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Due in large part to paradigms and standards established by intensive mothering ideology, maternal self-care is under-explored. Using a gender performance framework, I developed an analysis of secondary data, which included 26 total participants. I developed a poetic hermeneutical phenomenology to examine self-care via mothers' lived-experiences. I used verbatim transcripts to create analytic poems, seeking to both illuminate and trouble essential meanings around mothering performance and self-care.

Mothers articulated a variety of definitions of and stances towards self-care that both converged and diverged with intensive mothering norms. Domains that affected self-care as experienced within mothering performances for study participants included: experiences of exhaustion; work demands; self-sacrifice, sources of / experiences with support; contrasting motherhood and womanhood; need for personal time/space; articulations around personal health; and rewards of mothering.

In addition I explore how my own personal and scholarly experiences and social locations informed this research. I discuss ways that researcher positionalities not only affect but also become an inextricable part of research. This project melded the practical, the personal, and the political. In it I argue not only for possible changes in how public health engages with mothers, but also for deeper examination and inclusion of maternal health within public health, and for deeper interrogation of and intentionality around how researcher positionalities inform research projects.

THE PERFORMANCES ARE POLITCIZED: A POETIC

HERMENEUTICAL PHENOMENOLOGY

EXAMINING MOTHERING

AND SELF-CARE

by

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Approved by

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DEDICATION

To two of my favorite men: Dr. Maurice M. Rapport, my beloved grandfather and Dr. Warner L. McGee, my beloved graduate school almost-brother. I miss both of you deeply and so wish you could have witnessed the completion of this work. Your mentorship, support, and love remain a central engine in my work and my life.

APPROVAL PAGE

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CHAPTER I

PROLOGUE

Origins

When I was pregnant with my first child a friend of my mother gave me a copy of Susan Maushart's (1999) *The Mask of Motherhood*. Within the first pages, Maushart (1999) contends, "the mask of motherhood…minimiz[es] the enormity of women's work in the world" (p. 2-3). In pregnancy the idea of minimization first resonated with me as an amusing bit of irony. I felt as though I was enormity embodied, developing the kind of round, high, almost immediately protruding belly that compelled strangers to ask if I was carrying twins. "Are you sure that's just one baby?" they'd tease.

I didn't really mind the extra interactions. Overall they felt more amiable than invasive. It was oddly reassuring to be fussed over as if each comment represented a kind of awkward but well-intentioned vote of confidence, a little embrace, – "look at you, becoming a mother," or perhaps more accurately, "we are watching you become a mother."

Vignettes

OB/GYN

"This is the only time in your life you can gain weight and not feel guilty about it," said the nurse practitioner during my first prenatal visit, "it's all about baby now," she

counseled. "You don't look pregnant yet so it can be hard to make people understand why you're acting in certain ways," offered another nurse. She slid a three-ring binder and a cloth bag across her desk. The binder was filled with fact sheets, nutrition charts, exercises, and community contacts the bag was stuffed with promotions for baby supply superstores, diapers, a nursing cover, and an umbilical cord bank. "This is a good guide for what baby needs," she said, gesturing at the binder, "and there are some goodies for later in the bag." Later I saw a tiny fetal heart pulsating on an ultrasound screen. "Is it more real?" asked the ultrasound technician, "do you feel like a *mama*, mama?"

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Throughout the pregnancy, the majority of my OB appointments were highly regularized events. I became intimate with my sense of being fractured (Witz, 2000) and reduced to the sum of my baby-growing parts. This was particularly evident in the indicators used as health assessments: Weight, blood pressure, urine, a goo-covered Doppler that slid over my stomach searching for the baby's reassuringly galloping heartbeat. "How is the baby?" each OB would ask followed, most times, by "how are you?"

I had gained more than the recommended amount of weight. This was due less to eating without guilt (as suggested by the nurse on my first visit) and more to first and second trimester food aversions that resulted in a diet mostly comprised of plain pasta and chocolate ice cream. Though I had consistently normal blood pressure, a normal glucose screen, normal fetal growth, and a family history of carrying large, ("oh," said my mother, "I think I gained over fifty pounds with both you and your sister. That's just

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how we are in this family") nearly every doctor focused on my weight during the appointments. This focus was not especially surprising (see Oken et al., 2007 for a representative example of studies examining weight gain in pregnancy and child outcomes) and I mostly ignored it.

Still, I sensed an eclipse -- the baby was the locus of the discussions, I had become more object than subject (Butler, 1988 provides insight); a maternal vessel:

"You know," the doctors would say, "gaining too much weight during pregnancy can lead to a baby that's too big."

"Is the baby measuring as too big?" I'd ask.

"No," they'd concede, "but overweight mothers often have overweight children and being overweight in childhood can lead to being overweight or obese in adulthood!"

"I'm not going to exclusively feed the baby ice cream and noodles," I'd joke.

At one appointment an OB admonished, "You need to set a good example as a mother!"

"I'm also trying to be nice to myself," I protested.

"This is not just about you," he warned, "eat some vegetables for your baby."

Graduate School

I discovered I was pregnant just before Thanksgiving. I was in the first semester of my second year of a PhD program in the throes of both taking classes and teaching, spending lots of time on campus. I remember going to student health for a confirmation pregnancy test. "We don't do pregnancy here" the nurse explained, "was this planned?" I told her it was. "Good girl," she replied. A few moments later she was handing me a

small stack of pamphlets. "This is what we give students who are pregnant…I'm not sure they'll be useful for you though." I reassured her that I was mostly interested in the official positive test that somehow the numerous tests I kept anxiously taking and re-taking at home didn't carry the same weight as one provided by an actual clinic. "I had a baby last year," she offered, "I'm trying to remember the rules – no lunchmeat, no alcohol, no medicines."

<p style="text-align:center">*****</p>

Over the course of the semester, more and more of my conversations with both peers and professors centered on pregnancy and on motherhood. I found the faculty interactions especially disconcerting. "You're carrying all in the front like my wife did," offered one professor. "Look at that baby!" bellowed another gesturing wildly at my torso. "Motherhood is going to change you," predicted still another, "you'll see; women change." I began to understand Maushart's (1999) point about "minimiz[ation]" (p. 2) as a kind of erasure.

"There is no room for me here!" I snarled. I was sitting in a research methods class taught by my mentor. I remember leaning back in my chair in our basement classroom and staring at the door. The baby was thrashing and my stomach was rippling under my shirt. The beginnings of tears were pricking the backs of my eyes. My classmates looked concerned. "I think," offered my mentor, "that you just seem more knowable now – no one is deliberately trying to make you uncomfortable they're just relating to you in a more personal way."

"I don't want to be knowable!" I retorted, and we all laughed, breaking the tension.

(Un)masking

I offer these origin vignettes both to conceptually and personally root this proposal and to introduce the idea of performance (which I discuss in more depth in the "conceptual framework" section). OB/GYN and Graduate School describe ways that (ideas about) mothering compels/prompts certain performances from mothers them/ourselves, from observers, and even from setting/environments. Returning to Maushart's (1999) mask construct, I am reminded of masks as the symbol of the theater. More than just a symbol, historically these masks helped both audiences and actors recognize/inhabit their characters. Masks, therefore, were crucial to performances not just because they cued spectators but because they guided actor behaviors (Vervain & Wiles, 2001).

Here is where I began the project: An examination that focuses less on attempting to identify the mothering mask or, more accurately, masks than the ways that mothering performances are experienced, articulated, represented, demanded, and conditioned and how/what these performances show us about mothering as a social project. How do watching, being and setting transact to (re)produce mothering? What might these (re)productions illuminate? The project emerged in large part from my continued intellectual, emotional, and experiential grappling with two themes that I identified during my first pregnancy.

A note on temporality

Though I have linked the origins of this study to my first pregnancy this work is just as connected to my ongoing mothering (now of two young children). I chose to detail moments in my first pregnancy because they catalyzed my personal interest and investment in mothering performances and demanded deeper inquiry. These experiences jarred me; the (expected) performances seemed more obvious (perhaps they were linked to my obviously changing body). Presently I find that some of my own mothering performances (likely more than I realize) are becoming naturalized, making them harder for me to parse, identify, and locate. With that noted, the results that emerged were acts of co-creation, I did not attempt to separate myself from this research but instead will emphasize deep reflection in my analyses (I provide more detail in the "Methods" section). I will never experience another first pregnancy, but I will be engaging with and participating in mothering performances for the rest of my life.

Purpose of the Study

The overarching aim of the study was to broaden and deepen understandings about the lived-experiences of and cultural norms/norming around mothering. I took up this aim by centering on how mothering performances connected with lived-experiences of mothering around self-care.

The study was designed to explore how the acts of mothering affected the health of mothers themselves and linked to the experiences described in OB/GYN; I was interested in pushing back against the objectifying, relegating impulse that envisions mothers and maternal health more broadly as a pathway of infant and child outcomes.

