeed, this would be reliant upon an assumption that women *would* have children earlier if they could, which may indeed not be the case. Policy may be able to go some way to make mothering alongside other activities easier, yet women will still inevitably be caught in between two competing ideologies of individualism and 'good' motherhood, and as such will be forced to negotiate having a life for themselves and dedicating a life to their children.

### 8.3 Reflections on the Research Project

Following the discussion of the main findings and implications of the research, I feel it is now necessary, in the remainder of this chapter, to develop a number of personal reflections relating to the research. This will begin with a reflection on the analytic approach taken in this research – critical discursive psychology - whereby there will be a consideration of the extent to which taking this approach enabled the research aims to be addressed, some limitations of this approach and some implications of interpreting participants' accounts using this approach.

#### *8.3.1 Reflections on the analysis - using Critical Discursive Psychology*

The reason I took a combined approach to analysis – drawing on elements of Discursive Psychology and Foucauldian Discourse Analysis were discussed at length in Chapter Three. This decision was very carefully considered, and involved continual reflection on what I wanted to gain from the analysis, and consideration of which discourse analytic approach would best satisfy the aims of the study. Ultimately, in response to what I saw as the limitations inherent in pursuing either one of FDA or DP in isolation, I opted to attempt to combine the two. Although I was very aware that taking this approach was not likely to be straightforward, taking a multifaceted approach to discourse seemed to be the best option in terms of meeting my research aims.

Perhaps the first thing to say is that I found the process of doing a combined, critical discursive analysis, a very challenging one. One of the main difficulties I experienced was that there is no definitive way of combining Foucauldian Discourse Analysis and Discursive Psychology. As such, during the process of analysis and when writing up my interpretations, I was often concerned as to whether my approach was correct. One of the key issues here was related to the differing epistemological positions associated with each approach. Discursive Psychology is generally associated with an extreme relativist approach, whereby truth is understood as “always contingent or relative to some discursive and cultural frame of reference” (Wetherell 2001, p.393). Meanwhile, Foucauldian Discourse Analysis, is critical realist in its epistemological orientation, and so considers that although language constructs our social realities, these constructions are mediated by the non-discursive, structural, material dimensions of our lives.

Owing to these differences in epistemological position, at times I found it difficult to know what ontological status to assign to the sections of text I was analysing. That is, it became difficult to know to what extent to treat participants' accounts as purely 'constructions' or to ascribe some 'truth' to what they were saying. For example, when discussing the 'reasons for' her later motherhood, Helen discussed limitations in social policy and the concern that she would be discriminated against as a pregnant woman in the job market. The dilemma here is this: was I to look upon this as an account, constructed by Helen as a means of justification, or alternatively, something she experienced as a 'real' constraint?

There is perhaps no definitive way of understanding the process I went through in disentangling these kinds of dilemma. However, I would say that I was guided by a strong sense of intuition that I knew what was important in women's accounts (see also Hollway, 1989). Moreover, my analysis and interpretation of their accounts was, to some extent, driven by an 'empowerment agenda' (Burman et al., 1996). That is, I was concerned that my analysis would be useful to the women and, critically, would not only give voice to more positive readings of 'older' motherhood, but would also be politically motivated – enabling a challenge to structural and material dimensions of the women's lives that may be limiting, constraining or oppressive. Without assuming that these structural and material dimensions are 'real' to some degree, or have some 'truth', there is little hope of challenging them. Thus, whilst I recognise that there are tensions inherent in combining these forms of discourse analysis, I would argue, alongside others (e.g. Wetherell, 1998), that an approach to discourse analysis that takes into account both the constructive and constitutive nature of discourse is most productive. Moreover, I would agree with those scholars who suggest that a preoccupation with methodological and theoretical concerns risks a tendency towards methodolatry, whereby these issues are privileged above and beyond the empirical context of the research (e.g. Chamberlain, 2000). Indeed, I align myself with Wetherell (2008) who suggests that as social psychologists we are now in a good position to consider the subtleties and complexities of social identity and interaction, having "moved decisively past some of the time-consuming epistemological wars of previous decades" (p. 74), as well as with those who advocate a pragmatic, pluralist approach to qualitative research (e.g. Frost, 2011), which is gathering pace within the discipline.

A second significant challenge relates to the process of explaining exactly *how* I approached the

analysis (as detailed in section 3.6.2). It seemed that, having done a lot of reading and thinking about how to combine the approaches and to determine what I was 'looking for' within the data, the analysis seemed to be largely intuitive. I did not follow a set of 'stages' as such, but perhaps was sensitised to a number of concepts that a critical discursive psychological analysis would be 'concerned with'. It is this difficulty with describing what we do and explaining how we reached our interpretations that is perhaps one of the most difficult, yet most essential procedures in qualitative research. Being as transparent as possible enables both a greater understanding of how the interpretations were arrived at and, further, assists others with using or adapting a method to suit their needs.

Something I have been concerned with throughout the analysis and the 'write up' is the extent to which my interpretations are 'true' to the stories of the participants. I have attempted to stay as close to their accounts as possible, yet, the inevitable 'problem' with discursive work is that throughout the analysis you are 'approaching' accounts from a particular theoretical perspective and interpreting them in light of theories of discourse, meaning that participants' accounts are inevitably transformed to some degree. However, it has been argued that this is true of all qualitative work in psychology (Willig, 2012). Willig suggests that any interpretation of a text involves a degree of appropriation and transformation, as the researcher attempts to understand or make sense of it. However, she considers there are two different forms of interpretation evident in qualitative work – 'suspicious' and 'empathic'. Defining discourse analysis as the 'suspicious' variety, she notes:

Discourse analysts...do not take participants' accounts at face value; instead, they subject them to an analysis driven by a particular theory of language and they generate insights about the function of discourse that those who produced the accounts are unlikely to be aware of or indeed recognize." (Willig, 2012, p. 39)

As such, she defines discourse analysis as a 'suspicious' approach to interpretation in that the insights developed through DA are driven through a particular theory of language and therefore go beyond what the participants are saying at face value.

I do wonder whether there are certain aspects of the analysis or interpretation of the interviews

that participants would perhaps struggle to recognise, such as the focus on the function of talk-in-interaction. That is, the way in which their talk is, partly, treated in terms of its localised accomplishments within the interview. For example, in Chapter Seven there was a consideration of how women were able, through drawing on culturally available discursive resources, to present themselves as 'good' mothers throughout the interview. It was suggested that a function of this was to manage any potential negative readings of their 'delayed motherhood'. It could be argued that in order to 'recognise' or understand this interpretation of their accounts the participants would need to be knowledgeable about discursive work and discursive psychological theory. Moreover, I do wonder whether, having informed participants that they were taking part in a study looking into 'the experience of later motherhood' they would anticipate the kind of analysis that I have conducted. They might, I imagine, expect an analysis that focuses more clearly on a description of their narratives and lived experience of older motherhood. As such, this raises an ethical issue in relation to informed consent. Strictly speaking, the participants were not informed about how their data would be treated and what kind of interpretation would be placed upon their stories and so did not consent to their data being interpreted in this way. Yet, as Willig (2012) quite rightly points out, ethics governance boards are generally concerned with ensuring that participants' interests are taken care of during data collection, rather than on what happens with the data they provide the researcher with.

With these kinds of issues in mind through the analysis of my thesis, I attempted, as far as possible when using a discursive framework, to be empathic and to handle the interpretation sensitively. I continually reflected on whether participants would be comfortable with the way I was interpreting their accounts and attempted, as far as possible, to work towards an interpretation that would be of benefit to the women themselves, rather than one that would potentially harm, upset or disadvantage them. Indeed, a particular focus in this thesis has been with deconstructing negative or stereotypical interpretations of 'older' mothers, such as those evident in the media. So, for example, I have attempted to discuss the possible negative impact of prevalent constructions of 'older' mothers as those who put themselves and their babies 'at risk' by 'choosing' to 'delay' motherhood. It is clear to see how this culturally dominant interpretation can potentially be oppressive and damaging to women, and so a key focus of this thesis was to deconstruct these prevailing interpretations and expose the way in which their

consequences have the potential to harm and disadvantage this group of women, such that they could be described as unethical (Willig, 2012). In response to this, part of the focus of this research has been to highlight alternative discourses of older motherhood through privileging women's accounts. In doing so I have, for example, explored how later motherhood is not always considered a 'choice' and that these women consider themselves to be 'good' or 'better' mothers at this point in their lives – these interpretations, which are clearly more positive for this group of women, are often the ones which are marginalised (see Chapter Four). Moreover, whilst participants were not involved in the analysis, part of my interpretation of their accounts, predominantly relating to the resistance that 'older' motherhood is a 'choice' was the subject of a press release, which actually led to some positive endorsement of my interpretations. For example: "Kirsty Budds is a breath of fresh air for late-in-life moms tired of being called selfish and narcissistic. She recognizes that many of us simply made plans, and then God had a good laugh" (Schweizer, 2012). Although the women in my study had no part in interpreting my findings, I take comfort in this kind of endorsement, and take them as some evidence that some aspects of my interpretations are not only recognisable and have resonance, but are useful to some women.

Something further to consider here, however, is not just the extent to which the interpretations are true to the experiences of the women who took part in this study, but whether they would resonate with a more demographically diverse group of women. Unfortunately, a limitation of this project is perhaps, admittedly, the homogeneity of the sample. The sample is constructed exclusively of what would be described as white, middle-class professional women, all of whom, apart from one, were married or in long-term relationships. As such, this thesis does not address issues of diversity within the experiences of 'older' mothers and cannot explore the experiences of 'older' mothers from different ethnic or class backgrounds. Nor can it speak to the experiences of bisexual or lesbian 'older' mothers. As such, an exploration of the experiences of these groups of women would be of benefit and would constitute areas for future research, alongside the study of 'older' fatherhood.

### *8.3.2 Older motherhood – a qualitatively different experience?*

It could be suggested that this thesis, alongside much other research on older motherhood, was

based upon the premise that the experience of motherhood over 35 would be qualitatively different to that of comparatively 'younger' women. Indeed (Garrison et al., 1997) suggests that this has historically been the main approach and rationale behind research on later motherhood. The focus on age in this thesis was driven by the aim to explore the contemporary prevailing repertoires and subject positions made available for older mothers and the subsequent implications these may have for the practices and subjectivities of the women who fall into this medically and socially defined category. As such, owing to this focus, it could be argued that I had effectively positioned the women as an older mother before I had even begun to ask them about their experiences. Indeed, the women had consented to take part in research which was described to them in the information sheet as a study on 'the experience of later motherhood', with older mothers being defined as those who had their first babies at 35 or over. Moreover, the focus of the study inevitably guided the interview schedule, whereby the women were effectively positioned as 'older mothers'. This raises a particularly interesting question about the data, and demands a consideration as to whether their accounts reflected responses to being positioned as an 'older mother' in their social lives outside of the interview, or whether they merely reflect being positioned as an 'older' mother within the context of the interview alone. Indeed many of the participants spoke of the 'normalization' of delayed motherhood and rarely reported the idea that they felt 'out of sync' with a generation of younger mothers as reported elsewhere (Dobrzykowski & Stern, 2003), though this was evident on a couple of occasions. Of course, it is difficult to answer this question with any certainty, but it is important to reflect upon the interview as a particular kind of interaction, wherein it is inevitably shaped by the researcher and research topic to some extent.

Further, it is interesting to note that much of the women's experiences seemed to be typical and relate to the transition to motherhood more generally, rather than being focused on their age per se. For example, common themes within the transcripts included discussion of the shock realities of early motherhood that nothing or nobody could have prepared them for, with the gap between expectations of motherhood and actual experiences evident in existing literature on women's experiences of early motherhood, irrespective of age (Miller, 2005). Many of the women also spoke of the way in which their identity was transformed throughout the transition to motherhood, whereby they shifted from being an individual, to a mother, slowly losing control over many aspects of their lives, which were now centred on focusing on the needs of their

infants. This too has been documented in the transition to motherhood literature (Miller, 2005; Thomson, Kehily, Hadfield & Sharpe, 2011), alongside discussions of going back to work as a means of retaining some of their individual identity (Miller, 2005). Narratives of the difficulties experienced with initiating and maintaining breastfeeding (Williamson, Leeming, Lyttle, & Johnson, 2012) and the particular challenges to be overcome in the early days of motherhood were also common-place (Oakley, 1981; Miller, 2005). As such it could be considered that age is a 'red herring' – that, in many ways, 'older' mothers' experiences are not qualitatively different to the experiences of 'other' women becoming mothers. A quote from Sally neatly illustrates this *"I hope I've given you the right information, cos I know I'm talking a lot but it's hard to be concise cos there's so many different things and then you think of things as you, you grow older and it's hard to say is this because I'm older? Or is this is just because I'm a mum"*.

### *8.2.3 Interviewing 'older' mothers as a 'younger' non-mother*

As discussed in the introduction, I feel an important part of the research process is to acknowledge and recognise the influence that one's motivations and interests can have on the outcome of the research project. As Oakley (1981, p.4) notes: "academic research projects bear an intimate relationship to the researcher's life...Personal dramas provoke the ideas that generate books and research projects", thus a researcher's personal experiences are inevitably bound up with the research project, no matter how 'objective' one attempts to be. As discussed in the introduction, my particular interest in this research and in talking to 'older' mothers came from personal thoughts and reflections I had about the time at which I might potentially become a mother. As such, I acknowledge I had a vested interest in exploring their experiences in that I was interested to know what it would be like to have a baby later on - and so whilst interviewing I had to be careful not to impose any kind of personal bias or assumptions on what I might find. In addition to this, it is important to consider the impact that one's identity can have on all aspects of the research process – from data collection to analysis and interpretation. As such, I feel it is important to take the opportunity to reflect on some of those issues here.

In using a critical discursive approach to data analysis, a key focus of the research project was to explore how women were positioned as 'older' mothers, in addition to how they positioned themselves – that is, what subject positions or ways of being they took up and or resisted and

what discursive resources they drew upon in order to achieve this. Given that interviews are two-way interactions, it is also important to consider how I positioned myself in the interview, in addition to the discursive resources I drew upon in order to negotiate the flow of the interview. Such a consideration of one's position, identity, and status is essential to accomplishing reflexivity in the research process and is critical owing to the impact the researcher's identity and status can have on, not only the research aims and procedures, but on the data resulting from these procedures (Taylor, 2001).

Something that has been largely unexplored in the literature on researcher positionality, is a consideration of the researcher's maternal status – that is 'mother' or 'non-mother' (Frost & Holt, 2012), which is likely to be of particular importance when the research focuses on 'motherhood'. Throughout the interviews I conducted, my status as a 'non-mother' was something I was acutely aware of. My awareness of this difference in maternal status between myself as researcher, and the participant, manifest itself in a variety of ways. For example, in retrospect, I worked hard to mediate this gap in some way, and break down the potential barrier that such differences might bring by 'doing similarity' (Abell, Locke, Condor, Gibson & Stevenson, 2006). At the time, I felt this was important in order to establish and retain rapport with the participants, help avoid awkwardness, and create an interaction that seemed more natural, though this was not always possible. Being a 'non-mother', I was very aware that occupying this subject position effectively meant that the language and discourse of motherhood was something that was less 'available' to me than to my participants and so this affected not only my ability to speak, but my rights to (attempt) to speak discourses of motherhood – I had no category entitlement. Moreover, I have little first-hand knowledge of the ways of speaking and typical discursive and conversational devices and resources employed by mothers. This was most acutely felt when I attended a post-natal class to recruit women for my study. As the only woman without a child, I found it incredibly difficult to approach the women and know what would be appropriate to say for a good opening to a conversation. I was the only one in the room who did not have the same thing in common as all the rest – their babies.