Centering on mothers within maternal health underscored the importance of maternal subjectivity while adding to an underdeveloped literature.

Conceptual Framework

The conceptual framework for the project is indebted to the work of Judith Butler (1988) who wrote "…the performance [of gender] renders social laws explicit" (p. 526). The study was designed to examine and explicate the social laws around mothering, with a particular focus on the social laws around mothering and health and/or mothering as health illuminated by mothering performances. For the purposes of this project mothering performances was broadly conceived as the "stylized repetition of acts" (Butler, 1988, p. 519) that "constitute" (Butler, 1988, p. 519) and "construc[t]" (Butler, 1988, p. 520) the maternal. Put another way, mothering performances included behaviors and actions that help to form and reflect social constructions and conceptualizations of what/who makes a mother. These behaviors and actions are socially predicated and co-constructed (Butler, 1988), that is they are subject to and reflective of social attitudes, norms, and values leading to Butler's (1988) point about performance as explication. The study was designed to explore mothering performances as inextricably linked to social location and contexts.

In addition to emphasizing performance, the study was rooted in critical feminist perspective. Critical feminism posits that gender is socially "construct[ed]" (Rhode, 1989, p. 628). Gender(ing) cannot be separated from the social contexts within which it occurs (Rhode, 1989) and thus any analysis of gender must also explicate social power and oppression (Rhode, 1989). One of the functions of the study was to assess, examine,

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and unpack how mothering performances connect/disconnect with social(ized) standards of motherhood more broadly.

Finally feminist post structuralism informed my approach, particularly regarding the way that I acknowledged and reflected upon my role as a researcher within the study. As suggested by critical feminism, feminist post structuralism suggests that knowledges are socially predicated (Rodriguez, 2000). Further, feminist post structuralism asserts that the act of "telling/listening" (in-person, through recordings, or in text) (Rodriguez, 2000, p. 15) is one way that knowledges are co-constructed. Raddon (2002) further emphasizes that post structuralism contends that there is a "fundamental connection between method, methodology and epistemology" (p. 388) which necessitates that the researcher claims his/her role as co-constructor. Thus, I not only examined but also incorporated the way that my dealings with the data informed and generated knowledge production around mothering performances.

Research Questions

The study was guided by the following research questions:

1. How do women who are performing mothering experience self-care?
2. How do mothering performances affect women's self-care?

Review of the Literature

A key goal in the following review of the literature was to locate the project within the field of public health. Thus I will begin this review with a discussion of the public health discourse of mothering and maternal health generally and then turn to the specific ways that self-care is positioned within public health. This will lead into a brief

discussion of disparities and the questions that underpinned the study. Finally, I will examine the literature pertaining to the specific study and detail how the study addressed gaps within this literature.

Public Health Conceptions

Mothers, mothering and public health in the United States

As my OB/GYN vignette portrayed, mothers often appear within public health as conduits. That is, mothers are positioned as channels for accessing children. For example, all of the "landmark projects" (Maternal and child health bureau, n.d., p. 2) described by the Maternal and Child Health Bureau (MCHB) of the United States (US) Health Resources and Services Administration, partially or completely focused on fetal/infant/child/adolescent health. Four projects focused exclusively on child health (e.g. "prevention of childhood injuries," MCHB, n.d., p. 2). Two projects, both centered on pregnancy, focused on mother and child health together (e.g. "nutrition care during pregnancy and lactation," MCHB, n.d., p. 2). No projects focused exclusively on maternal health.

Even postpartum depression (PPD), a health issue that is entirely assessed based on maternal experiences/reports, tends to be framed using infant and child wellbeing as the ultimate outcome of interest. For instance in their 2006 *JAMA* editorial, Wisner and colleagues acknowledge that PPD can negatively impact "adult developmental processes" (p. 2616) and that severe cases can potentially lead to "tragic outcomes, such as maternal suicide" (Wisner et al. 2006, p. 2616) and that "mental health is crucial to a mother's capacity to…enjoy relationships" (Wisner et al. 2006, p. 2617). However the authors

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ultimately embrace the act of caring for children as the key to optimal maternal health closing their work by emphasizing the importance of mothers' ability to "cope with the stresses and appreciate the joys of parenthood" (Wisner et al. 2006, p. 2617).

Nichols and Gringle (2013) argue that public health not only positions mothers as conduits to child health but also as an organizational force in family health overall. Citing Daniel's (2009) letter entitled "The power of mom in communicating health" which appeared in the *American Journal of Public Health*, Nichols (2012) notes that by embracing mothers as central purveyors of family health, public health participates in decentering mothers' health needs. Indeed, Daniel (2009) minimizes her maternal self-care exclaiming, "Sometimes I even care for my own health!" (p. 2119). Thus, maternal health as a stand-alone construct is continually deprioritized and displaced within public health narratives.

Finally as Bell et al. (2009) discuss, some public health narratives and initiatives invoke/construct "'bad mother[s]'" whose unhealthy activities/behaviors put their children at risk. Bell and colleagues (2009) argue that these invocations impose "a web of punitive discourses" (Bell et al. 2009, p. 6), which are unequally distributed, with non-white, lower SES, single mothers (per Bell et al. 2009) particularly subject to public health surveillance and messaging around their (potentially endangering) roles. In these narratives, mothers are positioned as vectors of risk instead of conduits or organizing forces, but the focus on child-level outcomes remains.

Overall public health recognizes the importance of mothers but the field's view of mothering is constrained. Mothers are represented as conduits, organizers, or risk vectors.

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There is very little, if any, focus on maternal health as separate from child/family outcomes. The study addressed this gap by re-centering mothers and mothering within explorations of maternal health.

Self-care

The World Health Organization (WHO) (1998) defines self-care as "…what people do for themselves to establish and maintain health, prevent and deal with illness" (p. 2). The WHO (1998) notes that self-care includes six domains including "hygiene…nutrition…lifestyle…environmental factors…socioeconomic factors...[and] self-medication" (p. 2). While this definition is quite general (the domains of self-care seem nearly all-inclusive), personal agency – "what people do for themselves" (WHO, 1998, p. 2) – is the central tenet of self-care. What is implicit within this definition is the idea that self-care not only encompasses "what people do" (WHO, 1998, p. 2) but what they will/will not and can/cannot do as well.

In their study of African Americans diagnosed with chronic disease, Becker and colleagues (2004) historically, socially, and politically located self-care by rooting it in "resistance to racial oppression" (Becker et al., 2004, p. 2067) both in practice and "ethos" (Becker et al, 2004, p. 2067). Indeed, the authors reported study findings suggest self-care is "culturally based" (Becker et al, 2004, p. 2068). Shared cultural ideation around self-care formed a guiding framework for individual actions and behaviors. Importantly, Becker and colleagues (2004) found that self-care practices were also related to "access to health care" (Becker et al., 2004, p. 2072). Study participants who were unable to access regular medical care (often because they did not have health insurance)

were less able to develop/enact self-care practices around their specific needs. As this study showed, self-care practices reflect the interplay among personal agency and decision-making, cultural traditions and meanings, and structural factors.

Murphy and colleagues' (2007) study on caregivers for children with disabilities adds parent-specific and gendered insight to the self-care narratives. Participants reported a variety of negative health experiences ranging from physical pain to disrupted sleep to stress and other emotional health problems (Murphy et al., 2007). Additionally the authors found that caregivers deprioritized self-care particularly because of time pressures (Murphy et al., 2007). In the sample, mothers were the primary caregivers. Though Murphy and colleagues (2007) do not provide explicit discussion about maternal health and self-care, they note that access (or lack thereof) to "respite care" (Murphy et al., 2007, p. 185) and a sense of inclusion within a social community are key factors in feelings of stress around caregiving. As in Becker and colleagues' (2004) study, personal experiences are intertwined with (a sense of potential for) community engagement; self-care depends on both individual and community-level factors.

The connections between individual and structural factors reverberate within much of the public health self-care research. Webber and colleagues (2013) note that one of the primary emphases of self-care within public health is disease prevention and/or treatment. This is relevant because it reflects a conceptualization of self-care that is disease (prevention) contingent. The majority of recent (2009 and later) public health literature centers on self-care as part of a chronic disease management strategy (Naylor et al., 2011) particularly around heart disease (Macabasco-O'Connell et al., 2011; Riegel et

al., 2009) and diabetes (Babamoto et al., 2009; Gazmararian et al. 2009). While nearly all of the literature around self-care and public health invokes the connections between individual and structural factors, representations of self-care (even as part of caregiving, per Murphy and colleagues, 2007) generally occur as part of individual-level disease narratives.

Disparities as connector

Health disparities are a central issue of interest within public health (Krieger et al., 1997). Braveman (2006) explains that health disparities within the United States tend to be fairly narrowly conceptualized as the result of racial/ethnic differences (Braveman, 2006). Israel and colleagues (2010) also emphasize the importance of differences in wealth as central to understanding health disparities. The authors also suggest that health disparities ought to be considered using both "social environmental and physical environmental determinants" (Israel et al., 2010, p. 2095). This suggestion asserts the importance of socially constructed and setting or place-based frames in investigating disparities. Self-care hinges on and reflects socially predicated and place-based determinants. As previously mentioned, in public heath self-care tends to be rooted within individual behavior, but it is indeed reflective of a more complex negotiation between individuals and environmental constraints/access.

Ultimately the presence of disparities constrains equal participation in society via exclusion (Kennelly, 1999; Pillay, 2009). This forms the basis for an overarching question addressed by the study. What might focusing on mothering performances around

self-care and illuminate about exclusion and inclusion through the acts, roles, contexts, and settings of mothering?

Mothering in Self-Care

Literature focusing specifically on self-care among mothers is sparse. The small existing literature generally follows the disease narrative described earlier in this section. Even within studies that take up mothering and self-care, the focus is less on mothering and more on disease prevention/management. This is important because focusing on maternal self-care as merely a part of disease management marginalizes the importance of maternal agency (e.g. self-care that is tailored to meet the needs of an individual mother) and instead focuses on the disease management as the central outcome. For instance Devine and Olson (1992) position their study of women and nutrition as part of "chronic disease" (Devine & Olson, 1992, p. 94) prevention. There is a small and growing literature devoted to exploring and/or promoting self-care among HIV positive mothers (Davies et al., 2013 Shabley-Ebron & Boyle, 2006; Sandelowski & Barroso, 2003). Only Barkin and Wisner (2013) focus on maternal self-care on its own.

Devine and Olson (1992) find that mothering responsibilities conflicted with or over shadowed self-care practices. Conversely both Sandelowski and Barroso (2003) and Shabley-Ebron and Boyle (2006) suggest that mothering increases commitment to self-care among HIV positive women because taking care of oneself is intimately related to caring for one's child. Indeed, Davies and colleagues (2013) discuss an intervention that promotes maternal self-care as central to childcare among HIV positive women. Again, despite the potentially positive results that HIV positive mothers could experience from

centering on their children's well being, positioning maternal health as part of a child health agenda restricts maternal subjectivity.

In their analyses of focus groups conducted with new mothers, Barkin and Wisner (2013) find that participants expressed "conflicting" (Barkin & Wisner, 2013, p. 1053) ideas about self-care, with some endorsing it as centrally important (both for a mother's own wellbeing and to ensure good mothering) while others advocated "selflessness" (Barkin & Wisner, 2013, p. 1053) that precluded self-care. Barkin and Wisner (2013) note that maternal self-care is an under-explored area. Cheng and colleagues (2006) agree arguing, "postpartum maternal health care is neglected" (p. 1). Clearly there is a need for research that examines mothers' self-care (particularly beyond the pregnancy/childbirth/postpartum period) as important in its own right, independent of the potentially discursively restricting effects of a chronic disease management and/or child health focus.

I did not locate any studies that examined the phenomenology of mothering and self-care nor did I locate studies that used performance as a lens to explore mothering and self-care. Thus the current study may bolster and expand the self-care mothering literature both via it research focus and its methodology.

Conclusion

There is little available literature on mothering and self-care. In the self-care literature inequity shows itself through the near erasure of maternal focus and the ways that self-care is positioned as part of disease narratives. Put another way, self-care among mothers is an under-investigated issue because as mothers, women tend to be positioned

as a means to child-outcome ends. In addition when self-care is examined it is often done

so as part of disease narratives, which pathologizes self-care instead establishing it as part

of holistic (and/or preventative) health practices. The study aimed to bring mothering

back from the margins by engaging a deeper focus on mothering as both an individual

and structural project.

CHAPTER II

METHODS

Study Design

The study was conducted as an analysis of secondary data using two complimentary qualitative data sets. That is new research questions, methodologies, and methods were applied to previously gathered data. The research questions and aims of the study were unique and did not represent the original aims or questions. The study used data from two separate but related studies on maternal health perceptions and daily health practices.

Original Studies

I analyzed data from two separate but related qualitative studies that investigated maternal health among urban mothers using semi-structured interviews (n=36) and focus groups (n=3). Study 1 asked mothers to detail their daily health practices along with their perceptions of health/healthiness and specific health concerns (Nichols & Gringle, 2013) while Study 2 focused on health "perceptions and practices" among mothers of adolescent girls (Biederman et al., 2010) and asked participants to describe a typical day and then probed for self/family health practices within that schedule. Mothers were interviewed individually twice in Study 1 and once in Study 2. Some mothers participated in both interviews and focus groups and one mother participated in both studies, resulting in 26 total participants in the combined study.

Purposive recruitment for the original studies took place via community organizations, churches, and word-of-mouth (Nichols et al., 2015). Individual interviews lasted for about an hour and were conducted in either community centers or participants' homes. The three focus groups in Study 1 lasted between 90-120 minutes and occurred in a North Carolina community-based organization that provided resources for women. Interviews and focus groups were audiotaped and transcribed verbatim. Both studies achieved theoretical saturation (Nichols et al., 2015). All participants provided consent for both the original study and for general explorations of the data and study procedures were and remain approved by the UNC-Greensboro Institutional Review Board. Copies of consent forms for "Women's Ways, Women's Days" appear in Appendix A. Copies of BRIGHT consent forms appear in Appendix B. Interview guides for Women's Ways, Women's Days appear in Appendix C. Interview guides for BRIGHT appear in Appendix D.

Original Participants

Original study participants lived in New York City, New York or Greensboro, North Carolina between 2006-2007. Participants ranged from 20-47 years old, with the majority being between 30 and 45 years old. Most participants reported low/middle incomes and some college education. Participants had 1-12 children, with the majority of participants having between one and three children. Over half were married or partnered. Participants were racially and ethnically diverse with over half identifying as African American and less than one fifth as white. Three participants identified as Caribbean, one

as African, one as Caribbean and Asian, one as African American and Mexican, one as white and Native American, and one as white and British.

Original Encounters

I first encountered the data while conducting analyses for a study that used an intersectional framework to examine the contexts of self-care among Black mothers (Nichols et al., 2015). One of the prominent themes revealed by the analyses was "eclipse" – the way that the caregiving needs of children, partners, family, workmates, and other community members overshadow or marginalize maternal self-care. My continued interest in the implications of the "eclipse" theme combined with my own mothering experiences inspired this work.

Justification for Secondary Analysis

Heaton (1998) offers four criteria for assessing the appropriateness of secondary analysis using qualitative data sets. The following list describes the ways that the study met the demands of each criterion.

1. **"Compatibility of the data with secondary analysis"** (Heaton, 1998, n.p.)

    The data sets contained high-quality data that "'fit'" (Heaton, 1998, n.p.) the new research questions. Of particular benefit, the research questions that guided the study emerged out of my previous work and engagements with the data. That is, I generated the study with the available data in-mind. Additionally, the datasets were comprised of verbatim transcriptions of interviews/focus groups and original audio recordings were available. This provided increased transparency as both interviewer questions/prompts and participant responses are

recorded. Finally, study methods provided a way to identify, reflect upon, and address any gaps that may be present / appear in the original datasets.

2. **"Position of the secondary analyst"** (Heaton, 1998, n.p.)

I was well positioned to conduct the secondary analyses. Though I was not "part of the original research team" (Heaton, 1998, n.p.) for the original studies, both were conceived and conducted by my dissertation chair, Dr. Tracy Nichols. She was aware of and approved of the study design. Additionally, I was part of the original data analysis team for all of the datasets used in the study. Fitting with the demands of this criterion, I was both intimately familiar with the data and I was able to consult with Tracy Nichols during each phase of the study from its development to its conclusions.

3. **"Reporting of original and secondary data analysis"** (Heaton, 1998, n.p.)

Because this study was a dissertation project, it offered an ideal opportunity to provide a "full" (Heaton, 1998, n.p.) discussion of the theoretical perspectives, methodologies, methods, and ethics (per Heaton, 1998) that informed the secondary analyses. Likewise, I directly incorporated the preliminary analyses and projects that arose from previous work with the datasets within the study design. I also included "rich" (Creswell, 2007, p. 14) detail about the original studies and about my use of analysis of secondary data in the papers that resulted from the study.

4. **"Ethical issues"** (Heaton, 1998, n.p.)

Heaton (1998) cautions, "consent cannot be presumed" (n.p.) for analyses of
secondary data particularly if the data are "sensitive" (Heaton, 1998, n.p.). Thus it was
important to consider whether the wording and structure of original consent forms
allowed the data gathered to be used for other projects. The original consent forms for the
interviews and focus group data that used were broad. Consent was not obtained for one
specific research question but instead for more general explorations. Further, the
information contained in the datasets was not "sensitive" (Heaton, 1998, n.p.) per the US
Office for Human Research Protections (OHRP) 1998 IRB guidebook. Thus, the analysis
of secondary data was "ethical" (Heaton, 1998, n.p.).