Another concern I had, as someone who was both a 'younger' woman and a 'non-mother', was that the women might think I was judging them and their reproductive 'decisions', particularly in light of any stereotypical representations of 'older' mothers as 'selfish' that they might be aware

of. This may have been exacerbated, I felt, if they were unaware of my motivations behind carrying out the research. I responded to this by, where possible, taking the opportunity to share my own thoughts about when I might become a mother – again attempting to ‘do similarity’ through self-disclosure (Abell et al., 2006). As such, I revealed that owing to my ‘single’ status and the fact that I was studying for a PhD, in addition to the likely need for me to ‘establish’ myself in my career before taking a period of parental leave seems plausible and something that would be ‘available’ to me, I probably would not be able to have children until my thirties. This perhaps enabled me to ward off any suspicion that I could potentially be judging them for their reproductive ‘decisions’ and encourage them to share their experiences. Ironically then, it seems that, in part, writing this thesis has ‘delayed’ my own pregnancy. Currently, I am living and feeling the constraints that so many of the women discussed in this thesis. An absence of the ‘right’ relationship, a lack of financial stability following four years of a self-funded PhD, and the absence of a permanent job are all barriers to me beginning a family at the moment.

#### *8.3.4 Some Concluding Remarks*

One of the central aims of this thesis has been to contribute to understandings of ‘older’ motherhood as it is contemporarily socially and culturally defined. An analysis of the way in which ‘older’ mothers are represented in the news media revealed that culturally dominant understandings constitute ‘older’ mothers as ‘selfish’, and as ‘choosing’ to ‘delay’ motherhood in the face of increased risks in order to focus on a career, or other activities that are *constructed as self-interested*. The ‘older’ mothers who took part in this research did not identify with this representation and often worked to resist it through negotiating their degree of personal ‘risk’ and constructing their ‘older’ selves as ‘good’ mothers. Although careers did feature as a contributing factor in some accounts, women’s journeys towards later motherhood were often the outcome of carefully negotiated decisions and life circumstances as opposed to a straightforward ‘choice’. Moreover, this thesis has considered how the apparent ‘choice’ to be an older mother is, to some extent, shaped by the characteristics of individualist western cultures, in addition to current ideologies of ‘good’ motherhood that effectively define when a woman is ‘ready’ to become a mother. Moreover, societal definitions of the ‘right’ or ‘ideal’ situation in which to become a mother shape decision-making regarding the ‘right’ time to start a family, further limiting the extent to which women can be said to have a *full* choice regarding the

timing of motherhood.

## Notes:

1. Statistics for age of mother at first birth outside marriage are unavailable.
2. Currently, health services offer two types of screening procedures for genetic disorders, such as Down's syndrome. The first option available to women is blood serum screening, whereby levels of different proteins are measured in women's blood. For example, in order to test for Down's syndrome, levels of alpha-fetoprotein (AFP) are measured in the blood, with reduced levels associated with the presence of a foetus with Down's syndrome (Heyman & Henriksen, 2001). However, these tests do not offer patients any certainty as to whether they are carrying an anomalous foetus. Certainty can only be determined through diagnostic screening methods such as amniocentesis and chorionic villus sampling. Whilst the majority of women attending British hospitals will routinely be offered some form of antenatal screening for genetic abnormalities, current practice as to which tests are offered and to which women vary (Heyman & Henriksen, 2001). As a general rule, women are firstly offered serum screening. Diagnostic tests are generally only offered to women if their serum results suggest they are at 'high risk' of bearing a baby with a genetic anomaly owing to the fact that they are invasive and carry risk of miscarriage.
3. Although arguably women have secured equal access to the world of work, gender inequality is still evident in employment. A pay gap still exists whereby women earn 14.9% less than men (The Fawcett Society, 2013b) and gender-based discrimination is evident, particularly when women become mothers.

## References:

- Abell, J., Locke, A., Condor, S., Gibson, S., & Stevenson, C. (2006). Trying similarity, doing difference: The role of interviewer self-disclosure in interview talk with young people. *Qualitative Research*, 6, 221-224.
- Abma, J., Chandra, A., Mosher, W. D., Peterson, L. S., & Piccinino, L. J. (1997). Fertility, family planning and women's health: New data from the 1995 national survey of family growth. *Vital and Health Statistics, Series 23: Data from the National Survey of Family Growth*,

19, 1-114.

Ajzen, I. (1985). From intentions to actions: A theory of planned behaviour. In J. Kuhl and J. Beckman (Eds.), *Action Control: From Cognition to Behaviour* (pp. 11-39). Heidelberg: Springer.

Allred, P. (1998). Making a mockery of family life? Lesbian mothers in the British media. *Journal of Lesbian Studies*, 2, 9-21.

Allan, S. (2005). *Journalism: Critical Issues*. Maidenhead: Open University Press, McGraw Hill.

Amato, P. R. (2000). Consequences of divorce for adults and children. *Journal of Marriage and the Family*, 62, 1269-1287.

Arendell, T. (1999). Hegemonic motherhood: Deviancy discourses and employed mothers' accounts of out-of-school time issues. Working Paper No. 9. *Centre for Working Families*.

Arendell, T. (2000). Conceiving and investigating motherhood: The decade's scholarship. *Journal of Marriage and the Family*, 62, 1192-1208.

Armistead, N. (Ed.). (1974). *Reconstructing Social Psychology*. Harmondsworth: Penguin.

Arribas-Ayllon, M. & Walkerdine, V. (2007). Foucauldian discourse analysis. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE Handbook of Qualitative Research in Psychology* (pp. 91-108). London: Sage.

Asher, R. (2011). *Shattered: Modern Motherhood and the Illusion of Equality*. London: Harvill Secker.

Atkinson, J. M. (1984). *Our masters' voices: The language and body language of politics*. London: Methuen.

Atkinson, J. M., & Heritage, J. C. (Eds.). (1984). *Structures of Social Action: Studies in Conversation Analysis*. Cambridge: Cambridge University Press.

Austin, J. (1962). *How to do Things With Words*. London: Oxford University Press.

Badinter, E. (1981). *The Myth of Motherhood: An Historical View of the Maternal Instinct*. London: Souvenir Press.

Baker, M. (2010). Motherhood, employment and the “child penalty”. *Women’s Studies International Forum*, 33, 215-224.

Barkan, S., & Bracken, M. (1987). Delayed childbearing: no evidence for increased risk of low birth weight and preterm delivery. *American Journal of Epidemiology*, 125, 101-109.

BBC (2013). *Older fathers: what’s behind the trend?* Retrieved January 27, 2013, from <http://www.bbc.co.uk/news/health-21197679>

Beck, U. (1992). *Risk Society*. London: Sage.

Beck, U., & Beck-Gernsheim, E. (1995). *The Normal Chaos of Love*. Cambridge: Polity Press.

Beck, U., & Beck-Gernsheim, E. (2002). *Individualization*. London: Sage.

Becker, M. (Ed). (1974). The health belief model and personal health behaviour. *Health Education Monographs*, 2, 324-508.

Bedwell, C. (2006). Debate: Women in their sixties are too old to become mothers. *British Journal of Midwifery*, 14, 514-515.

Beets, G. (2011). The demography of the age at first birth: the close relationship between having children and postponement. In G. Beets, J. Schippers, & E. R. te Velde (Eds.),

- The Future of Motherhood in Western Societies: Late Fertility and its Consequences* (pp. 61-90). New York: Springer.
- Beets, G., Schippers, J., & te Velde, E. R. (Eds.). (2011). *The Future of Motherhood in Western Societies: Late Fertility and its Consequences*. New York: Springer.
- Bell, J., Campbell, D., Graham, W., Penney, G., Ryan, M., & Hall, M. (2001). Can obstetric complications explain the high levels of obstetric interventions and maternity service use among older women? A retrospective analysis of routinely collected data. *British Journal of Obstetrics and Gynaecology*, 108, 910-918.
- Benzies, K., Tough, S., Tofflemire, K., Frick, C., Faber, A. & Newburn-Cook, C. (2006). Factors influencing women's decisions about timing of motherhood. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, 35, 625-633.
- Berryman, J., Thorpe, K., & Windridge, K. (1995). *Older Mothers: Conception, Pregnancy and Birth after 35*. London: Rivers Oram Press.
- Berryman, J. C., & Windridge, K. (1991). Having a baby after 40: A preliminary investigation of women's experience of pregnancy. *Journal of Reproductive and Infant Psychology*, 9, 3-18.
- Berryman, J. C., & Windridge, K. C. (1996). Pregnancy after 35 and attachment to the fetus. *Journal of Reproductive and Infant Psychology*, 14, 133-143.
- Berryman, J. C., & Windridge, K. C. (2000). Verbal comprehension in four-year-olds as a function of maternal age. *Early Child Development and Care*, 164, 49-62.
- Best, J. (2012). *Damned Lies and Statistics* (2<sup>nd</sup> ed.). California: University of California Press.
- Betterton, R. (2002). Prima gravida: reconfiguring the maternal body in visual representation. *Feminist Theory*, 3, 255-270.

- Bewley, S., Davies, M. & Braude, P. (2005). Which career first? *British Medical Journal*, 331, (7517), 588-589.
- Bewley, S., Ledger, W., & Nikolaou, D. (Eds.). (2009). *Reproductive Ageing*. London: RCOG Press.
- Bhrolcháin, M., & Beaujouan, E. (2012). Fertility postponement is largely due to rising educational enrolment. *Population Studies: a Journal of Demography*, 66, 311-327.
- Billig, M. (1996). *Arguing and Thinking: A Rhetorical Approach to Social Psychology* (2<sup>nd</sup> ed.). Cambridge: Cambridge University Press.
- Billig, M., Condor, S., Edwards, D., Gane, M., Middleton, D., & Radley, A. (1988). *Ideological Dilemmas*. London: Sage.
- Bobrowski, R., & Bottoms, S. (1995). Underappreciated risks of the elderly multipara. *American Journal of Obstetrics and Gynecology*, 172, 1764-1770.
- Bornstein, M. H., Putnick, D. L., Suwalsky, J. T. D., & Gini, M. (2006). Maternal chronological age, prenatal and perinatal history, social support, and parenting of infants. *Child Development*, 77, 875-892.
- Bowlby, J. (1946). *Maternal Care and Mental Health*. Geneva: World Health Organization.
- Braun, A., Vincent, C., & Ball, S. J. (2008). 'I'm so much more myself now, coming back to work' – working class mothers, paid work and childcare. *Journal of Education Policy*, 23, 533-548.
- Brian, K. (2011). Managing expectations and achieving realism: the individual journey from hope to closure. In G. Beets, J. Schippers, & E. R. te Velde (Eds.), *The Future of Motherhood in Western Societies: Late Fertility and its Consequences* (pp. 331-339). New York:

Springer.

- Bridges, J. S., & Etaugh, C. (1995). College students' perceptions of mothers: Effects of maternal employment-childrearing pattern and motive for employment. *Sex Roles, 32*, 735-751.
- Brown, S., Small, R., & Lumley, J. (1997). Being a 'good mother'. *Journal of Reproductive and Infant Psychology, 15*, 185-200.
- Brown, S., & Locke, A. (2007). Social psychology. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE Handbook of Qualitative Research in Psychology* (pp. 373-389). London: Sage.
- Budds, K., Locke, A., & Burr, V. (2013). 'Risky business' constructing the 'choice' to 'delay' pregnancy in the British media. *Feminist Media Studies*. Published online first April 18, 2012: doi: 10.1080/14680777.2012.678073
- Burgess, A. (2006). The making of the risk-centred society and the limits of social risk research. *Health, Risk & Society, 8*, 329-342.
- Burman, E., Aitken, G., Alldred, P., Allwood, R., Billington, T., Goldberg, B., Gordo Lopez, A. J., Hennan, C., Marks, D., & Warner, S. (Eds.). (1996). *Psychology, Discourse and Social Practice: From Regulation to Resistance*. London: Taylor and Francis.
- Burman, E., & Parker, I. (Eds.). (1993). *Discourse Analytic Research: Repertoires and Readings of Texts in Action*. London: Routledge.
- Burr, V. (2003). *Social Constructionism* (2<sup>nd</sup> ed.). Routledge: New York.
- Buzzanell, P. M., Meisenbach, R., Remke, R., Liu, M., Bowers, V., & Conn, C. (2005). The good working mother: Managerial women's sensemaking and feelings about work-family issues. *Communication Studies, 56*, 261-285.

- Cahill, H. (2001). Male appropriation and the medicalization of childbirth: An historical analysis. *Journal of Advanced Nursing*, 33, 334-342.
- Callahan, D. (2009). Women, work, and children: Is there a solution? In F. Simonstein (Ed.), *Reprogen-Ethics and the Future of Gender* (pp. 91-104). Springer: New York.
- Cappelli, G. (2006). *Filler (Discourse Markers & Co.) and Backchannels* (Lecture unpublished at the University of Piza). Retrieved December 16, 2012 from <http://www.gloriacappelli.it/wp-content/uploads/2009/05/lesson04-05.pdf>
- Carolan, M. (2003). Late motherhood: The experience of parturition for first time mothers aged over 35 years. *Australian Journal of Midwifery*, 16, (2), 17-20.
- Carolan, M. (2005). "Doing it properly": The experience of first mothering over 35 years. *Healthcare for Women International*, 26, 764-787.
- Carolan, M. (2007a). Health literacy and the information needs and dilemmas of first-time mothers over 35 years. *Journal of Clinical Nursing*, 16, 1162-1172.
- Carolan, M. (2007b). The project: Having a baby over 35 years. *Women and Birth*, 20, 121-126.
- Carolan, M. & Nelson, S. (2007). First mothering over 35 years: Questioning the association of maternal age and pregnancy risk. *Health Care for Women International*, 28, 534-555.
- Castel, R. (1991). From dangerousness to risk. In G. Burchell, C. Gordan, & P. Miller (Eds.), *The Foucault Effect: Studies in Governmentality*. Hemel Hempstead: Harvester Wheatsheaf.
- Chamberlain, K. (2000). Methodolatry and qualitative health research. *Journal of Health Psychology*, 5, 285-296.
- Chodorow, N. (1978). *The Reproduction of Mothering: Psychoanalysis and the Sociology of*

*Gender*. California: University of California Press.

Christopher, K. (2012). Extensive mothering: Employed mothers' constructions of the good mother. *Gender & Society*, 26, 73-96.

Connor, S. (2012). Autism risk for children with older fathers. *The Independent* [online]. Retrieved December 8, 2012, from <http://www.independent.co.uk/news/science/autism-risk-for-children-with-older-fathers-8073807.html>

Cooke, A., Mills, T. A., & Lavender, T. (2010). 'Informed and uninformed decision making' – Women's reasoning, experiences and perceptions with regard to advanced maternal age and delayed childbearing: A meta-synthesis. *International Journal of Nursing Studies*, 47, 1317-1329.