Frameworks and Theoretical Lenses

The guiding framework for the study was interpretivism. Interpretivism posits that
all knowledge is socially constituted (Mackenzie & Knipe, 2006). That is, what and how
we know arises from historical, political, and social locations. Thus knowledge is neither
neutral nor static. Butler's (1988) suggestion that gender(ed) performances illuminate
"social laws" (Butler, 1988, p. 526) reflects an interpretivist perspective; gender cannot
be separated from gender(ed) actions, which cannot be separated from social existence.

In keeping with the emphasis that the focus on performance offers – particularly
around gender(ed) roles, in terms of social "constitut[ion]" (Butler, 1988, p. 519) and
operationalization – the theoretical lens of the study blended constructivism and critical
feminism. Like interpretivism, constructivism suggests that knowledge is borne out of
historic and present social relations *and* that knowledge is created through social

"transaction[s]" (Israel et al., 1998, p. 176). Critical feminism contends that knowledge is not simply borne out of social relations but circumscribed within them. This is an important distinction because critical feminism (like all critical theories, per Kincheloe & McLaren, 2005) is "emancipatory" (Miller, 2000, p. 319). That is, the goal of critical feminism is not simply to acknowledge the inextricable influence of social interactions/locations on knowledge but to identify, elucidate, and ultimately challenge (Rhode, 1990) social inequalities.

Using both critical feminism and constructivism as theoretical lenses allowed me to examine how mothering performances are subject to and reflective of oppressive gendered, classed, raced social norms while leaving space for a multitude of perspectives and meanings. In this way, the theoretical lenses both recognize and destabilize social constructions of motherhood. The lenses facilitated and brought forth both nuanced examination (via constructivism) and protest (via critical feminism) of contexts of mothering performances.

The study emphasized co-creation between researcher and participants as both a tenet of knowledge production and as a political project (Rodriguez, 2000). This was enhanced by constructivism and critical feminism. The analytic techniques for the study incorporated my own impressions, reflections, and directional decisions as a researcher.

As Rodriquez (2000) notes, "subjectivity is constituted in language and dependent on the sociocultural contexts in which it currently operates" (p. 16). The analytic poems generated to (re)present reflected and enacted both participant subjectivity and my own subjectivity, bringing our views and contexts together in the co-construction of findings.

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Feminist post-structuralism structured how I reflected upon my engagements with data by emphasizing "intentionality" (Rodriguez, 2000, p. 15) around my own connections with the data and how these connections influenced my findings.

Feminist post-structuralism suggests that soliciting, reading/listening, and "retell[ing]" (Rodriguez, 2000, p. 15) are political acts that, via "currently available discourses" (Rodriguez, 2000, p. 15; Foucault's (1972) discussion of discourse as socially constructive/regulating is also relevant here), create rather than merely describe reality. Miller (2000) adds that all people "are *doing* things with their talk" (p. 325) [emphasis hers]. By considering how tellings/retellings are politicized not just individually but as part of wider structural politics (Miller, 2000), individual accounts may be read as part of "macro-level discourses" (Miller, 2000, p. 326).

This is especially important because it emphasizes the overlap between critical feminism's commitment to social justice and constructivism's insistence on social predication. Engaging with feminist post-structuralism required that I explored how and why I pursued certain observations/issues/themes within the analyses. It allowed me to situate myself as both researcher and mother within the study.

Methodology

I conducted poetic analyses (Nichols et al., 2014) within a hermeneutical phenomenology. Hermeneutics is a philosophical perspective, which suggests that the way we understand meaning is predicated upon our iterative interpretations of our experiences. Phenomenology is both a philosophy and a research methodology based on the assertion that what we know is inextricable from how we know (Husserl, 1962). In

order to understand the essence of a phenomenon, inquiries must have a twofold focus, examining how people perceive their worlds and how people make meaning around these perceptions (Merleau-Ponty & Smith, 1996). Hermeneutical phenomenology, therefore, is grounded in the idea that "essential meaning is something with which humans are familiar in the practices of life, and this familiarity has to be expressed through the way of living, through actions, through narratives and through reflection." (Lindseth & Norberg, 2004, p. 147).

Like all varieties of phenomenology, hermeneutical phenomenology emphasizes (re)presentations of the essence of a phenomenon. However hermeneutical phenomenology also destabilizes "essence" by underscoring the ways that meaning making is connected to human interpretations of lived-experiences (Laverty, 2003). In hermeneutic phenomenology, essence is not uncovered but is built from ongoing attention to how articulations converge to form stories about human experiences. Using hermeneutical phenomenology allowed me to explore how mothers' articulations around mothering performances and self-care construct meanings around caretaking.

A Note on Participants

There were 26 total participants in the combined study. The majority of the women in the study were non-white and low-income. Many were also single mothers. Thus the bulk of the study participants did not match the hegemonic mothering ideal. Instead they represented mothers who are more likely to be positioned as potential risk vectors (instead of caretakers) within public health discourses. Many participants lacked the qualities most strongly associated with ideal hegemonic mothering. Using

hermeneutical phenomenology to engage with this group of women was especially useful because it not only offered a way to bring forth lived-experiences but also simultaneously provided a way to use articulations of lived-experiences to reflect upon (and push back against) hegemonic mothering.

Data Analysis

Original transcripts were uploaded into Atlas.ti, data analysis software that helps manage text-based data. I closely read each transcript two times and memoed initial impressions around mothering performances and self-care. I then developed an initial codebook to explore the presences/absences of maternal self-care as part of mothering performances. I wrote code memos and tracked all my coding decisions. Upon completion of initial coding, I compared and contrasted codes to explore themes related to the sources and causes around the presences/absences of maternal self-care in mothering performances. I continued this process until I reached thematic saturation. I then wrote two sets of poems using participant quotes from the coded transcripts to make meaning around lived articulations of mothering performances and self-care. One set of poems (re)presented the presences/absences of maternal self-care as part of mothering performances. The other set of poems (re)presented the themes related to the sources and causes around the presences/absences of maternal self-care in mothering performances. Poems incorporated many speakers and represented the essence(s) of the experience(s). Finally I composed memos for each poem separately and for the poems as a set as part of exhaustive meaning making around the essence of mothering performances and maternal self-care. Throughout the analytic process I shared my analyses and findings with the

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original Principal Investigator (PI). We resolved any disagreements about method or meaning making through conversations, which I detailed in written memos.

To write the final phenomenology, I first composed two more (sets of) poems. One set was designed to illuminate the theoretical framework of the study and was based on Butler's (2006) *Gender Trouble*. The poems crystallized what I saw as the essence of Butler's (2006) arguments around gender as social performance and then applied these essential arguments to mothering. The second poem was a concluding poem. This poem incorporated excerpts from all of the previous poems to form a kind of phenomenological framework. I then wrote detailed memos about the new poems, deeply exploring both their own meanings and how they related to and departed from the analytic poems. I used all of the study memos and poems to write the final phenomenology.

Validity

I assessed study validity using Tracy's (2010) criteria. The following list describes the ways that the study met the demands of each criterion.

1. **"Worthy topic"** (Tracy, 2010, p. 840)

   The study took up "little-known phenomen[a]" (Tracy, 2010, p. 841) by focusing on maternal self-care. It was "evocative[ly]" (Tracy, 2010, p. 841) grounded in mothering performances and engaged with a current topic that is both politically and socially "interesting" (Tracy, 2010, p. 840).

2. **"Rich rigor"** (Tracy, 2010, p. 841)

   As previously described, the theoretical orientations of study was well contemplated and thorough and the data were appropriate for its theoretical and

practical demands. Interviews used in the studies were conducted with care and precision and included information that was pertinent to the research questions. Verbatim transcription was conducted with care. Participating mothers expressed a range of experiences and represent a variety of "context(s)" (Tracy, 2010, p. 840). The data were sufficiently "complex" (Tracy, 2010, p. 841) and facilitated "rich" (Tracy, 2010, p. 841) interpretation and (re)construction. The hermeneutic phenomenology approach fit with the framework and theoretical orientation of the study. Analyses were thorough and integrated "transparency" (Tracy, 2010, p. 841) at every stage.

3. **"Sincerity"** (Tracy, 2010, p. 841)

    "Self-reflexivity" (Tracy, 2010, p. 842) was a tenet of the study. Reflexivity as well as "transparency" (Tracy, 2010, p. 842) is integrated throughout the study via memoing and discussion and the analyses themselves. The study was also grounded in "sincerity" (Tracy, 2010, p. 842); the issues explored were near to me both intellectually and in my life as a mother. I was committed to being careful in the study (re)constructions and to identifying, interrogating, explicating the ways that my experiences necessarily affected the course of the project.

4. **"Credibility"** (Tracy, 2010, p. 842)

    The study hinged on "thick description" (Tracy, 2010, p. 843) in which data and findings were (re)presented and (re)constructed with evocative, "contextual" (Tracy, 2010, p. 843) depictions that used the participants' language.

Study activities included "crystallization" (Tracy, 2010, p. 843) via examining and bringing together participant narratives, my own perceptions as a researcher-mother, scholarly literature, and feedback from my committee member mentors. The study also engaged a "multivoca[l]" (Tracy, 2010, p. 844) approach that respected the "participants' point of view" (Tracy, 2010, p. 844) and acknowledged and appreciated the diversity of thought offered by participants.

5. **"Resonance"** (Tracy, 2010, p. 844)

The studies "evocative[ly] and artistic[ally]" (Tracy, 2010, p. 845) illuminated meanings found and (re)constructed in study analyses via analytic poems. I believe these products deeply engaged and stirred audiences/readers.

6. **"Significant contribution"** (Tracy, 2010, p. 845)

A particular strength of the study was using an uncommon form of phenomenology, which made the study methodologically significant. Additionally, the study focused on questions and population(s) that are under-explored within the burgeoning area of mothering research. Findings from the study were presented in a way that was designed to engage audiences/readers and to incite curiosity and further inquiry (as Tracy, 2010, describes).

7. **"Ethical"** (Tracy, 2010, p. 846)

Because the study was an analysis of secondary data, the "procedural ethics" (Tracy, 2010, p. 846), such as IRB approval and de-identification of the data were already applied effectively. The many opportunities for reflection and collaboration ensured that I both identified and considered ways to mitigate

potential harms of this research, particularly around ways that I (re)constructed and shared my findings.

8. **"Meaningful coherence"** (Tracy, 2010, p. 848)

    The data I used in the study allowed me to address my research questions. Hermeneutic phenomenology fit well with the interpretivist framework and the constructivist and critical feminist theoretical lens. Finally the emphasis on reflection and collaboration helped me ensure that the final research products were sensical, high quality and that they "lived up to what was promised" (Tracy, 2010, p. 848).

Conclusion

For me mothering is both a personal and intellectual project. This is reflected my dissertation via topic, framework and theoretical lens, and research methodologies. I wanted to contribute to the public health literature around mothering by expanding and deepening the way motherhood is conceptualized and by exploring under-investigated topics around mothering. Fittingly, I believe this work has both academic and personal value. Academically it offered a unique positioning of mothering as performance and utilized a creative methodology to investigate an under-explored topic. Personally, it provided a structure for my own grappling with mothering and, more broadly, for grappling with my role as a co-constructive researcher. I hope that this research will contribute to the push for both material and intellectual space making and equity around mothering.

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CHAPTER III

MOTHERING PERFORMANCES AND SELF-CARE:
FINDINGS FROM A POETIC HERMENEUTICAL PHENOMONOLOGY

Abstract

Due in large part to paradigms and standards established by intensive mothering ideology, maternal self-care is under-explored. Using a gender performance framework, I developed a poetic hermeneutical phenomenology to examine self-care via mothers' lived-experiences. A central aim of this work was to acknowledge the power of caretaking as a mothering performance while destabilizing its connections to intensive mothering via focusing on mothers' experiences with their own self-care. Mothers articulated a variety of definitions of and stances towards self-care, which both converged and diverged with intensive mothering norms. Based on study findings, suggestions for possible changes in how public health engages with mothers are discussed.

Introduction

> As a Mom, I make or influence health decisions and actions for my children, my spouse, my friends, my parents, and even my pets. I schedule my husband's colonoscopy appointment, get my kids immunized, buy the car safety seats, convince my Dad to use his hearing aids, and keep the family medical records. Sometimes I even care for my own health!

So begins Daniel's (2009) editorial entitled "The power of mom in communicating health" in the *American Journal of Public Health*. The editorial goes on to emphasize the under-utilized "critical role" (Daniel, 2009, p.2119) of mothers within public health as

advocates, consumers, and gatekeepers and suggests that public health do more to engage with mothers, who, Daniel (2009) concludes, are the fields "most powerful and motivated ally" (Daniel, 2009, p. 2119).

Daniel's (2009) editorial illuminates a central conceptual and practice-based paradox in the US public health relationship with mothers (Nichols et al., 2013). While mothers occupy a central position within public health consciousness, maternal health tends to be so linked to child and family outcomes that it becomes positioned as a function of child and/or family wellbeing. For instance, all of the "landmark projects" (Maternal and child health bureau, n.d., p. 2) described by the Maternal and Child Health Bureau (MCHB) of the United States Health Resources and Services Administration, partially or completely focused on fetal/infant/child/adolescent health. Four projects focused exclusively on child health (e.g. "prevention of childhood injuries," MCHB, n.d., p. 2). Two projects, both centered on pregnancy, focused on mother and child health together (e.g. "nutrition care during pregnancy and lactation," MCHB, n.d., p. 2). No projects focused exclusively on maternal health.

The overarching implication of this paradox is that even as public health research and practice underscores the importance of mothers, the field simultaneously ignores or even erases (the importance of) mothers' own health. Thus, many public health initiatives may fail to adequately support and/or even cause harm to mothers. In this paper I argue that much of this failure is linked to the intertwined ideas of intensive and hegemonic mothering. "Intensive mothering," a term coined by Sharon Hays suggests that in the United States, the dominant mothering ideology demands that mothers "spend a

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tremendous amount of time, energy, and money in raising their children" (Hays, 1996). Per Arendell (1999) focusing on the kind of "good" mothering practices that intensive mothering demands, instead of on mother's actual lives and circumstances, reflects "hegemonic motherhood" in which mothering standards overshadow mothers themselves.

Positioning mothers as a channel to/vector of child and family health does not occur in a vacuum, but instead represents specific ideologies about the roles and functions of mothers in US society. In its lack of focus on maternal health as a stand-alone construct, public health reflects and perpetuates values associated with intensive mothering including: caretaking as the central maternal prerogative and self-sacrifice as a cornerstone of good mothering.

Ideologies about mothers/mothering converge with on-the-ground promotion and programming realities within public health that, in spite of calls to conduct more structurally based work, (McLeroy et al., 1988; Stokols, 1996; Best, 2011) often focus on individual-level measures to reduce/prevent disease and/or support health (Golden & Earp, 2012). These individual-level measures can be broadly conceptualized as self-care, which the World Health Organization (WHO) (1998) defines as "…what people do for themselves to establish and maintain health, prevent and deal with illness" (p. 2). Though there is widespread acknowledgement that good health requires more than individual self-care behaviors, emphasizing self-care remains a central public health strategy.

The concept of self-care is complicated when the individuals in question are children. Because children are generally beholden to the health-related decisions of their caretakers, adults serve as self-care proxies. An emphasis on quality adult caretakers

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replaces an emphasis on self-care for children. Mothers remain the primary caretakers for children (Hays, 1996; Reich, 2014). Thus mothers and maternal caretaking are/is a key focus in supporting child health (Reich, 2014). While this is not necessarily a problem on its own, when public health (either wittingly or not) employs intensive mothering tropes/ideologies as part of emphasizing mothers' roles in child health, maternal health may be ignored, sacrificed, and/or re-configured in a way that harms mothers in the name of helping children. This argument undergirds the research I discuss in this paper.

My study investigated maternal self-care within a framework of gender(ed) performance, which focused on the way that mothering ideology connected to caretaking as the primary mothering performance. I used a hermeneutical phenomenology design to explore lived-experiences of maternal self-care within the context of mothering performances. A key aim was to acknowledge the power of caretaking as a mothering performance while destabilizing its connections to the constraints of intensive mothering by focusing on mothers' experiences with their own self-care.

Mothering as Performance

Judith Butler (1988) argues "…[gender] performance renders social laws explicit" (p. 526). West and Zimmerman (1987) concur adding that gender performances not only explicate social laws, but also "legitimate" (p. 146) them. "Doing" (Butler, 2006, p.34; West & Zimmerman, 1987, p. 216) or performing gender both reflects and (re)produces social norms. Mothering is an example of a type of gender performance in which presumptions about how mothers ought to behave are codified into social practices. Like gender performances more broadly, mothering performances are socially predicated

(Butler, 2006) and include behaviors and actions that help to form and reflect social constructions and conceptualizations of what/who makes a mother and how. As Christopher (2012) notes, mothering performances involve not only acts of mothering but also how mothers "make sense of these decisions in light of what they think they *should* be doing" (p.75)

The dominant US social norms around mothering are grounded in intensive mothering. Intensive mothering ideology can be situated within the realm of performance by considering the ways individual maternal acts relate to social expectations of intensive mothering (Bell, 2004). In other words, mothering performances are nested within the social constructions and conceptualizations of intensive mothering. "Good" mothering performances hinge on mothering actions and practices that reflect deeply concentrated engagement around taking care of children.