Cooke, A., Mills, T. A., & Lavender, T. (2012). Advanced maternal age: Delayed childbearing is rarely a conscious choice. A qualitative study of women's views and experiences. *International Journal of Nursing Studies*, 49, 30-39.

Cracknell, R. (2010). *The Ageing Population*. Retrieved October, 9, 2012, from <http://www.parliament.uk/business/publications/research>

Cuckle, H., Wald, N. & Thompson, S. (1987). Estimating a woman's risk of having a pregnancy associated with Down's syndrome using her age and serum alpha-fetoprotein level. *British Journal of Obstetrics and Gynaecology*, 94, 387-402.

Danziger, K. (1997). The varieties of social construction. *Theory and Psychology*, 7, 399-416.

Dally, A. (1982). *Inventing Motherhood: The Consequences of an Ideal*. London: Burnett Books Ltd.

Davies, B. & Harré, R. (1990). Positioning: The discursive production of selves. *Journal for the Theory of Social Behaviour*, 20, 43-63.

- De La Rochebrochard, E., & Thonneau, P. (2002). Paternal age and maternal age are risk factors for miscarriage; results of a multicentre European study. *Human Reproduction*, 17, 1649-1656.
- De La Rochebrochard, E., & Thonneau, P. (2003). Paternal age  $\geq$  40 years: An important risk factor for infertility. *American Journal of Obstetrics and Gynecology*, 189, 901-905.
- Delphy, C., & Leonard, D. (1992). *Familiar Exploitation: A New Analysis of Marriage in Contemporary Western Societies*. Oxford: Polity Press, in association with Blackwell Publishers.
- Department of Health (2012). *Abortion Statistics, England and Wales: 2011*. Retrieved February 6, 2013, from <http://transparency.dh.gov.uk/category/statistics/abortion>
- Dhanjal, M. (2009). The older mother and medical disorders of pregnancy. In S. Bewley, W. Ledger, & D. Nikolaou (Eds.), *Reproductive Ageing* (pp. 141-162). London: RCOG Press.
- Dion, K. (1995). Delayed parenthood and women's expectations about the transition to parenthood. *International Journal of Behavioral Development*, 18, 315-333.
- DiQuinzio, P. (1999). *The Impossibility of Motherhood*. New York: Routledge.
- Dixon, M., & Margo, J. (2006). *Population Politics*. London: Institute for Public Policy Research.
- Dobrzykowski, T. M., & Stern, P. N. (2003). Out of sync: A generation of first-time mothers over 30. *Health Care for Women International*, 24, 242-253.
- Drew, P. (1990). Strategies in the contest between lawyer and witness in cross-examination. In J. Levi and A. Walker (Eds.), *Language in the Judicial Process* (pp. 39-64). New York: Plenum.

- Duckitt, K., & Harrington, D. (2005). Risk factors for pre-eclampsia at antenatal booking: Systematic review of controlled studies. *British Medical Journal*, *330*, 565-572.
- Dunson, D. B., Colombo, B., & Baird, D. D. (2002). Changes with age in the level and duration of fertility in the menstrual cycle. *Human Reproduction*, *17*, 1399-1403.
- Earle, S. & Letherby, G. (2003). Introducing gender, identity and reproduction. In S. Earle, & G. Letherby (Eds.), *Gender, Identity and Reproduction (pp.1-10)*. Basingstoke: Palgrave Macmillan.
- Ecker, J., Chen, K., Cohen, A., Riley, L., & Lieberman, E. (2001). Increased risk of cesarean delivery with advancing maternal age: Indications and associated factors in nulliparous women. *American Journal of Obstetrics and Gynecology*, *185*, 883-887.
- Edley, N. (2001). Analysing masculinity: Interpretative repertoires, ideological dilemmas and subject positions. In M. Wetherell, S. Taylor & S. J. Yates, *Discourse as Data: A Guide for Analysis*, (pp. 189-228). London: Open University Press.
- Edley, N. & Wetherell, M. (2001). Jekyll and Hyde: Men's constructions of feminism and feminists. *Feminism & Psychology*, *11*, 439-457.
- Edwards, D. (1994). Script formulations. An analysis of event descriptions in conversation. *Journal of Language and Social Psychology*, *13*, 211-247.
- Edwards, D. (1995). Two to tango: Script formulations, dispositions, and rhetorical symmetry in relationship troubles talk. *Research on Language and Social Interaction*, *28*, 319-350.
- Edwards, D. (1997). *Discourse and Cognition*. London: Sage.
- Edwards, D. and Potter, J. (1992). *Discursive Psychology*. London: Sage.

Elms, A. (1975). The crisis of confidence in social psychology. *American Psychologist*, 30, 967-976.

Equal Opportunities Commission (2005). *Greater Expectations*. EOC's investigation into pregnancy discrimination.

Fairclough, N. (1995). *Media Discourse*. London: Edward Arnold.

Family Planning Association (2010). Conceivable? – Unplanned pregnancies in the over 35s. Contraceptive awareness week. Retrieved February 9, 2010, from:  
<http://www.fpa.org.uk/campaignsandadvocacy/contraceptiveawarenessweek/conceivable>

Fergusson, D., & Woodward, L. (1999). Maternal age and educational and psychosocial outcomes in early adulthood. *Journal of Child Psychology and Psychiatry*, 40, 479-489.

Finch, J. & Summerfield, P. (1991). Social reconstruction and the emergence of companionate marriage, 1945–59. In D. Clark (Ed.), *Marriage, Domestic Life and Social Change* (pp.7-32). London: Routledge.

Forna, A. (1999). *Mother of All Myths: How Society Moulds and Constrains Mothers*. London: Harper Collins.

Foucault, M. (1972). *The Archaeology of Knowledge*. London: Tavistock.

Foucault, M. (1976). *The History of Sexuality: An Introduction*. Harmondsworth: Penguin.

Foucault, M. (1977). *Discipline and Punish: The birth of the prison*. London: Allen Lane.

Foucault, M. (1991). Governmentality. In G. Burchell, C. Gordon & P. Miller (Eds.), *The Foucault Effect: Studies in Governmentality* (pp. 87-104). Hemel Hempstead: Harvester Wheatsheaf.

- Freeman, S. B. (2005). Preventing unplanned pregnancy. The right contraceptive fit can make a difference. *Advance for Nurse Practitioners*, 13 (8) 57-59, 61-62, 67.
- Freeman-Wang, T., & Beski, S. (2002). The older obstetric patient. *Current Obstetrics & Gynaecology*, 12, 41-46.
- Friedan, B. (1963). *The Feminine Mystique*. New York: Norton.
- Friese, C., Becker, G., & Nachtigall, R. D. (2008). Older motherhood and the changing life course in the era of assisted reproductive technologies, *Journal of Aging Studies*, 22, 65-73.
- Frost, N. (2011). Qualitative Research in Psychology. In N. Frost (Ed.), *Qualitative Research Methods in Psychology: Combining Core Approaches* (pp. 3-16). Maidenhead: McGraw Hill, Open University Press.
- Frost, N., & Holt, A. (2012, July). Being mum and keeping mum: How one's status as a 'mother' or 'non-mother/child-free' shapes the research process when researching motherhood. Paper presented at the British Psychological Society Psychology of Women Section Annual Conference, Windsor, UK.
- Garfinkel, H. (1967). *Studies in Ethnomethodology*. Englewood Cliffs: Prentice Hall.
- Garrison, B., Blalock, L., Zarski, J. J., & Merritt, P. B. (1997). Delayed parenthood: An exploratory study of family functioning. *Family Relations*, 46, 281-290.
- Gatrell, C. (2004). *Hard labour: The sociology of parenthood*. Maidenhead: Open University Press.
- Gergen, K. (1973). Social psychology as history. *Journal of Personality and Social Psychology*, 26, 309-320.

Ghosh, P. (2012). Older dads linked to rise in genetic disorder. Retrieved December 8, 2012, from <http://www.bbc.co.uk/news/health-19336438>

Giddens, A. (1991). *Modernity and Self-Identity*. Cambridge: Polity Press.

Giddens, A. (1992). *The Transformation of Intimacy: Sexuality, Love & Eroticism in Modern Societies*. Cambridge: Polity Press.

Gilbert, N. & Mulkay, M. (1984). *Opening Pandora's Box: A Sociological Analysis of Scientists' Discourse*. Cambridge: Cambridge University Press.

Gilbert, W., Nesbitt, T., & Danielsen, B. (1999). Childbearing beyond age 40: Pregnancy outcome in 24,032 cases. *Obstetrics and Gynecology*, 93, (9), 9-14.

Gill, R. (2007a). *Gender and the Media*. Cambridge: Polity Press.

Gill, R. (2007b). Postfeminist media culture: Elements of a sensibility. *European Journal of Cultural Studies*, 6, 147-166.

Gillespie, R. (2000). When no means no: Disbelief, disregard and deviance as discourses of voluntary childlessness. *Women's Studies International Forum*, 23, 223-234.

Glasier, A. (2007). Editorial: Pregnancy in Women Over 45: Should This be Encouraged? *Menopause International*, 13, 6-7.

Glenn, E. N. (1994). Social constructions of mothering: A thematic overview. In E. N. Glenn, G. Chang, and L. R. Forcey (Eds.). *Mothering: Ideology, Experience, and Agency* (pp. 1-29). New York: Routledge.

- Godfrey, E. M., Chin, N. P., Fielding, S. L., Fiscella, K., & Dozier, A. (2011). Contraceptive methods and use by women aged 35 and over: A qualitative study of perspectives. *BMC Women's Health, 11* (5), 1-9.
- Goetzl, L. (2005). *Conception and Pregnancy Over 35*. London: Dorling Kindersley.
- Gorman, K. A. & Fritzsche, B. A. (2002). The good-mother stereotype: Stay at home (or wish that you did!). *Journal of Applied Social Psychology, 32*, 2190-2201.
- Gosden, R., & Veeck Gosden, L. (2009). Is ovarian ageing inexorable? In S. Bewley, W. Ledger, & D. Nikolaou (Eds.), *Reproductive Ageing* (pp. 65-74). London: RCOG Press.
- Gougeon, A., Ecochard, R., & Thalabard, J. C. (1994). Age-related changes of the population of human ovarian follicles: Increase in the disappearance rate of non-growing and early-growing follicles in aging women. *Biological Reproduction, 50*, 653-663.
- Grace, M. (1998). The work of caring for young children: Priceless or worthless? *Women's Studies International Forum, 21*, 401-413.
- Gregory, E. (2007). *Ready: Why Women are Embracing the New Later Motherhood*. New York: Basic Books.
- Groutz, A., Helpman, L., Gold, R., Pazner, D., Lessing, J. & Gordon, D. (2007). First vaginal delivery at an older age: Does it carry an extra risk for the development of stress urinary

incontinence? *Neurology and Urodynamics*, 26, 779-782.

Gustafsson, S. (2001). Optimal age at motherhood. Theoretical and empirical considerations of postponement of maternity in Europe. *Journal of Population Economics*, 14, 225-247.

Hadfield, L., Rudoie, L., & Sanderson-Mann, J. (2007). Motherhood, choice and the British media: A time to reflect. *Gender and Education*, 19, 255-263.

Hakim, C. (2003). Childlessness in Europe: Research report to the Economic and Social Research Council (ESRC).

Hammarberg, K., & Clarke, V. E. (2005). Reasons for delaying childbearing. *Australian Family Physician*, 34, 187-189.

Hansen, M., Bower, C., Milne, E., de Klerk, N., & Kurinczuk, J. (2005). Assisted reproductive technologies and the risk of birth defects: A systematic review. *Human Reproduction*, 20, 328-338.

Hanson, B. (2003). Questioning the construction of maternal age as a fertility problem. *Health Care for Women International*, 24, 166-176.

Hardyment, C. (2007). *Dream Babies*. London: Frances Lincoln Limited.

Harker, L., & Thorpe, K. (1992). "The last egg in the basket?" Elderly primiparity – A review of findings. *Birth*, 19, 23-30.

Hays, S. (1996). *The Cultural Contradictions of Motherhood*. New Haven: Yale University Press.

Heffner, L. (2004). Advanced maternal age: How old is too old? *New England Journal of Medicine*, 351, 1927-1929.

- Heritage, J. (1984). *Garfinkel and Ethnomethodology*. Cambridge: Polity Press.
- Heritage, J. & Greatbatch, D. (1986). Generating applause: A study of rhetoric and response in party political conferences. *American Sociological Review*, 92, 110-157.
- Hewitt, J., & Stokes, R. (1975). Disclaimers. *American Sociological Review*, 40, 1-11.
- Hewlett, S. A. (2002a). Executive women and the myth of having it all. *Harvard Business Review*, April 2002.
- Hewlett, S. A. (2002b). *Baby Hunger: The New Battle for Motherhood*. London: Atlantic books.
- Heyman, B., & Henriksen, M. (2001). *Risk, Age and Pregnancy*. Basingstoke: Palgrave.
- Heyman, B. (2009). Health risks and probabilistic reasoning. In B. Heyman, A. Alaszewski, M. Shaw, & M. Titterton (Eds.), *Risk, Safety and Clinical Practice: Health Care Through the Lens of Risk* (pp. 85-106). Oxford: Oxford University Press.
- Heyman, B., Alaszewski, A., Shaw, M., & Titterton, M. (Eds.). (2009). *Risk, Safety and Clinical Practice: Health Care Through the Lens of Risk*. Oxford: Oxford University Press.
- Hollier, L. M., Leveno, K. J., Kelly, M. A., McIntire, D. D., & Cunningham, F. G. (2000). Maternal age and malformations in singleton births. *Obstetrics & Gynecology*, 96, 701-706.
- Hollway, W. (1989). *Subjectivity and Method in Psychology: Gender, Meaning and Science*. London: Sage.
- Hollway, W., & Featherstone, B. (1997). *Mothering and Ambivalence*. London: Routledge.
- Holt, A. (2011). Discourse analysis approaches. In N. Frost (Ed.), *Qualitative Research Methods in Psychology: Combining Core Approaches* (pp. 66-92). Maidenhead: McGraw Hill,

Open University Press.

Human Fertilization & Embryology Authority (2008). *Fertility: Facts and Figures*. Retrieved December 7, 2012, from <http://www.hfea.gov.uk>

Hutchby, I., & Wooffitt, R. (1998). *Conversation Analysis*. Cambridge: Polity Press.

Jefferson, G. (1985). An exercise in the transcription and analysis of laughter. In T. Van Dijk (Ed.), *Handbook of Discourse Analysis, Vol. 3* (pp. 25-34). London: Academic Press.

Jefferson, G. (1990). List construction as a task and resource. In G. Psathas (Ed.). *Interaction Competence* (pp. 63-92). Washington: International Institute for Ethnomethodology and Conversation Analysis and University Press America.