Successfully performing intensive mothering is made more or less possible based on socioeconomic location. White, married, middle and upper income mothers tend to have more access to the time, money, and resources that intensive mothering demands (Avishai, 2006). Consequently, these mothers embody the intensive mothering ideal (Reich 2014). However, many studies have shown that mothers across a range of racial, ethnic, and socio-economic strata evaluate their mothering practices based on the performance standards established and perpetuated by intensive mothering ideology (Elliot et al., 2015).

Why Maternal Self-Care Matters

Maternal self-care matters because mothers' health and wellbeing can get lost in (expectations/demands around) mothering performances which so emphasize the importance of caring for others that maternal self-care becomes overshadowed and ignored. As previously mentioned, because maternal caretaking is a cornerstone of socially constructed ideals of motherhood, mothers' behaviors around their own wants/needs may be, at the very least, discursively obscured. The focus on caring for children above all else prevents full recognition and explication of mothering experiences. Focusing on mothers primarily via how they care for their children is harmfully circumscribing and stands in the way of maternal self-care both theoretically and practically.

(Re)presentations of Mothering Performances through Caretaking

Caretaking is a key mothering performance in the United States; caretaking for children (Hays, 1996; Arendell, 2000) and for families and communities (Collins, 1994) is fundamental to how many mothers do mothering. Perceptions of high quality mothering center on effective, protective caretaking intended to ensure the health, safety and wellbeing of children.

Alternately, insufficient and/or inadequate child-caretaking is often a key representation of poor quality mothering. Bell et al. (2009) note that some public health narratives and initiatives invoke/construct "'bad mother[s]'" whose unhealthy activities/behaviors put their children at risk. Per Bell and colleagues (2009), poor, non-white, single mothers are particularly subject to public health surveillance and messaging

around their (potentially endangering) roles. In this maternal caretaking performance, mothers are positioned as vectors of risk instead of sources of caretaking. This framing reflects assumptions emerging from hegemonic mothering which position mothers who fit the hegemonic mothering as standard setters for all mothers. Mothers who do not fit the hegemonic mothering model and/or are not able to engage in all-encompassing child-caretaking may be subject to unfair scrutiny that is motivated more by hegemonic mothering ideation than the effects of mothering behaviors.

Maternal caretaking is generally positioned as directed towards the needs and wants of others instead of towards the needs and wants of mothers. Public health tends to engage with self-care within maternal caretaking performances using two broad frames. The first is maternal self-care minimization. Here, maternal performances of caretaking tend to be outwardly focused in order to prioritize/ensure the health and wellbeing of children and family. In this maternal caretaking performance, maternal self-care receives little attention because of the emphasis on child/family-caretaking (Devine & Olson, 1992) and/or because mothers endorse maternal "selflessness" (Barkin & Wisner, 2013, p. 1053) that relegates self-care both as possibility and practice.

The second overarching frame is maternal self-care as *part of* child/family caretaking. In this performance maternal self-care is emphasized/practiced because it occurs in the service of caring for children/families. Thus maternal self-care is validated as part of good mothering (Barkin & Wisner, 2013). This performance is often explicated via women who are mothering in exceptional and/or time-specific circumstances, for instance mothers with chronic illnesses and/or disabilities / mothers who are caring for

children with chronic illnesses and/or disabilities; mothers in the postpartum period; etc. Here, maternal self-care is positioned as a central concern because maternal self-care directly affects mothers' ability to effectively care for children/families (Shambley-Ebron & Boyle, 2006; Murphy et al., 2007; Barkin & Wisner, 2013).

Research and programming focusing on how maternal self-care affects maternal health is sparse. At least one study suggests that some mothers in the postpartum period endorse self-care as important to maternal wellbeing (Barkin & Wisner, 2013). However there is very little discussion of everyday lived-experiences around maternal self-care among mothers and almost none among mothers who are not mothering in exceptional / time-specific circumstances.

The present study begins to address this gap by using mothers' articulations of their lived-experiences to explore how maternal self-care is reflected by/within mothering performances. The majority of the women in the study were non-white and low-income. Many were also single mothers. The bulk of the study participants did not match the hegemonic mothering ideal and instead represented mothers who are more likely to be positioned as potential risk vectors (instead of caretakers) within public health discourses. Because these women lack the qualities most strongly associated with hegemonic mothering ideals, they may be particularly vulnerable to internalizing the standards of intensive mothering because of the pressure to be more like hegemonically "ideal" mothers.

Purpose

I designed the present study to address the knowledge gap around how mothers, particularly those who did not represent mothering hegemonic ideals, conceptualized/perceived/enacted/negotiated self-care as part of routine, every-day mothering performances. One goal of this work was exploring how mothering connected to and/or impacted how mothers described their self-care. Another was to use study findings to suggest changes to how public health engages with mothers.

Design

For the study I conducted an analysis of secondary data. I used a hermeneutical phenomenology design to examine the two research questions: How do women who are performing mothering experience self-care? *and* how do mothering performances affect women's self-care? To assess self-care, I used the WHO (1998) definition mentioned earlier applying it to activities that mothers did for "…themselves to establish and maintain health and to prevent and deal with illness" (p. 2).

Original Studies

I first encountered a subset of the data used in the current study in 2010 while working on a project designed to examine self-care among black mothers (Nichols & Gringle, 2013). One of the key themes was an experience that we called Eclipse, which described the way that the care needs of children, partners, family, workmates, and other community members overshadowed or marginalized maternal self-care. In the present study I aimed to expand upon this theme by situating the obscuration (or eclipse) of maternal self-care as both an individual and public health level phenomenon.

I analyzed data from two separate but related qualitative studies that investigated maternal health among urban mothers using semi-structured interviews (n=36) and focus groups (n=3). Study 1 asked mothers to detail their daily health practices along with their perceptions of health/healthiness and specific health concerns (Nichols & Gringle, 2013) while Study 2 focused on health "perceptions and practices" among mothers of adolescent girls (Biederman et al., 2010) and asked participants to describe a typical day and then probed for self/family health practices within that schedule. Mothers were interviewed individually twice in Study 1 and once in Study 2. Some mothers participated in both interviews and focus groups and one mother participated in both studies, resulting in 26 total participants in the combined study.

Purposive recruitment for the original studies took place via community organizations, churches, and word-of-mouth (Nichols et al., 2015). Individual interviews lasted for about an hour and were conducted in either community centers or participants' homes. The three focus groups in Study 1 lasted between 90-120 minutes and occurred in a North Carolina community-based organization that provided resources for women. Interviews and focus groups were audiotaped and transcribed verbatim. Both studies achieved theoretical saturation (Nichols et al., 2015). All participants provided consent for both the original study and for general explorations of the data (allowing for ethical secondary analyses per Heaton, 1998) and study procedures were and remain approved by the authors' Institutional Review Board.

Participants

Original study participants lived in New York City, New York or Greensboro, North Carolina between 2006-2007. Participants ranged from 20-47 years old, with the majority being between 30 and 45 years old. Most participants reported low/middle incomes and some college education. Participants had 1-12 children, with the majority of participants having between one and three children. Over half were married or partnered. Participants were racially and ethnically diverse with over half identifying as African American and less than one fifth as white. Three participants identified as Caribbean, one as African, one as Caribbean and Asian, one as African American and Mexican, one as white and Native American, and one as white and British.

Method

I used poetic analyses (Nichols et al., 2014) within a hermeneutical phenomenology. Hermeneutics is a philosophical perspective, which suggests that the way we understand meaning is predicated upon our iterative interpretations of our experiences. Phenomenology is both a philosophy and a research methodology based on the assertion that what we know is inextricable from how we know (Husserl, 1962). In order to understand the essence of a phenomenon, inquiries must have a twofold focus, examining how people perceive their worlds and how people make meaning around these perceptions (Merleau-Ponty & Smith, 1996). Hermeneutical phenomenology, therefore, is grounded in the idea that meaning is accessed (and constructed) through human interpretations of / narratives about lived-experiences (Lindseth & Norberg, 2004, p. 147).

Like all varieties of phenomenology, hermeneutical phenomenology emphasizes (re)presentations of the essence of a phenomenon. However hermeneutical phenomenology also destabilizes "essence" by underscoring the ways that meaning making is connected to human interpretations of lived-experiences (Laverty, 2003). In hermeneutic phenomenology, essence is not uncovered but is built from ongoing attention to how articulations converge to form stories about human experiences. Using hermeneutical phenomenology allowed me to explore how mothers' articulations around mothering performances and self-care construct meanings around caretaking.

I chose to conduct poetic analyses to explore the research questions for three interrelated reasons. The first is that poetry itself is hermeneutical – as Richardson (1993) notes, "poems can be experienced simultaneously as both whole and partial" (p. 704). This whole/partial dynamic represents the process of searching for and then destabilizing essential meanings -- meaning in poetry can occur at the level of the poem itself, the level of the stanza, and the level of the line. The second is that poetry is performance. As Slinn (1999) notes, "poems gain meaning and cultural significance from their function within social contexts and cultural discourses" (p. 66). This is a key point because I situated the study to refute of intensive/hegemonic motherhood. Lastly poetry makes collaboration explicit by directly engaging the reader in interpretative meaning making. Thus poetry offers a way to literalize the ways that knowledge is constructed between researcher and researched (Nichols et al., 2014).

Data Analysis

Original transcripts were uploaded into Atlas.ti, data analysis software that helps manage text-based data. I closely read each transcript two times and memoed initial impressions around mothering performances and self-care. I then developed an initial codebook to explore the presences/absences of maternal self-care as part of mothering performances. I wrote code memos and tracked all my coding decisions. Upon completion of initial coding, I compared and contrasted codes to explore themes related to the sources and causes around the presences/absences of maternal self-care in mothering performances. I continued this process until I reached thematic saturation. I then wrote two sets of poems using participant quotes from the coded transcripts to make meaning around lived articulations of mothering performances and self-care. One set of poems (re)presented the presences/absences of maternal self-care as part of mothering performances. The other set of poems (re)presented the themes related to the sources and causes around the presences/absences of maternal self-care in mothering performances. Poems incorporated many speakers and represented the essence(s) of the experience(s). Finally I composed memos for each poem separately and for the poems as a set as part of exhaustive meaning making around the essence of mothering performances and maternal self-care. Throughout the analytic process I shared my analyses and findings with the original Principal Investigator (PI). We resolved any disagreements about method or meaning making through conversations, which I detailed in written memos.

Findings

The essence of maternal self-care as experienced within mothering performances for this group of women covered a variety of inter-related domains, including: experiences of exhaustion; work demands; self-sacrifice, sources of / experiences with support; contrasting motherhood and womanhood; need for personal time/space; articulations around personal health; and rewards of mothering. These domains, represented in Figure 1, are described below along with excerpts from the analytic poems.

Figure 1. Phenomenological Domains of Maternal Self-care
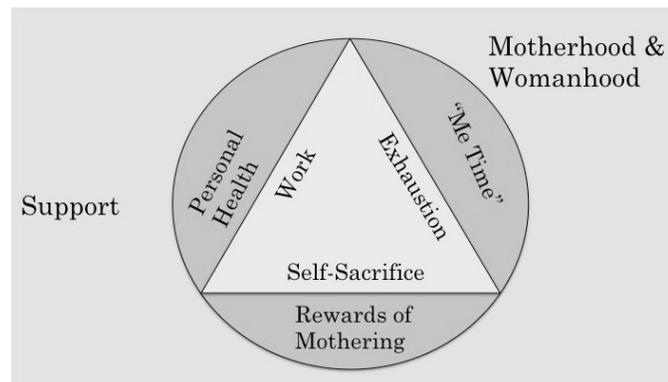
Foundational Phenomena

Three domains: Exhaustion, Work, and Self-sacrifice formed the foundation of the study findings. These domains and the experiences that they (re)presented were central lived-experiences of self-care among the mothers. While the domains do not necessarily reflect the experiences of every mother in the study, together they reflect three essential experiences around the essence of self-care and mothering performances.

Exhaustion

One of the most salient themes that emerged from the analyses was exhaustion. Exhaustion describes the sense of fatigue that saturated mothering performances. Sources of exhaustion fell into three overlapping categories: lack of sleep, over-filled work schedules, and caring for children. Mothers frequently described franticly rushing from one activity to another. Exhaustion arose from mothers' inability to rest in the face of their demanding schedules. They reported near constant fatigue and insufficient sleep. Exhaustion was also linked with the sense that there was no available time for self-care activities due to day-to-day schedules that were already brimming with myriad responsibilities. Exhaustion was not only a barrier to maternal self-care on its own, but also illuminated how mothers in the study experienced day-to-day time pressures and how these pressures contributed to deemphasizing and/or neglecting self-care. Both the overwhelming sense of exhaustion and the rushing that characterized mothers' everyday lives is captured in the poem excerpt below:

> I
> I feel
> TIRED
> Ok there is no morning and night with the new baby
> I'm really tired
> Because he doesn't sleep so I don't get sleep
> I'm just so tired
> I'm up early every single day
> I don't mind it but it's tiring
> I'm always on the run
> And usually I'm tired and
> I'm working 8 to 5 and 11 to 7
> I don't know what enough sleep is

Work

In much the same way that mothers reported a constant sense of exhaustion, they also discussed many work responsibilities. Mothers offered broad interpretations of work, highlighting a variety of areas that necessitated their labor. For instance, mothers often discussed work in terms of caretaking for children and families:

> Make sure everything's right with the baby
> Mom can you help me with my homework
> And then my husband 'just come do this for me' or 'can you find this…'

Mothers also described work related to employment outside of the home and to school ("I work in the day and then I work in the evening / I also take classes.")

Some mothers framed self-care as a kind of work, often as a way to articulate its importance and sometimes to justify attempts to prioritize scheduling time/space for self-care. The following stanza explores how these women conceptualized self-care as work that demanded time and energy:

> It's up to me to put forth the effort
> It's not very comfortable doing for yourself
> Or taking care of yourself so you know
> You have to
> I
> I have to work at it and
> I'm working at it and
> It's hard work

Work was a grounding force in the mother's lives. Most did not articulate a difference between types of labor. Instead the mothers discussed ways that many sources of work converged to create a prevailing sense of overload. Work was strongly

implicated as a central source of exhaustion (and accompanying rushing) previously described.

Self-sacrifice

Like exhaustion and work, self-sacrifice was a central experience of mothering and self-care. Mothers described how self-sacrifice led to ignoring, deemphasizing, and denying self-care. Some mothers expressed sacrifice as an existential expectation related to gendered caretaking ("We're so used to caring for/ someone else's needs/ we learn to be quiet and be still"). Others related self-sacrifice specifically to mothering ("Most everything else I have in the refrigerator is/for the boys/A lot of the times I cook what they like").

Self-sacrifice performed in the service of caring for others, diminished women's agency and stood in the way of self-care. For many women the expectation of self-sacrifice prevented receiving care and assistance from others in large part because providing care/assistance was positioned as part of the maternal and/or womanly purview. This attitude was evident in discussions about the ways in which mothers sacrificed their own needs/wants to care for others and in discussions about prevailing social attitudes that positioned mothers and women as sources instead of recipients of caretaking. Many of the mothers agreed that "as long as everybody's getting everything that they need done / they're not concerned about how healthy you feel today."

Context-Driven Phenomena

Two domains, Support and Motherhood and Womanhood, offered more contextually dependent insights around the relationships between mothering

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performances and self-care. While discussions of these domains occurred frequently, the experiences they (re)presented hinged more directly upon mother's individual circumstances. These domains illuminate essential themes within the data while also highlighting varied maternal experiences.

Support

Despite the prominence of self-sacrifice, many of the women in the study also discussed a variety of sources of support. Mothers described two broad forms of support, both involving interactions with others. The first form was a sense of social, emotional, and spiritual connectedness. The second form was practical assistance from other people. Some mothers described a variety of sources of support from adult peers to spiritual leaders, to professional service providers, to their own children. The following stanza highlights peer support as articulated by the mothers:

> They're all working mothers too
> So we all sit down and share the pain
> Like ohhh God
> […]
> I went out with some of my officemates after work or during lunch
> Once in a while we go like for a 2-hour lunch just to release stress

Some mothers also described receiving practical support from their children especially around household responsibilities ("They fold clothes, they sort laundry, they do dishes / The boys / help around the house").

Mothers also discussed a lack of available sources of support. Lack of support was often linked to a sense of geographic and social isolation and many mothers suggested that their isolation was due to caretaking. Other explained that their desire for

personal privacy kept them from reaching out to others. Regardless of reasons isolation

was a common experience as the following stanza portrays:

> Most of everybody I grew up with and old friends still live
> About an hour and a half away
> I don't socialize as much I'm with my daughter a lot
> And there's no escape or there's no one sometimes
> Maybe no one to talk to
> I just try to work things out on my own
> I rarely call anybody 'cause I'm, I'm trying to
> Keep my issues my issues

When it was available/accessible, mothers perceived support as beneficial.

Support provided a sense of community, opportunities to socialize, and help with

responsibilities. Some mothers described support as directly facilitating self-care ("I need

my rest they take over"). Depictions of social support that involved meaningful social

engagement/relationships linked feeling socially connected to self-care. Mothers

described knowing that they could depend on their families, friends, and coworkers as

reassuring. This excerpt ("So um my family is there they're there for me / And I can call

and say / I'm coming by to get a plate") demonstrates the sense of reassurance that came

from feeling that support was available when needed/desired. Conversely, lack of support

undercut self-care both because of feelings of loneliness and because mothers had no

respite from their responsibilities.