Jensen, T., & Tyler, I. (2012). Austerity parenting: New economies of parent-citizenship, *Studies in the Maternal* [online], 4, (2). Retrieved February 7, 2013, from <http://www.mamsie.bbk.ac.uk/editorial.html>

Johnston, D., & Swanson, D. (1996). Constructing the "good mother": The experience of mothering ideologies by work status. *Sex Roles, 54*, 509-519.

Jones, M. (1996). *Choosing Older Motherhood*. London: Vermilion.

King, N., & Horrocks, C. (2010). *Interviews in Qualitative Research*. London: Sage.

Kitzinger, S. (1982). *Birth Over Thirty*. London: Sheldon Press.

Kitzinger, S. (1994). *The Year After Childbirth*. Oxford: Oxford University Press.

Kitzinger, S. (2011). *Birth Over 35* (2<sup>nd</sup> ed.). London: Sheldon Press.

Klemetti, R., Kurinczuk, J., & Redshaw, M. (2011). Older women's pregnancy related

- symptoms, health and use of antenatal services. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 154, 157-162.
- Landau, R. (2005). The promise of post-menopausal pregnancy. *Social Work in Health Care*, 40, 53-69.
- Lavin, E. R., & Wood, S. H. (1998). *The Essential Over 35 Pregnancy Guide*. New York: Avon Books.
- Lee, S. (2011). (Ed.). *Motherhood in the 21<sup>st</sup> Century: A Stocktake*. London: Murray Print.
- Lee, S., Akuete, K., Fulton, J., Chelmow, M., Chung, M. & Cady, B. (2003). An increased risk of breast cancer after delayed first parity. *The American Journal of Surgery*, 186, 409-412.
- Lee, E., Macvarish, J., & Bristow, J. (2010). Risk, health and parenting culture. *Health, Risk & Society*, 12, 293-300.
- Letherby, G. (1999). Other than mother and mothers as others: The experience of motherhood and non-motherhood in relation to 'infertility' and 'involuntary childlessness. *Women's Studies International Forum*, 22, 359-372.
- Lewis, J. (1992). *Women in Britain Since 1945*. Oxford: Blackwell.
- Litosseliti, L. (2006). *Gender & Language: Theory and Practice*. Hodder Arnold, New York.
- Locke, A., & Horton-Salway, M. (2010). 'Golden age' versus 'bad old days': A discursive examination of advice-giving in antenatal classes. *Journal of Health Psychology*, 15, 1214-1224.
- Luke, B., & Brown, M. (2007). Elevated risks of pregnancy complications and adverse outcomes with increasing maternal age. *Human Reproduction*, 22, 1264-1272.

- Lupton, D. (1999). *Risk*. London: Routledge.
- Lupton, D., & Schmied, V. (2002). "The right way of doing it all": First-time Australian mothers' decisions about paid employment. *Women's Studies International Forum*, 25, 97-107.
- Mac an Ghail, M., and Haywood, C. (2007). *Gender, Culture and Society: Contemporary Femininities and Masculinities*. London: Palrave Macmillan.
- Mansfield, P. K. (1988). Midlife childbearing: Strategies for informed decision making. *Psychology of Women Quarterly*, 12, 445-460.
- Mansfield, P. K., & McCool, W. (1989). Toward a better understanding of the "advanced maternal age" factor. *Healthcare for Women International*, 10, 395-415.
- Marks, G. and Houston, D. M. (2002). Attitudes towards work and motherhood held by working and non-working mothers. *Work, Employment & Society*, 16, 523-536.
- Marshall, H. (1991). The social construction of motherhood: An analysis of childcare and parenting manuals. In A. Phoenix, A. Woollett, & E. Lloyd (Eds.), *Motherhood: Meanings, Practices and Ideologies* (pp. 66-85). London: Sage.
- Martino, S.C., Collins, R. L., & Elickson, P. L. & Klein, D. J. (2006). Exploring the link between substance abuse and abortion: The roles of unconventionality and unplanned pregnancy. *Perspectives on and Reproductive Health*, 38 (2), 66-75.
- Matheson, D. (2005). *Media Discourses: Analysing Media Texts*. Maidenhead: Open University Press/McGraw Hill.
- Maushart, S. (2002). *Wifework: What Marriage Really Means for Women*. London: Bloomsbury.
- May, V. (2008). On being a 'good' mother: The moral presentation of self in written life stories. *Sociology*, 42, 470-486.

- McClennan Reece, S. (1995). Stress and maternal adaptation in first-time mothers more than 35 years old. *Applied Nursing Research, 8*, (2), 61-66.
- McClennan Reece, S., & Harkless, G. (1996). Divergent themes in maternal experience in women older than 35 years of age. *Applied Nursing Research, 9*, (3), 148-153.
- McIntosh, M. (1996). Social anxieties about lone motherhood and ideologies of the family: Two sides of the same coin. In E. B. Silva (Ed.). *Good Enough Mothering? Feminist Perspectives on Lone Motherhood* (pp. 148-156). London: Routledge.
- Media Watch (1995). *Women's Participation in the News: Global Media Monitoring Project*. Toronto: Media Watch.
- Meyer, D. T. (2001). The rush to motherhood – Pronatalist discourse and women's autonomy. *Signs: Journal of Women in Culture and Society, 26*, 735-773.
- Miller, T. (2005). *Making Sense of Motherhood: A Narrative Approach*. Cambridge: Cambridge University Press.
- Mills, S. (2004). *Discourse* (2<sup>nd</sup> ed.). London: Routledge.
- Mills, T. A., & Lavender, T. (2010). Advanced maternal age. *Obstetrics, Gynaecology and Reproductive Medicine, 21* (4), 107-111.
- Mirowsky, J. (2002). Parenthood and health: The pivotal and optimal age at first birth. *Social Forces, 81*, 315-349.
- Mirowsky, J. & Ross, C. E. (2002). Depression, parenthood and age at first birth. *Social Science & Medicine, 54*, 1281-1298.
- Mitsu Klos, D. (2013). *The status of women in the US media*. Women's Media Centre.

- Mottarella, K. E., Fritzsche, B. A., Whitten, S. N., and Bedsole, D. (2009). Exploration of “good mother” stereotypes in the college environment. *Sex Roles, 60*, 223-231.
- Murphy, E. (2004). Risk, maternal ideologies and infant feeding. In J. Germov. and L Williams (Eds.), *A Sociology of Food and Nutrition* (pp. 200-219). Oxford: Oxford University Press.
- Nagle, D. (2002). *But I Don't Feel Too Old to Be a Mommy!* Florida: Health Communications Inc.
- Nelson, A. M. (2004). A qualitative study of older first-time mothering in the first year. *Journal of Pediatric Health Care, 18*, 284-291.
- Neumann, M., & Graf, C. (2003). Pregnancy after age 35. Are these women at risk? *AWHONN Lifelines, 7*, 422-430.
- Newburn-Cook, C., & Onyskiw, J. (2005). Is older maternal age a risk factor for preterm birth and fetal growth restriction? A systematic review. *Health Care for Women International, 26*, 852-857.
- NICE (2008). *Antenatal Care: Routine Care for the Healthy Pregnant Woman*. London: RCOG Press.
- Nwandison, M. & Bewley, S. (2006). What is the right age to reproduce? *Fetal and Maternal Medicine Review, 17*, 185-204.
- Nybo Andersen, A. N., Wohlfahrt, J., Christens, P., Olsen, J., & Melbye, M. (2000). Maternal age and fetal loss: population based register linkage study, *British Medical Journal, 320*, 1708-1712.
- Oakley, A. (1981). *From Here to Maternity: Becoming a Mother*. Bungay: Penguin Books.

- Oakley, A. (1986a). Feminism, motherhood and medicine – Who cares? In J. Mitchell, & A. Oakley (Eds.), *What is Feminism?* (pp. 127-150). Oxford: Basil Blackwell.
- Oakley, A. (1986b). Feminism and motherhood. In M. Richards & P. Light (Eds.), *Children of social worlds* (pp. 74-94). Cambridge: Polity Press.
- Oakley, A. (1993). *Essays on Women, Medicine & Health*. Edinburgh: Edinburgh University Press.
- O'Connor, V., & Johnson, K. (2005). Delayed childbearing: Ensuring life choices are informed. *Australian Family Physician*, 34, 102.
- Office for National Statistics (2011). *Statistical Bulletin: Live Births in England and Wales by Characteristics of Mother*, 1, 2010. Retrieved October 8, 2012, from <http://www.ons.gov.uk/ons/rel/vsob1/characteristics-of-Mother-1--england-and-wales/2010/index.html>
- Office for National Statistics (2009). *Birth Statistics 2008, Series FM1 No.37*. Retrieved May 28, 2010, from <http://www.statistics.gov.uk/statbase>
- Older Feminists' Network (1987). Images of older women in the media. In K. Davies, J. Dickey, & T. Stratford (Eds.), *Out of Focus: Writings on Women and the Media* (pp. 28-32). London: The Women's Press.
- Ottolenghi, C., Uda, M., Hamatani, T., Crisponi, L., Garcia, J. E., Ko, M., et al. (2004). Aging of oocyte, ovary, and human reproduction, *Annals of the New York Academy of Sciences*, 1034, 117-131.
- Parker, I. (1989). *The Crisis in Modern Social Psychology - And How to End it*. London: Routledge.

- Parker, I. (1992). *Discourse Dynamics: Critical Analysis for Social and Individual Psychology*. London: Routledge.
- Parker, I. (1994). Reflexive research and the grounding of analysis: social psychology and the psy-complex. *Journal of Community and Applied Social Psychology*, 4, 239-52.
- Parker, I. (1997). Discursive psychology. In D. Fox & I Prilleltensky (Eds.). *Critical Psychology: An Introduction* (pp. 284-298). London: Sage.
- Parsons, T. (1951). *The Social System*. New York: The Free Press.
- Peipert, J., & Bracken, M. (1993). Maternal age: An independent risk factor for cesarean delivery. *Obstetrics & Gynecology*, 81, 200-205.
- Phoenix, A. (1996). Social constructions of lone motherhood: A case of competing discourses. In E. B. Silva (Ed.). *Good Enough Mothering? Feminist Perspectives on Lone Motherhood* (pp. 175-190). London: Routledge.
- Phoenix, A. & Woollett, A. (1991). Motherhood: Social construction, politics and psychology. In A. Phoenix, A. Woollett, & E. Lloyd (Eds.), *Motherhood: Meanings, Practices and Ideologies* (pp. 13-27). London: Sage.
- Piette, C., Mouzon, J., Bachelot, A., & Spira, A. (1990). In-vitro fertilization: Influence of women's age on pregnancy rates. *Human Reproduction*, 5, 56-59.
- Pomerantz, A. (1986). Extreme-Case Formulations: A Way of Legitimizing Claims. *Human Studies* 9, 219–29.
- Potter, J. (1996). *Representing Reality: Discourse, Rhetoric and Social Construction*. London: Sage.
- Potter, J., & Hepburn, A. (2005). Qualitative interviews in psychology: Problems and

- possibilities. *Qualitative Research in Psychology*, 2, 38-55.
- Potter, J. and Wetherell, M. (1987). *Discourse and Social Psychology: Beyond Attitudes and Behaviour*. London: Sage.
- Potter, J., Wetherell, M., Gill, R., & Edwards, D. (1990). Discourse: Noun, verb or social practice? *Philosophical Psychology*, 3, 205-217.
- Ragozin, A., Basham, R., Crnic, K., Greenberg, M., & Robinson, N. (1982). Effects of age on parenting role. *Developmental Psychology*, 18, 627-634.
- Reefhuis, J., & Honein, M. (2004). Maternal age and non-chromosomal birth defects, Atlanta – 1968-2000: Teenager or thirty-something, who is at risk? *Birth Defects*, 70, 572-579.
- Reichenberg, A., Gross, R., Weiser, M., Bresnahan, M., Silverman, J., Harlap, S., et al. (2006). Advancing paternal age and autism. *Archives of General Psychiatry*, 63, 1026-1032.
- Reynolds, T. (2001). Black mothering, paid work and identity. *Ethnic and Racial Studies*, 24, 1046-1064.
- Ribbens, J. (1994). *Mothers and Their Children: A Feminist Sociology of Childrearing*. London: Sage.
- Rich, A. (1986). *Of Woman Born: Motherhood as Experience and Institution*. New York: W. W. Norton.
- Robb, F., Alder, E., & Prescott, R. (2005). Do older primigravidas differ from younger primigravidas in their emotional experience of pregnancy? *Journal of Reproductive and Infant Psychology*, 23, 135-141.
- Rose, N. (1990). *Governing the Soul* (2<sup>nd</sup> ed.). London: Routledge.

- Roseneil, S., & Mann, K. (1996). Unpalatable choices and inadequate families: Lone mothers and the underclass debate. In E. B. Silva (Ed.), *Good Enough Mothering? Feminist Perspectives on Lone Motherhood* (pp. 191-210). London: Routledge.
- Rosenstock, I. M. (1966). Why people use health services. *Millbank Memorial Fund Quarterly*, 44: 94-124.
- Rowe, M. L., Pan, B. A., & Ayoub, C. (2005). Predictors of variation in maternal talk to children: A longitudinal study of low income families. *Parenting: Science and Practice*, 5, 285-310.
- Russo, N. F. (1976). The motherhood mandate. *Journal of Social Issues*, 32, 143-153.
- Sacks, H. (1995). *Lectures on Conversation* (G. Jefferson ed.). Oxford: Blackwell.
- Sarangji, S., & Candlin, C. N. (2003). Categorization and explanation of risk: A discourse analytical perspective. *Health, Risk & Society*, 5, 115-124.
- Scheiner, M., Shoham-Vardi, I., Hershkovitz, M., Katz, M., & Mazor, M. (2001). Infertility treatment is an independent risk factor for cesarean section among nulliparous women aged 40 and above. *American Journal of Obstetrics and Gynecology*, 185, 888-892.
- Scholz, H., Haas, J., & Petru, E. (1999). Do primiparas aged 40 years or older carry an increased obstetric risk? *Preventative Medicine*, 29, 263-266.
- Schweizer, C. (2012). *Older Mothers*. Retrieved January 30, 2013, from <http://pinterest.com/netbrainer/older-mothers/>
- Segura, D. A. (1994). Working at motherhood: Chicana and Mexican immigrant mothers and employment. In E. N. Glenn, G. Chang, & L. R. Forcey (Eds.), *Mothering, Ideology, Experience and Agency* (pp. 211-233). London: Routledge.
- Shaw, R., & Giles, D. (2009). Motherhood on ice? A media framing analysis of older mothers in

- the UK news. *Psychology & Health*, 24, 221-236.
- Shelton, N., & Johnson, S. (2006). "I think motherhood for me was a bit like a double-edged sword": The narratives of older mothers. *Journal of Community & Applied Social Psychology*, 16, 316-330.
- Silva, E. B. (1996). (Ed.). *Good Enough Mothering? Feminist Perspectives on Lone Motherhood*. London: Routledge.
- Silverstone, S. (1999). *Why Study the Media?* London: Sage.
- Sipos, A., Rasmussen, F., Harrison, G., Tynelius, P., Lewis, G., Leon, D., et al. (2004). Paternal age and schizophrenia: A population based cohort study. *British Medical Journal*, 329, 1070-1075.
- Slama, R., Bouyer, J., Windham, G., Fenster, L., Werwatz, A., & Swan, S. (2005). Influence of paternal age on the risk of spontaneous abortion. *American Journal of Epidemiology*, 161, 816-823.
- Smajdor, A. (2009). Between fecklessness and selfishness: Is there a biologically optimal time for motherhood? In F. Simonstein (Ed.), *Reprogen-Ethics and the Future of Gender* (pp. 105-117). Springer: New York.
- Smith, D. (1978). K is mentally ill: The anatomy of a factual account. *Sociology*, 12, 23-53.
- Smith, J., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (pp. 51-80). London: Sage.
- Sollinger, R. (2005). *Pregnancy and Power: A Short History of Reproductive Politics in America*. New York: New York University Press.

- Spahr, C. (2011). *Right Time Baby: The Complete Guide to Later Motherhood*. London: Hay House.
- Speer, S. (2005). *Gender Talk: Feminism, Discourse and Conversation Analysis*. Hove: Routledge.
- Stacey, J. (1986). Are feminists afraid to leave home? The challenge of conservative pro-family feminism. In J. Mitchell & A. Oakley (Eds.), *What is Feminism?* (pp. 219-248). Oxford: Basil Blackwell.
- Stadtman Tucker, J. (2010). From “choice” to change: Rewriting the script of motherhood as maternal activism. In A. O’Reilly (Ed.), *21<sup>st</sup> Century Motherhood: Experience, Identity, Policy, Agency* (pp. 293-309). New York: Columbia University Press.
- Stein, Z., & Susser, M. (2000). The risks of having children later in life. Social advantage may make up for biological disadvantage. *British Medical Journal*, *320*, 1681-1682.
- Stowe, Z. N., & Nemeroff, C. B. (1995). Women at risk for postpartum-onset major depression. *American Journal of Obstetrics and Gynecology*, *173*, 639-645.
- Sunderland, J. (2004). *Gendered Discourses*. Basingstoke: Palgrave Macmillan.
- Swigart, J. (1991). *The myth of the bad mother: Parenting without guilt*. New York: DoubleDay.
- Tang, C. H., Wu, M. P., Liu, J. T., Lin, H. C., & Hsu, C. C. (2006). Delayed parenthood and the risk of cesarean delivery – Is paternal age an independent risk factor? *Birth*, *33*, 18-26.
- Tatone, C. (2008). Oocyte senescence: A firm link to age-related female subfertility. *Gynecological Endocrinology*, *24* (2), 59-63.
- Taylor, S. (2004). Locating and conducting discourse analytic research. In M. Wetherell, S. Taylor & S. J. Yates (Eds.). *Discourse as Data: A Guide for Analysis* (pp. 5-48). London:

Sage.

Te Velde, E. R. (2011). Is women's emancipation still compatible with motherhood in Western societies? In G. Beets, J. Schippers & E. R. te Velde (Eds.), *The Future of Motherhood in Western Societies: Late Fertility and its Consequences* (pp. 5-16). New York: Springer.

Te Velde, E. R., & Pearson, P. L. (2002). The variability of reproductive ageing. *Human Reproduction Update*, 8, 141-154.

The Fawcett Society (2013a). *Women will bear brunt of emergency budget measures*. Retrieved February 20, from <http://www.fawcettsociety.org.uk/index.asp?PageID=1161>

The Fawcett Society (2013b). *Equal pay – The facts*. Retrieved December 13, 2012, from <http://www.fawcettsociety.org.uk/index.asp?PageID=321>

Thomson, R., Kehily, M. J., Hadfield, L., & Sharpe, S. (2011). *Making Modern Mothers*. Bristol: The Policy Press.

Thorn, G. (1998). *Not Too Late: Having a Baby After 35*. London: Bantam Books.

Tincknell, E. (2011). Scourging the abject body: *Ten Years Younger* and fragmented femininity under neoliberalism. In R. Gill & C. Scharff, *New Femininities: Postfeminism, Neoliberalism and Subjectivity* (pp. 83-95). Basingstoke: Palgrave MacMillan.

Tizard, B. (1991). Employed mothers and the care of young children. In A. Phoenix, A. Woollett, & E. Lloyd, *Motherhood: Meanings, Practices and Ideologies* (pp. 179-194). London: Sage.

Tough, S., Greene, C., Svenson, L. & Belik, J. (2000). Effects on in vitro fertilization on low birth weight, preterm delivery, and multiple birth. *Journal of Pediatrics*, 136, 618-22.

- Tough, S., Tofflemire, K., Newburn-Cook, C., Fraser-Lee, N., & Benzies, K. (2004). Increased risks of pregnancy complications and adverse infant outcomes associated with assisted reproduction. *International Congress Series, 1271*, 376-379.
- Tough, S., Benzies, K., Newburn-Cook, C., Tofflemire, K., Fraser-Lee, N., Faber, A., Sauve, R. (2006). What do women know about the risks of delayed childbearing? *Canadian Journal of Public Health, 97*, 330-334.
- Tough, S., Tofflemire, K., Benzies, K., Fraser-Lee, N., and Newburn-Cook, C. (2007). Factors influencing childbearing decisions and knowledge of perinatal risks among Canadian men and women. *Maternal and Child Health Journal, 11*, 189-198.
- Tuchman, G. (1978). Introduction: The Symbolic Annihilation of Women by the Mass Media. In G. Tuchman, A. Kaplan Daniels, & J. Benét, *Hearth & Home: Images of Women in the Mass Media* (pp. 3-38). New York: Oxford University Press.
- Tyler, I. (2008). "Chav mum chav scum" Class disgust in contemporary Britain. *Feminist Media Studies, 8*, 17-34.
- Tyler, I. (2009). Why the maternal now? *Studies in the Maternal* [online], 1 (1). Retrieved December 8, 2012, from <http://www.mamsie.bbk.ac.uk>
- van Balen, F. (2005). Late parenthood among subfertile and fertile couples: Motivations and educational goals. *Patient Education and Counselling, 59*, 276-282.
- van Kraayenoord, C. (2002). The media's portrayal of mothers with disabilities. *International Journal of Disability, Development and Education, 49*, 221-224.
- van Langenhove, L. & Harré, R. (1999). Introducing positioning theory. In R. Harré & L. van Langenhove (Eds.), *Positioning Theory* (14-31). Oxford: Blackwell.
- Vancour, M. L., & Sherman, W. M. (2010). Academic life balance for mothers. Pipeline or pipe

- dream? In A. O'Reilly (Ed.), *21<sup>st</sup> Century Motherhood: Experience, Identity, Policy, Agency* (pp. 234-246). New York: Columbia University Press.
- Ventura, S. J. (1989). First births to older mothers, 1970-86. *American Journal of Public Health, 79*, 1675-1677.
- Viau, P. A., Padula, C. A., & Eddy, B. (2002). An exploration of health concerns and health-promotion behaviors in pregnant women over age 35. *The American Journal of Maternal/Child Nursing, 27*, 328-334.
- Vincent, C., Ball, S., and Braun, A. (2010). Between the estate and the state: Struggling to be a 'good' mother. *British Journal of Sociology of Education, 31*, 123-138.
- Weedon, C. (1997). *Feminist Practice and Poststructuralist Theory* (2<sup>nd</sup> ed.). Oxford: Blackwell.
- West, C. & Zimmerman, D. H. (1987). Doing Gender. *Gender & Society, 1*, 125-151.
- Wetherell, M. (1998). Positioning and interpretative repertoires: conversation analysis and post-structuralism in dialogue. *Discourse and Society, 9*, 387-412.
- Wetherell, M. (2008). Subjectivity or psycho-discursive practices? Investigating complex intersectional identities. *Subjectivity, 22*, 73-81.
- Wetherell, M., & Edley, N. (1999). Negotiating hegemonic masculinity: Imaginary positions and psycho-discursive practices. *Feminism & Psychology, 9*, 335-356.
- Wetherell, M., & Potter, J. (1992). *Mapping the Language of Racism: Discourse and the Legitimation of Exploitation*. Hemel Hempstead: Harvester Wheatsheaf.
- Wiggins, S., & Potter, J. (2007). Discursive psychology. In C. Willig & W. Stainton-Rogers (Eds.), *The SAGE Handbook of Qualitative Research in Psychology* (pp. 73-90). London: Sage.

- Williamson, I., Leeming, D., Lyttle, S., & Johnson, S. (2012). "It should be the most natural thing in the world": Exploring first-time mothers' breastfeeding difficulties in the UK using audio diaries and interviews. *Maternal & Child Nutrition, 8*, 434-447.
- Willig, C. (2008a). *Introducing Qualitative Research in Psychology: Adventures in Theory and Method* (2<sup>nd</sup> ed.). Maidenhead: McGraw Hill, Open University Press.
- Willig, C. (2008b). Discourse analysis. In J. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (2<sup>nd</sup> ed.) (pp. 160-185). London: Sage.
- Willig, C. (2012). *Qualitative Interpretation and Analysis in Psychology*. Maidenhead: McGraw Hill, Open University Press.
- Windridge, K. C., & Berryman, J. C. (1999). Women's experiences of giving birth after 35. *Birth, 26*, 16-23.
- Wolf, J. (2007). Is breast really best? Risk and total motherhood in the national breastfeeding awareness campaign. *Journal of Health Politics, Policy and Law, 32*, 595-636.
- Woodward, K. (2003). Representations of Motherhood. In S. Earle, & G. Letherby, *Gender, Identity and Reproduction* (pp. 18-32). Basingstoke: Palgrave Macmillan.
- Woofitt, R. (1992). *Telling Tales of the Unexpected: The Organization of Factual Discourse*. London: Harvester Wheatsheaf.
- Wu, Z., & MacNeill, L. (2002). Education, work, and childbearing after age 30. *Journal of Comparative Family Studies, 33*, 191-213.
- Zabin, L. S., Huggins, G. R., Emerson, M. R., & Cullins, V. E. (2000). Partner effects on a woman's intention to conceive: 'Not with this partner', *Family Planning Perspectives, 32*, 39-45.

- Zammit, S., Allebeck, P., Dalman, C., Lundberg, I., Hemmingson, T., Owen, M., et al. (2003). Paternal age and risk for schizophrenia. *The British Journal of Psychiatry*, *183*, 405-408.
- Zasloff, E., Schytt, E., & Waldenström, U. (2007). First time mothers' pregnancy and birth experiences varying by age. *Acta Obstetrica et Gynecologica Scandinavica*, *86*, 1328-1336.
- Zhang, Y., Kreger, B., Dorgan, J., Cupples, L., Myers, R., Splansky, G., et al. (1999). Parental age at child's birth and son's risk of prostate cancer. *American Journal of Epidemiology*, *150*, 1208-1212.

# Appendices

## Appendix 1

Ethical approval – study one – Older mothers in the media

From: Kirsty Thomson

Sent: Monday, February 02, 2009 10:30 AM

To: K.M.Budds U0873738

Cc: Nigel King; Eric Blyth

Subject: Your Query re Ethics guidance - Kirsty Budds

Hi Kirsty,

Prof Nigel King / Prof Eric Blyth (Co-Chairs of SREP) have asked me to confirm to you that the first stage of your research does not require SREP approval, as this involves analysing material that is unambiguously in the public domain.

They appreciate being informed of the research work you are planning and look forward to receiving your full SREP application following your preliminary study.

If you have any further queries, please do not hesitate to contact me.

Best regards,

Kirsty

(on behalf of Prof Nigel King / Prof Eric Blyth)

Kirsty Thomson

School Research Office (HHRG/12)

School of Human and Health Sciences

The University of Huddersfield

Queensgate

Huddersfield HD1 3DH



## Appendix 2

### Letter of invitation to interview



### **A Research Study Investigating the Experience of Later Motherhood**

#### **Invitation to interview**

I am a PhD research student studying in the Department of Behavioural and Social Sciences at the University of Huddersfield. I am currently embarking on a research project looking at experiences of pregnancy, maternity care and early motherhood in women who have their first babies at 35 years or older and am looking to recruit a number of women to interview on this topic.

If you are, or are soon to be a mum and had or are having your first baby at the age of 35 or over you could be eligible to take part in this study and I would really like to hear from you.

For further information about the study please read the information sheet attached. If you are interested in taking part in the research please fill in the slip at the bottom of this page. I will be around at the end of your antenatal class to answer any questions you may have and to collect any completed slips. Alternatively, if you wish to take the information home with you, please fill in the slip and send back to me using the pre-paid envelope provided and I will contact you shortly. If you have any questions in relation to the study please do not hesitate to contact me on 01484 471337 or email me [k.budds@hud.ac.uk](mailto:k.budds@hud.ac.uk).

Thank you for taking the time to read this letter

Best wishes

Kirsty Budds



## **A Research Study Investigating the Experience of Later Motherhood**

Kirsty Budds, 01484 471337

Email: [k.budds@hud.ac.uk](mailto:k.budds@hud.ac.uk)

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### **Background to the study:**

The past few decades has seen a trend towards women and their partners starting families at a later age, with the average age at first childbirth for a woman increasing steadily year on year. The reasons for this trend are widely speculated and include, for example: a woman delaying pregnancy in order to pursue a career, until she meets the right person or until she personally feels ready and in the right situation to have a baby.

In my research study I aim to find out about the experiences of this growing group of women, including their experiences of pregnancy, maternity care and early motherhood.

In order to research this topic I would really like to hear from a number of first-time mothers who fell pregnant at the age of 35 or over and interview these women to gather some information about the experience of having a first baby at this time of life.

### **Can I take part?**

If you would like to take part in this study you will need to have been 35 or older on the day your pregnancy was confirmed. I would like to interview you between 0 and 24 months after you have had your first baby.

The interviews will last around an hour in length and can happen in any place that is most convenient and comfortable for you. For example, I can make arrangements to interview in your own home or at an alternative venue, such as a room at the University. I will need to audio record your interview and will seek your permission for this.

### **What happens after the interview?**

After the interviews have been recorded they will be typed out word for word. During this process any identifying and personal details, such as names and places will be changed to ensure your identity remains anonymous. The interviews will then be analysed and the analysis written up. It is important to make you aware that in the write-up some direct quotes from your interview may be used. However, all personal details will be changed and so it will not be possible for those reading the analysis to identify you.

All interview data, both digital and paper copies will be strictly confidential. Only my research project supervisors and I will have direct access to this data. All data will be kept in a secure location on site at the University of Huddersfield and will be destroyed no more than ten years after publication of the research. Up until then data may be used for subsequent research studies.

Please note that once you have agreed to take part in the study you have the full right to withdraw at any time, without having to explain your reasons. You are free to stop the interview at any time if you do not wish to continue and withdraw your data. Additionally, if having completed the interview you decide that you wish to remove yourself from the study all data will be destroyed and not included in the study. Please also be aware that you are not obliged to answer all of the questions posed to you in the interview. If there is a question you would rather not answer please just say and I will move on to the next.

The findings of the study will be written up for a Doctor of Philosophy degree and may also be disseminated more widely through journal publications and academic conferences.

If you would like a copy of your transcript after the interview has taken place please mention this after the interview or contact me at any point thereafter. I can also make a summary of the research findings available to you once the study has been completed – again, please let me know.

### **How do I take part?**

If you were 35 or over when you became pregnant with your first baby and are interested in taking part in the study please leave the details of your preferred method of contact on the tear-off slip provided I will be

around at the end of your antenatal class to answer any questions you may have about the study and to collect any filled in slips. If you would like to take part and provide me with your details I will contact you shortly. If at any time you would like to know more about the study or have any further questions please do not hesitate to contact me. on 01484 471337 or email me at [k.budds@hud.ac.uk](mailto:k.budds@hud.ac.uk)

Appendix 4  
Consent form

University of Huddersfield

**A Research Study Investigating the Experience of Later Motherhood**

Researcher: Kirsty Budds

Interview Consent Form

I have read and understand the information sheet provided by the researcher and have been fully informed of the nature and aims of this research\_\_\_\_

I give my permission for my interview to be tape-recorded\_\_\_\_

I give my permission to be quoted (by use of pseudonym)\_\_\_\_

I understand that the tape will be kept in secure conditions at the University of Huddersfield\_\_\_\_

I understand that no person other than the interviewer will have access to the original recording\_\_\_\_

I understand that my identity will be protected by the use of pseudonym in the research report and that no information that could lead to my being identified will be included in any report or publication resulting from this research\_\_\_\_

I agree to take part in this study\_\_\_\_

Name of Participant.....

Signature.....

Date.....

Name of Researcher.....

Signature.....

Date.....

## Appendix 5

### **Interview Schedule:**

#### **Initial background:**

Can you tell me a little bit about yourself?

#### **Pregnancy**

Can you talk to me about your pregnancy?

(Supplementary probing questions to participant about timing – were there any particular reasons for ‘delaying’ pregnancy.)

Tell me about your experience of pregnancy. Do you think your age had an impact on your experience? In what way(s)?

#### **Maternity Care**

Tell me about the experience of the maternity care you received

Can you tell me about the first appointment you had with a health professional concerning your pregnancy?

Can you tell me about the relationship you had with your midwife/ other health professionals during your pregnancy.

How were the topics of risk and antenatal screening covered in your appointments?

What kind of birth did you choose to have? Was this different to the kind of birth were you advised to have?

Can you tell me about your experience of labour?

Can you tell me about your experience of care in labour?

Can you tell me about how prepared you felt for labour and the birth?

(Supplementary probing questions about what participant did to prepare – reading, asking advice from other women etc.)

How well do you think your antenatal care prepared you for the birth?

Do you think your experience of care would have been at all different if you were younger? In what ways?

## **Early Motherhood**

Tell me about your experience of motherhood so far, is it what you expected?

How do you think your antenatal/postnatal care prepared you for becoming a mum?

How would you think your experience would have been different, if at all, had you had your babies' earlier, say in your twenties?

Tell me about the changes in your life since you became a mum

What question would you like to ask other mothers in your situation?

Is there anything else you would like to talk about?

## Appendix 6

### Ethical approval – Interview Study

From: Kirsty Thomson

Sent: Friday, November 20, 2009 8:51 AM

To: Kirsty Budds

Cc: Nigel King; Abigail Locke

Subject: Your SREP Application - APPROVAL ("The Social Construction of the Older Mother and Implications for Experience of Pregnancy, Motherhood and Maternity Care")

Dear Kirsty,

Prof Nigel King (Co-Chair of SREP) has asked me to confirm to you that your SREP application - " The Social Construction of the Older Mother and Implications for Experience of Pregnancy, Motherhood and Maternity Care" has now received full ethical approval from the School of Human and Health Sciences Research Ethics Panel, University of Huddersfield.

With best wishes for the success of your research.

Regards,

Kirsty

(on behalf of Prof Nigel King, Co-Chair of SREP)

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## Appendix 7

**Budds, Kirsty, Locke, Abigail & Burr, Vivien**

**‘Risky business’: Constructing the ‘choice’ to ‘delay’ motherhood in the British press.**

### **Abstract**

Over the last few decades the number of women becoming pregnant later on in life has markedly increased. Medical experts have raised concerns about the increase in the number of women having babies later, owing to evidence that suggests that advancing maternal age is associated with both a decline in fertility and an increase in health risks to both mother and baby (Nwandison & Bewley, 2006). In recognition of these risks, experts have warned that women should aim to complete their families between the ages of twenty and thirty-five (Bewley, Davis and Braude, 2005). As a consequence, women giving birth past the age of thirty-five have typically been positioned as ‘older mothers.’ In this paper we used a social constructionist thematic analysis in order to analyse how ‘older mothers’ are represented in newspaper articles in the British press. We examined how the topics of ‘choice’ and ‘risk’ are handled in discussions of delayed motherhood, and found that the media position women as wholly responsible for choosing the timing of pregnancy and, as a consequence, as accountable for the associated risks. Moreover, we noted the newspapers also constructed a ‘right’ time for women to become pregnant. As such, we discuss the implications for the ability of women to make real choices surrounding the timing of pregnancy.

### **Introduction**

The number of women in England and Wales becoming pregnant later in life has increased over the last few decades (Office for National Statistics, 2006). Recently published statistics show that the fertility rates for women over thirty-five and forty continue to rise, with the number of women having babies over the age of forty almost trebling over the last twenty years (Office for National Statistics, 2010). Commentators have observed similar trends in other western nations including the US (Heffner, 2004) and Australia (Carolan, 2005). ‘Older mothers’ are generally medically defined as women who have their first babies at age thirty-five or over (International Council of Obstetricians, 1958, cited in Barkan & Bracken, 1987, p. 101). Using this definition, statistics show that the number of first time mothers (within marriage) over thirty-five increased by almost two thirds between 1998 and 2008 (Office for National Statistics, 2009). Health professionals have highlighted that their main causes for concern with the trend towards older motherhood are the associated decline in fertility and increase in health risks to mother and baby (see Nwandison & Bewley, 2006 for an overview). This research appears to suggest that the increase in risk of complications is directly related to the age of the mother, however elsewhere this association is critiqued (Carolan and Nelson, 2007; Hanson, 2003; Mansfield and McCool, 1989). In this paper we discuss the emerging ‘trend’ for women to have babies increasingly later on in life, and look at how women who have their babies at this later age are represented in a selection of British newspaper articles. We go on to discuss the implications such representations may have for women’s ‘choice’ in relation to the timing of motherhood.

Following the movement towards equality for women, the number of women entering the paid workforce has increased alongside the range of other opportunities open to women (Callahan, 2009). Widespread introduction

and encouragement of contraceptive use also means that women have greater control over when they become pregnant. Consequently, there is an implication today that the timing of motherhood is a woman's choice (Shaw & Giles, 2009), which may in turn may give rise to the notion that some women are choosing to delay or postpone first motherhood until later in life, when it is suggested to be more risky. However, some commentators have noted alternative and more circumstantial reasons behind the 'trend,' including fertility problems (Berryman, Thorpe & Windridge, 1995) or the lack of an appropriate partner (Berryman, Thorpe & Windridge, 1995; Carolan, 2007). Shaw (in press) notes similar observations with respect to voluntarily childless women. She found that although women in her study defined voluntarily childlessness as a decision or choice, she questioned the nature of their choice, observing that women's choices around childlessness were also influenced by circumstance.

If indeed the perception of older mothers today is that that they are 'choosing' to have babies later in life, this may leave them open to criticism that they are no longer taking full advantage of their biological window of opportunity in which they can safely conceive. As such women may then be held accountable if they fail to make the 'right' decision in relation to timing of childbirth--- that is, choosing a time which will present them with the least opportunity for incurring risks. In addition our society is said to be "implicitly pronatalist" (Smajdor, 2009, p. 107). It is assumed that all women will have (and will want to have) children and motherhood is seen as a natural, 'normal', and quintessential part of femininity (Russo, 1976). We are made aware of this when we consider women who do not have children---Gillespie (2000) found that women who choose to remain childless are often considered selfish, deviant and unfeminine, whilst women who are unable to have children are pitied and considered desperate and unfulfilled (Letherby, 1999). Thus, given the associations between advancing maternal age, declining fertility and increased risk, society may take issue with those women whose 'choice' to delay pregnancy until later in life may place their biological fulfilment 'at risk.'

The choice to postpone motherhood might be perceived as one of the ways in which women can 'have it all.' By focusing on education and careers and then pursuing motherhood, women may be able to enjoy a successful career alongside having a family. Rosalind Gill (2007b) suggests that notions of choice and autonomy are at the heart of both postfeminist and neo-liberal discourses. Central also to what Gill defines as a 'postfeminist sensibility' (Gill, 2007b) come the ideas of "being oneself" and "pleasing oneself" (p.153), which may work to sanction a woman's choice to 'delay' motherhood in the quest to 'have it all'. However, discussions of risks associated with the postponement of pregnancy may function to warn women of what may potentially be at stake as a result of this pursuit.

Lippman describes 'choice' as a "central tenet in the women's health movement" (1999, p. 281) and emphasis on choice is a prevailing feature of government guidelines on maternity care (Department of Health, 1993; 2007). However, studies looking at choice in relation to pregnancy and childbirth suggest that although women are constructed as having choice, these choices are limited through parameters set by discussions of risk (Marshall & Woollett, 2000).

The notion of risk is something that scholars have increasingly turned their attentions to in the past few decades (Beck, 1992; Heyman, Alaszewski, Shaw & Titterton, 2009; Lupton, 1999) and some authors (e.g. Lupton,

1999) have linked our society's preoccupation with risk with Foucault's notion of governmentality (Foucault, 1991). According to such theorists, the contemporary notion of risk is one which serves to observe, monitor and contribute to the surveillance of the population. Central to this theory is the idea that individuals are positioned within governmental discourses as active, with the capacity for self-surveillance (Lupton, 1999). Thus it is suggested that once made aware of risk individuals are responsible for avoiding it as it is within their best interests. As such individuals are positioned as accountable for adverse outcomes in the event they failed to put themselves out of harm's way.

Kitzinger (1999 p.55) notes, "the media are crucial players in the construction of, and communication about, risk" and Day, Gough and McFadden (2004) have argued that an analysis of the media can provide researchers with an excellent opportunity to study the prevailing and common sense assumptions about the world which it reflects. Indeed, social scientific research is gathering on media representations of health-related topics. Fairclough (1995, p. 103) notes that "media texts do not merely 'mirror realities' as is sometimes naively assumed; they constitute versions of reality"---for example, events and categories of person. As such, through an analysis of media representations it is suggested one may gain a good sense of the way in which society is viewing a particular event or category of person, as well as an understanding of the media's own role in constructing these.

The media constitutes one of sites in which gender is constructed (Gill, 2007) and Litosseliti suggests: "despite profound changes in social expectations and gender roles, women are still disproportionately represented as sex objects, as mothers and wives" (2006, p. 93). With reference to motherhood, it has been suggested that the media have a preference to focus on challenges to traditional motherhood (Hadfield, Rudoe & Sanderson-Mann, 2007). For example, existing literature discusses the representation of lesbian mothers (Alldred, 1998), and mothers with disabilities (van Kraayenoord, 2002). Such representations may consider such groups of women to be challenging notions of the 'good mother' as one who is selfless (Raddon, 2002). For example, lesbian mothers are represented as selfish and morally reprehensible for putting their children at risk of prejudice and bullying (Alldred, 1998).

In terms of age, mothers who are considered to be either 'too young'---teen aged mothers, or 'too old'---women over thirty-five constitute violations of 'the norm' (Hadfield, Rudoe & Sanderson-Mann, 2007) and so both older motherhood and teenage motherhood are often considered 'abnormal' or deviant. Analysis of media representations of young working class or 'chav' mothers notes an emphasis on their "sluttish behaviour" and a propensity to have "multiple pregnancies" and "excessively reproductive bodies" (Tyler, 2008, p.30). In this paper Tyler observes that, in contrast to discussions of the decline in fertility of older, middle-class women, 'chav' mums are represented as white, working-class teenaged mothers who have "easy fertility." She notes that this is "bound up with a set of social angst about dropping fertility rates amongst middle-class women, a group continually chastised for 'putting career over motherhood' and 'leaving it too late' to have children" (Tyler, 2008, p.30).

Betterton (2002) notes that prevailing visual representations of pregnant women exclude the pregnant body of the older mother, observing "it is routinely pathologized in medical and media discourses" (p. 260)---a view

which is evidenced in the medical literature on older mothers. Meanwhile as a subject of increasing medical and social debate, 'older motherhood' has become increasingly newsworthy over the last decade or so. In their analysis of newspapers, Shaw and Giles (2009) noted that articles were framed in a way that directed the reader towards certain interpretations of older mothers and away from others. They concluded that older mothers were negatively framed in the media and that the cultural construction of a 'perfect mother'---that is, one who is not 'too old,' amongst other qualities, prevails. The present study observes how the topics of choice and risk in relation to women who 'delay' childbirth are discussed in British newspapers.

Examining representations of individuals, groups and issues in the news media is important because, as Fairclough notes, the mass media has the power "to influence knowledge, beliefs, values, social relations, social identities" (1995, p. 2). Moreover, it is argued that representations in the media can both produce and reproduce meaning and are influential at both societal and individual levels. For example, it is suggested that the media may influence individuals' perceptions concerning the degree of risk they face, which may in turn influence the behaviour of individuals in response to these perceived risks or threats to health (Lyons, 2000). In this way, media representations may hold implications for individual subjectivity or sense of self as they may, for example take up the position of one who is 'at risk.' Davies and Harré (1990) argue that discursive practices used in language can constitute individuals in different ways or provide them with subject positions. They suggest that once an individual has taken up a subject position, he or she will see the world from the vantage point of that position, which will then have implications for their individual subjectivity.

The aim of this paper is to examine the subject positions offered to older mothers in media discourse in order to illuminate the dominant ideologies of motherhood that are operating within our society and explore the implications these may have for women who become mothers at an older age.

## **Method**

### Sampling

Using the popular search engine 'Google' as a tool, an online search for newspaper articles relating to the search term 'older mothers' was conducted. This particular method was used because we are aware that Google is mostly used by the general public as a first step to search the Internet for information, and were initially interested to discover what types of information the general public could access about the topic of 'older motherhood.' Relevant articles were defined as those whose subject matter was 'older mothers,' or women having babies past the age of thirty-five. Many of the articles initially identified were accompanied by online links to similar material and these were also followed up. We then entered the same search term into the search engines for each individual newspaper to ensure any relevant material had not been missed. Finally, once the initial search term 'older mothers' had been exhausted (marked when searches failed to produce any further relevant material) it was modified to try and tease out some additional data on the main issues surrounding older mothers which had emerged amongst the data already collected, for example using 'older mothers risk.' This enabled us to ensure that no issues relating to the topic had been overlooked.

Following exhaustion of these search terms twenty-six newspaper articles published between 2001 and

2009 made up the final data corpus. These included articles from The Sun (2), The Independent (7), The Daily Mail (Mail Online) (4), The Telegraph (4), The Times (4), The Sunday Times (1), The Guardian (2), The Observer (2). The corpus consisted of news stories (13), feature articles (10) and a smaller number of comment pieces (3). We recognise that the articles collected were taken from a range of newspapers, although predominantly broadsheets, and that these newspapers will vary as to their values, broad political persuasion and common readership. Such variations in newspapers may to some extent determine how they present older motherhood for their readers, according to potentially varying agendas. However, we feel a discussion of the implications of these apparent differences does not fall within the scope for this particular paper, as we are concerned with the way in which discourses relating to older mothers are both reflected and constructed within the media. As such, our focus lies within the potential impact of such discourses on the subjectivities of women defined as ‘older mothers’ and not with the specific agendas or intentions of particular organisations within the media.

#### Analytic approach

The articles were analysed using a Social Constructionist Thematic Analysis (for other examples see Singer & Hunter, 1999; Taylor & Ussher, 2001). Thematic analysis is defined as “a method for identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). Braun and Clarke (2006) suggest that although thematic analysis is often described as a realist and experiential method, it is also compatible with a constructionist position. Here a social constructionist version of thematic analysis enabled us to identify discourses as ‘themes’ within the data set. The corpus was analysed using the six stages of thematic analysis as defined by Braun and Clarke (2006).

#### **Analysis**

Consistent with a social constructionist position, there was a specific focus on the language used in the newspapers to construct discourses of the older mother. We took a Foucauldian approach to textual analysis as it enabled us to identify the different discursive resources available in our culture and the subject positions created for older mothers by the media. It is suggested that the discursive resources we have available to us can impact on our subjectivity---our ways of seeing, and ways of being in the world (Willig, 2008). In this way, language constructs our subjectivity (Weedon, 1997). Therefore, in deconstructing the language in the newspapers we were able to observe the ways in which older mothers were positioned, or the ways of being that were constructed for them within the texts.

The initial analysis of the newspaper articles identified four discourses related to older mothers in the media; older motherhood as a choice, older motherhood as ‘risky,’ older mothers as problem mothers, and older mothers as good mothers. However, for the purposes of this paper we will examine aspects of just two of those four discourses, focusing on the notions of ‘choice’ and ‘risk’ and the implications these particular discourses have for women in relation to the timing of motherhood.

#### Timing of pregnancy: a woman’s choice

Throughout the corpus, the newspaper articles consistently referred to the timing of pregnancy as a woman’s choice, suggesting that women who have babies later on in life are invariably those who choose to do so. Elsewhere, the notion of choice has also been found to be a prominent theme among representations of voluntarily

childless women in the media (Giles, Shaw & Morgan, 2009). A consequence of presenting the timing of pregnancy as a choice here was that older mothers were positioned as being responsible for the timing of their pregnancy. Many of the newspaper articles discussed the recent rise in the number of older mothers in Britain, and implied that this rise was a response to the increasing number of women choosing to have babies later in life.

The national rise [in older mothers] was mainly attributed to social and economic factors, with more women choosing to put their career before starting a family. (The Times, February 29, 2008, emphasis ours)

The average age of British women giving birth is stable at 29, but the numbers of women choosing to start families in their late thirties and early forties has risen sharply. (The Observer, October 28, 2007, emphasis ours)

Where the verb 'choose' was not explicitly used, other phrases such as "putting pregnancy on hold" (The Sun, September 24, 2008), "delaying motherhood" (The Independent, December 2, 2006), "leave it late" (The Observer, October 28, 2007) "waiting longer" (The Telegraph, July 1, 2008), "trend to put-off starting families" (The Guardian, October 25, 2006), and "postponing having children" (The Times, October 25, 2006) were all used by the newspapers to describe women having babies at a later age. As Shaw and Giles (2009) point out, the verbs used here, such as 'leave,' 'delay,' 'postpone,' 'wait,' all reflect the dominant ideology of femininity: that motherhood is a necessary and mandatory part of women's lives. In our society we expect that women will have, and, what is more, will want to have children, and so older mothers are those who are delaying the inevitable.

Additionally, the verbs used in these descriptions all have one thing in common when discussed in relation to older mothers: they imply agency. When we talk of someone waiting we imply the person is active in this; they are allowing time to pass. Postponing or delaying assign more agency as they imply that something that was either meant to happen, or could have happened sooner is actively being 'put back' by the agent. The point here is that with agency comes choice, and on the surface this would appear to be a positive thing: arguably women should be able to make a choice about the timing of pregnancy. However, this discourse begins to become problematic for older mothers, that is, mothers who delay the 'choice' to have babies past the age of thirty-five, when the newspapers begin discussing the 'choice' to become pregnant later alongside the risks that increase with advancing maternal age.

#### Constructing a 'right time' to mother---is timing a 'real' choice?

Something that was also evident in the newspapers is that they constructed the notion that there is a 'right time' to have children; a biologically 'optimum' age range in which women should endeavour to start and complete their families in order to curtail the associated risks.

The Royal College of Obstetricians and Gynaecologists (RCOG) is urging would-be mothers to have children between the ages of 20 and 35 to minimise the chances of childbirth damaging their own or their baby's health. (The Guardian, June 15, 2009)

Older mothers face greater risks during pregnancy and birth, and leading doctors have said it is safest to have babies between 20 and 35. (The Telegraph, March 1, 2008)

Given the assumption that the timing of pregnancy is a woman's choice, the effect of this is to position women who

have a baby outside this 'biologically optimum' timeframe as non-normative or deviant---and that includes teen aged as well as older mothers (Hadfield, Rudoe & Sanderson-Mann, 2007). The implication here then is that if the timing of motherhood is a woman's choice, those women who are aware of the risks associated with delayed childbearing and still choose to have children outside this 'biologically optimum' timeframe are making the wrong choice. It is suggested that any woman who knows of the associated risks should then choose to have babies at the 'right' time.

Knowing the constraints, rational women would choose to have completed their families by 35. (The Sunday Times, August 13, 2006)

Despite being positioned as decision-makers and as accountable for those decisions, this leads us to question to what extent the timing of pregnancy is actually a woman's choice. It seems that it is only a choice so long as women make the 'right' choice. In agreement with Marshall and Woollett (2000) who looked at women's choice in relation to decisions to be made about pregnancy, we suggest that the timing of pregnancy is discussed as a choice, yet the 'window' of choice in which it is acceptable for women to become pregnant is limited by parameters set by risk. Women who choose the 'wrong time' to become pregnant are those who are accountable for their decisions and so any unfavourable outcomes they may experience. In contrast, by implication, those women who become pregnant within the suggested or desirable timeframes who, aware of the risks, have exercised their choice appropriately, are more likely to be viewed sympathetically in the event of any unfortunate outcomes.

In addition to this, many of the articles speculate about the reasons why women may be choosing to 'delay' pregnancy, with one of the most cited being the desire to pursue and develop a career.

More women are delaying motherhood as they enjoy their careers. (The Independent, December 2, 2006)

And it's not just Posh [Victoria Beckham] putting pregnancy on hold to focus on her job. The average age at which women in Britain give birth has slowly risen in recent years...High-profile career-minded mothers such as Nicole Kidman, who gave birth to her first child at 41, and Madonna, who became a mum at 38, typify the trend. (The Sun, September 24, 2008)

The articles speculate that the most common reason for women to delay motherhood, and the reason that is contributing most to the rise in older mothers, is the fact that more women are going out to work and enjoying careers before settling down to marriage and starting a family. Again, words like 'delay' and phrases such as 'putting pregnancy on hold' suggest that putting a career first is a choice. Again these assumptions reflect society's pronatalism---older mothers are seen as those who delay the inevitability of motherhood in order to put something else first; in this case careers.

#### Questioning the 'choice' to be an older mother

In contrast to the overarching discourse in the media where the timing of motherhood is framed as a woman's choice, a small number of the articles discuss the difficulties women face in making decisions about the timing of motherhood and pursuing a career, remarking that the timing of pregnancy is not always a straightforward choice. Constructions of the timing of motherhood as an outcome of social or economic circumstances, rather than a woman's choice were rare in the articles and a similar paucity was found in an analysis relating to older mothers in women's magazines (see Beaulieu & Lippman, 1995), however we give one example here:

Dr Bewley advised women to complete their families between the ages of 20 and 35 to lessen the risk of complications. But many women simply do not have the choice. Taking a career break so early on in working life can be highly detrimental in a society that affords motherhood little status. (The Independent, December 2, 2006)

What is being recognised here is that, despite the suggestion that women should choose have children at the 'right time' in order to reduce the risks, it is not always that easy. The suggestion is that the world of work is not structured in a way that enables women to take career breaks early in order to have children at the 'right time'---between the ages of twenty and thirty-five. This is followed by the implication that having children at the 'right time' by taking a career break can be "highly detrimental in a society that affords motherhood little status." Indeed, there is evidence to suggest that early motherhood can impact negatively on women's future career prospects and financial earnings (Dixon and Margo, 2006). Something this quote also suggests is that women need to work in order to achieve their status in society. Despite the implicit importance we place on women having children and the negative perceptions of those women who choose to remain childless (Gillespie, 2000), the suggestion is that motherhood is not enough for them to warrant positive recognition from society---society places value on those who work and are successful in their careers.

Other articles which allude to the restrictions that the socio-political context places on the ability for women to have babies earlier in life, suggest that possible solutions to the increase in late motherhood and the risk of infertility in older women could lie in amendments to social policy.

Earlier career breaks for women would help, while shared parental leave should help them feel less under pressure about achieving a certain level of career success before giving birth. (The Guardian, June 15, 2009)

The suggestion is that these amendments to policy, enabling earlier career breaks and the development of a shared parenting culture, may provide a solution. Assuming women want to have a family as well as a career, these changes would enable them to do just that. However, as noted above, despite allowing women to start their family at the 'right time,' early career breaks can have a negative impact on a woman's career prospects and lead to financial losses. We would also suggest that although the importance of a woman pursuing a career is alluded to, motherhood is still constructed as a woman's most salient aspiration---the proposed solutions enable women to 'have it all,' but in a way in which allows them to put the most important thing first: securing pregnancy and motherhood before continuing with a career. Furthermore, as the quote below suggests, those women who, having had the opportunity to begin a family, choose to put their careers first have made the wrong choice.

"But you have to look at personal circumstances---it may be impractical for women without a partner or not at the right stage of their life."

"What is sad is someone who has had an opportunity to have a baby and delays the decision for professional reasons until, say, 38, assuming it is all right and then it isn't." (The Independent, August 15, 2001)

The implication is that a career does not constitute a good enough reason to risk the chance to become a mother. If your circumstances are right, that is, you have a partner and are at the right stage of your life, you should

have a baby when you can. Those women who make a decision to delay pregnancy for a career are constructed as having missed their opportunity to have a family, and as this is a choice, these women are placed as accountable if they remain involuntarily childless as a result. In contrast, for those women who are not in the right circumstances, it is 'impractical' to mother early and so their delayed motherhood is constructed as justified. The suggestion is that a woman is well within her rights to pursue a career as well as a family; however, motherhood should come first---especially if women have the choice. In this way, despite some discussion of the difficulties that might constrain a woman's complete ability to choose the timing of pregnancy and recognition about the difficulties for women in 'having it all,' women are still positioned as being accountable for making the 'right' choice---that is, having children as soon as possible (yet not too early): the choice that puts their biological fulfilment at least risk.

As we will now examine, the discussion of choice in relation to timing of pregnancy alongside the risks associated with older maternal age, assigns accountability to older mothers for taking 'risks.'

#### Older motherhood--- a risky choice

In the newspaper articles the association between advancing maternal age and both an increase in health risks to mother and baby and infertility in women is extensively discussed. The suggestion by many of the articles is that the longer women 'wait' to start a family, the harder it will be for them to conceive, owing to a decline in fertility with age, and the more risky it will be in terms of health to both mother and baby. The apparent increase in risks is something which is at least mentioned in most of the newspaper articles, and in others is discussed at length, for example:

Older mothers are at greater risk of diabetes, high blood pressure and are more likely to need a caesarean. (The Telegraph, March 1, 2008).

All the risks associated with pregnancy and birth rise sharply over the age of 35, including miscarriage, birth defects and problems such as high blood pressure and diabetes affecting the mother, Professor Morris said. (The Independent, November 28, 2008)

The newspapers are persuasive in their accounts of the risks associated with older motherhood, and this is achieved by the use of a number of discursive devices which present the risks as 'reality.' For example, both of the quotes above make use of three part lists (Jefferson, 1990), which are highly persuasive rhetorical devices. Here, they are used to shore up their claim that risks increase with advancing maternal age, and so to convince the reader of the 'reality' of these risks. When discussing the increase in risks there was also considerable evidence of using category entitlements (Potter, 1996) or quotes from 'experts,' in the case above, Professor Morris. This use of the 'expert' has the effect of what Potter calls constructing consensus and corroboration---in quoting the views of a 'medical expert' who has particular knowledge entitlements (Potter, 1996), the link between maternal age and risk is able to be presented as something factual and to be believed.

In addition, when the medical risks associated with maternal age are discussed alongside the choice for women to delay pregnancy, women are positioned as taking risks---older women who have children are willingly putting themselves and their babies at risk.

Choosing to delay childbirth until after 35 increases the risk of heart disease, diabetes and high blood pressure, University of Ohio scientists found. (The Sun, February 28, 2008)

Doctors say that older mothers may be risking their own health and that of their babies by delaying pregnancy until later in life. (The Times, February 29, 2008)

Moreover, it is suggested that women are aware of the risks associated with later pregnancies “Later pregnancies, of course, carry serious health implications for both mother and child” (The Independent, December 2, 2006, emphasis ours)---the ‘of course’ implying that the risks are common knowledge. As a consequence, it is implied that not only are women making a choice about the timing of pregnancy, they are making an informed choice, choosing to ‘take risks’ or ‘gamble’ with their fertility. In this way, having known the facts and taken the risks “despite warnings” (The Daily Mail, February 27, 2007) from health professionals, women are positioned as culpable and ‘to blame’ for any undesirable outcomes associated with delayed pregnancy that they may incur.

### **Discussion and Conclusions**

In this paper we have raised some important issues relating to choice, risk and the timing of pregnancy when considering the topic of advancing maternal age. Our analysis of British newspapers revealed the ways in which women were positioned as responsible for making choices concerning the timing of motherhood. We also examined how the media’s construction of the increase in risks associated with advancing maternal age continued to position women as accountable for their choice to ‘delay.’ We are not necessarily challenging the scientific literature detailing increased risks associated with advancing maternal age, although some have (Carolan and Nelson, 2007; Hanson, 2003; Mansfield and McCool, 1989); however, we consider it of interest to look at what the newspapers choose to report on. Indeed, very little room is given to discussing the probability of positive birth outcomes---the media lays its focus with the negative. The way in which the media reports the health risks relating to older motherhood is, generally speaking, vastly oversimplified and reflects common practice with respect to risk categorisation. There is medical evidence to suggest the risks increase with maternal age, and as such older mothers are considered to be an ‘at risk’ category of women. As a result of such risk categorisation the problems associated with the category are effectively applied to all of its members, thus positioning all older mothers as ‘at risk,’ despite the likelihood that the majority of women in this category will have no complications whatsoever. However, the reality of this situation is rarely discussed and indeed this was reflected in the newspaper data.

Although on the surface the construction of the timing of pregnancy as a woman’s choice may be a positive thing, one of our concerns is that in framing the timing of pregnancy as a woman’s choice, in conjunction with discussing the risks of later maternity, women are effectively positioned as to blame if they are unfortunate enough to experience any of the adverse outcomes which are said to be associated with the time that they chose to start their families. This kind of representation may be considered characteristic of the contradictions of a post feminist media culture (Gill, 2007b) whereby “notions of autonomy, choice and self-improvement” are said to “sit side-by-side with surveillance, discipline and the vilification of those who make the ‘wrong’ choices” (p. 163).

We also suggest that the very notion that the timing of pregnancy is a woman’s choice is problematic. The newspapers make the assumption that all women are able to make this choice, with career plans often cited as the reason most women ‘choose to delay.’ The notion of choice, by definition, carries with it the implication that circumstances are such that you can make a real choice. Although some of the articles recognised that the timing of pregnancy is not always a straightforward choice and that circumstances may dictate the timing of pregnancy for

many women, these were in the minority and were largely overshadowed by the more dominant notion that women were actively choosing later motherhood. Although there is some evidence to support this (Carolan, 2007), other research contradicts this assumption, and suggests that, for the majority of women, later pregnancy is related to circumstance---most commonly, the lack of an appropriate partner (Berryman, Thorpe & Windridge, 1999; Carolan, 2007). Therefore the dominant discourse suggesting that the timing of pregnancy is a woman's choice may be oppressive for many women for whom later motherhood was not a choice. These particular women may find themselves having to actively resist this discourse and justify their reasons for 'delaying' motherhood in order to avoid the accountability it brings with it.

This study also lends support to the increasing body of research, which suggests that choice and risk in pregnancy and birth are inextricably bound up with one another (Marshall & Woollett, 2000). Despite women being positioned as responsible for the timing of pregnancy, messages concerning the notion of a 'right' time for a woman to become pregnant were consistently woven through the newspapers. This 'right' time was shaped and limited through discussions about age-associated risks and pregnancy. This analysis therefore supports the idea that there is an 'illusion of choice' in relation to motherhood---similar to that seen in discussions of maternity care (Kirkham, 2004). Women are said to have full choice, however there is still a societal expectation that they should have their babies at the 'biologically optimal' time---twenty to thirty-five (Smajdor, 2009). What is more, societal pronatalism ensures that the timing of motherhood is the only 'choice' for women---it is expected that women will become mothers, so the only question, or the only 'choice' is when. In addition, the way in which women were discussed as delaying pregnancy for a career in the newspapers framed motherhood as inevitable and something that women, given the choice, should prioritize and not place 'at risk.'

Something we did not explore in any depth was the potential implication of the political stances taken by the newspapers that made up our sample. Variations in political persuasion and common readership may impact upon the way in which 'older mothers' are represented in these articles and what these particular representations may be set out to achieve. For instance, it is interesting that the corpus is largely made up of broadsheets, whose common readership largely consists of individuals of higher status (Wing Chan & Goldthorpe, 2007). As such, their representation of 'older mothers' as women who are risking motherhood for a career and status are interesting, as these women are likely to be amongst their target audience. This potentially suggests a particular political agenda---to warn their female readers of the dangers of compromising motherhood by 'leaving it late', and presenting what may be at stake as a result of the quest to 'have it all.'

The notion of choice in relation to timing of motherhood presented in the newspapers is characteristic of neoliberal discourses where individuals are constructed as "autonomous, rationally calculating, and free" (Gill & Arthurs, 2008, p. 45). Gill and Arthurs also suggest that neoliberal discourses, in Foucauldian terms, construct individuals as 'self-governing' and we suggest that the possible impact of the discourse that constructs the timing of pregnancy as a woman's choice may be linked to Foucault's notion of governmentality (1991), as raising awareness of risks through institutions like the media may be a way of encouraging the self-monitoring of 'risky' behaviour. The idea is that once women are made aware of the risks they face they should choose to have babies at the safest time. Furthermore, in constructing the timing of pregnancy as a woman's choice, accountability in the event of

adverse outcome is assigned to the individual and directed away from the state. Supporting this idea is the fact that these newspaper articles give little attention to the societal structures that are in place which may actually limit the extent to which timing of pregnancy is a real choice for women and could actually be seen to dictate the timing of pregnancy. For example, articles very rarely mentioned the current economic climate whereby couples essentially need two healthy incomes in order to achieve a good standard of living, or the lack of family friendly policies which enable women to take career breaks early on to have a family without compromising their careers. As it stands, 'choosing' to put a family before developing a career would constitute a big step back in the quest for equality for women. Instead of 'taking risks' we would suggest that older mothers today are those who are making rational decisions as a response to the current economic and social conditions---later pregnancy in this socio-political context makes sense.

## References

- Allred, Pam (1998) 'Making a mockery of family life? Lesbian mothers in the British media', [Journal of Lesbian Studies](#), vol. 2, pp. 9--21.
- Barken, Susan, & Bracken, Michael (1987) 'Delayed childbearing: No evidence for increased risk of low birth weight and preterm delivery', [American Journal of Epidemiology](#), vol. 125, pp. 101--109.
- Beaulieu, Anne & Lippman, Abby (1995) 'Everything you need to know: how women's magazines structure prenatal diagnosis for women over 35', [Women and Health](#), vol. 23, no. 3, pp. 59--74.
- Beck, Ulrich (1992) [Risk Society](#), Sage, London.
- Berryman, Julia, Thorpe, Karen & Windridge, Kate (1995) [Older Mothers: Conception, Pregnancy and Birth After 35](#), Pandora, London.
- Betterton, Rosemary (2002) 'Prima gravida: Reconfiguring the maternal body in visual representation', [Feminist Theory](#), vol. 3, pp.255--270.
- Bewley, Susan, Davies, Melanie & Braude, Peter (2005) 'Which career first?' [British Medical Journal](#), vol. 331, no. 7517, pp. 588--589.
- Braun, Virginia, & Clarke, Victoria (2006) 'Using thematic analysis in psychology', [Qualitative Research in Psychology](#), vol. 3, pp. 77--101.
- Burr, Vivien (2003) [Social Constructionism, 2<sup>nd</sup> edn](#), Routledge, New York.
- Callahan, Daniel (2009) 'Women, work, and children: Is there a solution?' in [Reprogen-Ethics and the Future of Gender](#), ed Frida Simonstein, Springer, New York, pp. 91--104.
- Carolan, Mary (2005) "'Doing it properly": The experience of first mothering over 35 years', [Healthcare for Women International](#), vol. 26, pp. 764---787.
- Carolan, Mary (2007) 'The project: Having a baby over 35 years', [Women and Birth](#), vol. 20, pp. 121--126.
- Carolan, M. & Nelson, S. (2007) 'First mothering over 35 years: Questioning the association of maternal age and pregnancy risk', [Health Care for Women International](#), vol. 28, 534-555.
- Davies, Bronwyn & Harré, Rom (1990) 'Positioning: the discursive production of selves', [Journal for the Theory of Social Behaviour](#), vol. 20, pp. 43--63.

- Day, Katy, Gough, Brendan & McFadden, Majella (2004) 'Warning! Alcohol can seriously damage your feminine health', Feminist Media Studies, vol. 4, pp. 165--183.
- Department of Health (1993) Changing Childbirth: Report of the Expert Maternity Group. London, HMSO.
- Department of Health (2007) Maternity Matters: Choice, Access and Continuity of Care in a Safe Service. London, HMSO.
- Dixon, Mike & Margo, Julia (2006) Population Politics, Institute for Public Policy Research, London.
- Fairclough, Norman (1995) Media Discourse. Edward Arnold, London.
- Foucault, Michel (1991) 'Governmentality', in The Foucault Effect: Studies in Governmentality, eds Graham Burchell, Colin Gordon & Peter Miller, Harvester Wheatsheaf, Hemel Hempstead, pp. 87-104.
- Giles, David, Shaw, Rachel, & Morgan, William (2009) 'Representations of voluntary childlessness in the UK press, 1990--2008', Journal of Health Psychology, vol. 14, pp. 1218--1228.
- Gill, Rosalind (2007) Gender and the Media. Polity Press, Cambridge.
- Gill, Rosalind (2007b) Postfeminist media culture: elements of a sensibility. European Journal of Cultural Studies, vol. 10, pp. 147--166.
- Gill, Rosalind, & Arthurs, Jane (2006) 'Editors' Introduction', Feminist Media Studies, vol. 6, pp. 443--451.
- Gillespie, R. (2000) 'When no means no: Disbelief, disregard and deviance as discourses of voluntary childlessness', Women's Studies International Forum, vol. 23, pp. 223--234.
- Hadfield, Lucy, Rudoe, Naomi, and Sanderson-Mann, Jo (2007) 'Motherhood, choice and the British media: a time to reflect', Gender and Education, vol. 19, pp. 255--263.
- Hanson, B. (2003) 'Questioning the construction of maternal age as a fertility problem', Health Care for Women International, vol. 24, 166-176.
- Heffner, Linda (2004) 'Advanced maternal age - How old is too old?', New England Journal of Medicine, vol. 351, pp. 1927--1929.
- Henriques, Julian, Hollway, Wendy, Urwin, Cathy, Venn, Couze & Walkerdine, Valerie (1998) Changing the Subject: Psychology, Social Regulation and Subjectivity 2<sup>nd</sup> edn, Routledge, London.
- Heyman, Bob, Alaszewski, Andy, Shaw, Monica & Titterton, Mike (eds) (2009) Risk, Safety and Clinical Practice: Healthcare through the lens of risk, Oxford University Press, Oxford.
- Jefferson, Gail (1990) 'List construction as a task and resource' in Interaction Competence, ed George Psathas, University Press of America, Washington, pp. 63--92.
- Kirkham, Mavis (ed) (2004) Informed Choice in Maternity Care, Palgrave Macmillan, Basingstoke.
- Kitzinger, J. (1999) 'Researching risk and the media', Health, Risk & Society, vol. 1, pp. 55--69.
- Lazar, Michelle (2006) "'Discover The Power Of Femininity!'", Feminist Media Studies, vol. 6, pp. 505--517.
- Letherby, Gayle (1999) 'Other than mother and mothers as others: The experience of motherhood and non-motherhood in relation to 'infertility' and 'involuntary childlessness'', Women's Studies International Forum, vol. 22, pp. 359--372.
- Lippman, Abby (1999) 'Choice as a risk to women's health', Health, Risk & Society, vol. 1, pp. 281--291.
- Litosseliti, Lia (2006) Gender & Language: Theory and Practice. Hodder Arnold, New York.

- Lupton, Deborah (1999) Risk, Routledge, London.
- Lyons, Antonia (2000) 'Examining media representations: Benefits for health psychology', Journal of Health Psychology, vol. 5, pp. 349--358.
- Mansfield, P. & McCool, W. (1989) 'Toward a better understanding of the "advanced maternal age" factor', Healthcare for Women International, vol. 10, 395--415.
- Marshall, Harriette & Woollett, Anne (2000) 'The Regulative Role of Pregnancy Texts' Feminism and Psychology, vol. 10, pp. 351--366.
- Nwandison, Millicent & Bewley, Susan (2006) 'What is the right age to reproduce?' Fetal and Maternal Medicine Review, vol. 17, no. 3, pp. 185--204.
- Office for National Statistics (2006) Births: 1938-2003 Maternities, Age of mother, a) All maternities. [online] Available at: <http://www.statistics.gov.uk/statbase>
- Office for National Statistics (2009) Birth Statistics 2008 Series FM1 No.37, [online] Available at: <http://www.statistics.gov.uk/statbase>
- Office for National Statistics (2010) Statistical Bulletin: Births and Deaths in England and Wales, [online] Available at: <http://www.statistics.gov.uk/statbase>
- Potter, Jonathan (1996) Representing Reality. Sage, London.
- Raddon, Arwen (2002) 'Mothers in the academy: positioned and positioning within discourses of the 'successful academic' and the 'good mother''', Studies in Higher Education, vol. 27, pp.387--403.
- Russo, Nancy (1976) 'The motherhood mandate', Journal of Social Issues, vol. 32, pp. 143--153.
- Shaw, Rachel (in press) 'Women's experiential journey toward voluntary childlessness: an interpretative phenomenological analysis', Journey of Community and Applied Social Psychology.
- Shaw, Rachel & Giles, David (2009). 'Motherhood on ice? A media framing analysis of older mothers in the UK news', Psychology & Health, vol. 24, pp. 221--236.
- Singer, D & Hunter, M (1999) 'The experience of premature menopause: A thematic discourse analysis', Journal of Reproductive and Infant Psychology, vol. 17, pp. 63--81.
- Smajdor, Anna (2009) 'Between fecklessness and selfishness: Is there a biologically optimum time for motherhood?' in Reprogen-Ethics and the Future of Gender, ed Frida Simonstein, Springer, New York, pp. 105--117.
- Taylor, Gary & Ussher, Jane (2001) 'Making sense of S&M: A discourse analytic account', Sexualities, vol. 4, pp. 293--314.
- Tyler, Imogen (2008) "'Chav mum chav scum" Class disgust in contemporary Britain', Feminist Media Studies, vol. 8, pp. 17--34.
- van Kraayenoord, Crista (2002) 'The media's portrayal of mothers with disabilities', International Journal of Disability, Development and Education, vol. 49, pp. 221--224.
- Weedon, Chris (1997) Feminist Practice and Poststructuralist Theory, 2<sup>nd</sup> edn, Blackwell, Oxford.
- Willig, Carla (2008) Introducing Qualitative Research in Psychology: Adventures in Theory and Method, 2<sup>nd</sup> edn, Open University Press/ McGraw-Hill, Maidenhead.

Wing Chan, Tak, & Goldthorpe, John (2007) 'Social status and newspaper readership', American Journal of Sociology, vol. 112, pp. 1095--1034.

## Appendix 8

Abstract: Health, Risk & Society paper

“We thought if it’s going to take two years then we need to start that now”: Age, infertility risk, and the timing of pregnancy in older first-time mothers.

Over the past few decades, the number of women having their first babies over the age of thirty-five in the Western World, often termed ‘older’ mothers, has steadily increased. Health professionals have expressed concerns over this trend; warning that the chance of fertility problems increases in this age group, as such, positioning *all* ‘older’ women as at risk of such complications. This area has been previously neglected within social scientific and medical literature. However in these modern times, the timing of pregnancy set against the medical risks of infertility, is a social phenomenon that needs closer attention owing to the contradictory nature of societal messages that simultaneously encourage women to pursue careers and enhance lifestyle, whilst warning of ‘risks’ of infertility and problems in ‘delaying’ motherhood. Using data drawn from eleven in-depth interviews with ‘older mothers’ that were thematically analysed, we found that risk discourses around increased infertility due to age, impacted upon the women’s decisions around their timing of pregnancies. And, for some at least, they claimed that they began trying to conceive at ‘non-ideal’ times, in a personal sense, owing to expectations they held about the difficulties of conception as a result of their increasing age. We suggest that issues around social expectations that define the ‘right time’ for parenting need to be given more consideration, in particular when considering contradictory societal messages around the timing of motherhood. We note how this topic brings the personal, and by implication, the societal, into conflict with the biological.