Motherhood and Womanhood

Motherhood and Womanhood took up the oppositions and elisions that mothers

described around negotiating their perceived gender(ed) roles and behaviors. Mothers

articulated roles and behaviors as mothers and roles and behaviors as women as mutually

contested. As seen in self-sacrifice and support, mothers described this opposition by

suggesting that responsibilities around child-caretaking (here particularly around

attempting to secure their children's futures) displaced personal needs and desires ("Even

though I'm not doing it for myself /I'm trying to look out for her future/I don't want her

to be like me"). Others described the tension of longing to act and/or be treated in ways

that emphasized their femininity and not just their mothering:

> How in the world are you going to forget about being a woman
> You want to go out on a date
> Yeah you want to dress up and feel pretty, feel wanted

Finally, some mothers enmeshed their needs as women within their mothering

performances. These mothers suggested that effective mothering involved modeling

womanly sociality for their children in order to teach them about the importance of

interpersonal relationships:

> You know what they don't need to see you isolated
> They need to see you interacting,
> The girls need to know you know that mommy is living a normal healthy
> life.

Mothers grappled with their motherly and womanly roles/performances. Those

who were able to integrate the two domains did so by making their femininity part of

their mothering project, using a didactic frame to legitimate time and energy devoted to

these needs and desires. Others explained that prioritizing mothering forced them to

deemphasize and even abandon femininity particularly around socializing, despite its

personal importance. Mothers often felt unable to adequately balance motherhood and womanhood because of both perceived and practical demands of mothering. Indeed mothers expressed that mothering necessitated this kind of self-sacrifice; proper mothering required abandoning central parts of themselves and their self-care.

Definitions and/as Situated Phenomena

Lastly, three domains: Me Time, Personal Health, and Rewards of Mothering showed how mothers both defined and situated self-care. Like the context-driven phenomena discussed above, these domains were often described though experiences varied. Findings reflected both mothers' individual definitions of what constituted self-care and their individual mothering positionalities, which affected their ability to engage in self-care pursuits/activities.

Me Time

"Me Time" refers to mothers' desire to have time, space, and energy to devote to their own needs/wants. Mothers suggested that "me time" was, at least in theory, a key component of self-care. Some mothers described being able to prioritize "me time," many going to great lengths to ensure/attain it, as this excerpt details:

> I used to get up at
> 5:00 in the morning just to
> Have some me time
> I make time for myself

Others described "me time" as inaccessible and unachievable. In most cases mothers explained that the demands associated with mothering stood in the way of "me time," as shown here:

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There are times in the day when I just be wantin'
But I can't get it because
She just be like
"It's time for me now"

While the mothers in the study agreed that "me time" was important, it remained inaccessible to many. Mothers who were able to access "me time" generally did so by finding times/spaces that neither interferes with nor took away from other responsibilities. Mothers who were not able to access "me time" generally attributed this inaccessibility to their numerous competing responsibilities; for many women devoting time to others precluded devoting time to themselves. While some mothers suggested that at least some "me time" was non-negotiable in their lives, many seemed to view "me time" as expendable particularly in the face of what they viewed as more pressing work (which often involved caring for others). Women tended to privilege mothering and/or outside the home work/school responsibilities over "me time" in large part because these responsibilities were viewed as essential to home/family functioning while "me time," and the opportunity for self-care that it provided, was not.

Personal Health

Personal Health represented mother's articulations of health domains and processes for negotiating healthcare/health needs. Examples of health issues and concerns covered a range of areas including: medical care, exercising, diet and food choice/preparation, and mental and emotional health. When mothers perceived their needs or concerns as health-related, *some* seemed able to justify making time in their schedules for self-care. Mothers discussed engaging in health-related self-care practices

including: going to the doctor for a "mammogram / pap smear;" "tak[ing] medication;"
exercising ("I try to do an hour a day / two times hopefully three times a week"); being
"very conscious" of food choices and making healthy foods available at home ("I put
carrots in the house"); and managing stress and depression:

> Sometimes I feel my anxiety about to come
> I have um depression
> But that's why I found myself a therapist
> you're workin' out your mental health
> that's part of stress management

The most common experience among the mothers was the absence or neglect of
personal health. Mothers blamed themselves for neglecting their personal health, while
also implicating the schedule-packing demands of mothering:

> I haven't been taking care of myself
> I have bad habits
> I admit that
> I'm always gonna start a diet on Monday
> Scheduling a time to go
> That's the main thing

As seen most explicitly in the above couplet "I have bad habits / I admit that," mothers
tended to frame their health as individual responsibility, often suggesting that "just
making better decisions" was the locus of personal health.

Echoing many other themes, some mothers suggested that their children
motivated personal health, particularly via mother's desires to be positive role models,
which linked personal health with effective mothering:

> if we if we work out together that would
> you know not only help her but
> help me too because I mean
> she's looking up to me to do it

Finally, as with "support," a few mothers suggested that children and families could provide a kind of motivating camaraderie around personal health ("You know what? If I'm doing it we're all doing it") that turned self-care into a group activity.

Mothers regarded personal health as important and linked their health to their ability to successfully care for and ensure the wellbeing of their children. Some reported being willing and able to devote time and energy to a range of health practices. However, as illuminated in the theme "exhaustion," efforts around and motivation for personal health were often hamstrung by a combination of too little time/space in the schedule and rampant fatigue. Although mothers positively and negatively linked personal health to their children/families, and many described ongoing relationships with healthcare professionals, personal health was still generally represented as an individual burden that mothers faced mostly on their own.

Rewards of Mothering

Lastly, "Rewards of Mothering" focused on the sense of pleasure that emerged from mothering performances. This pleasure hinged on mothers' direct and indirect interactions with their children. Mothers described how interactions with their children gratifyingly reflected effective mothering:

> So I think that when she honors
> And she asks how I am doing
> It just, it just it's the fruit
> Of what I put in

Mothers also discussed how their children fostered a holistic sense of self-appreciation:

> Like I said my children
> They were, they are
> My saving grace
> I could see so many positive things in them
> And I had to look at myself.
> Certainly if, if they're the quality of kids
> That they are
> I must be a good person

While the majority of study themes explore the hardships of mothering, many of the mothers in the study reported that mothering was also decidedly personally meaningful. Though mothering frequently undercut self-care, it also functioned as a kind of self-care all its own. Mothering offered substantiation, particularly around the ways that raising children provided avenues for positive personal self-reflection. Mothering, therefore, was ultimately double-edged for the women in the study, implicated in both marginalizing/preventing and offering pathways towards self-care.

Discussion

One of the most salient points that emerged from this work is that most mothers had so many child/family-caretaking responsibilities (including work outside the home which is often crucial to support children/families) that self-care became nearly if not totally impossible. The impossibility of self-care was particularly evident when mothers' perceptions about what mothering should entail and specific contexts of mothering

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intersected. That is, when women perceived that mothering required self-sacrifice and total devotion to children *and* the contexts of their mothering were over-filled with responsibilities they tended to position mothering and self-care as irreconcilable. This sense of irreconcilability was amplified when accompanied by feelings of social isolation. The combination of psychic and practical self-sacrifice, exhaustion, and lack of support appeared to exert the most undermining influence on self-care ideation and practices. This finding most clearly reflects ways that the ideology of intensive mothering can influence mothers' lived-experiences. Here, self-care becomes a casualty of a system of mothering performances based upon the notion that caretaking ultimately belongs and is owed to children and family members, positioning mothers as sources, but not recipients, of care.

Conversely, some mothers described ways they were able to delineate self-care, emphasizing the benefits (and sometimes the perceived necessity) of finding time and space away from their children and families. Many described adult social support as central to self-care. Social support itself was perceived as foundational to self-care as access to it not only provided a sense of community and belonging but also helped facilitate time and space for mothers to engage in self-care pursuits. Here mothers tended to position self-care as distinct from child/family-caretaking, self-care occupied a separate, usually adult, domain. Although never directly articulated, mothers who positioned self-care as important, achievable, and necessary offered a counter narrative to intensive mothering ideology and discourses.

Mothers also described self-care as separate from mothering. The differences between mothers who could not engage in self-care because they were unable to find time/space away from their children/families and mothers who could engage in self-care because they were able to find time/space away from children/families were related to attitudes, contexts, and sources of support not to fundamentally different views about the position of self-care within maternal caretaking. A central conceit of intensive mothering, that a mother's function is to provide care to others, remained writ large even as some mothers were able to identify and harness resources that facilitated self-care practices. Thus some mothers who were able to practice self-care still appeared to conceptualize self-care within the confines of an intensive mothering norm.

Other mothers conceptualized mothering and self-care as enmeshed rather than distinct, which affected how they both articulated and engaged with self-care practices. Some mothers linked mothering with self-care practices arguing that engaging in self-care improved mothering, reflecting one of the common frames around mothering and self-care described towards the start of this paper. Mothers who endorsed the connection between self-care and mothering attempted to prioritize self-care because they believed that self-care helped them to be better, more effective mothers. They both described and engaged in self-care either in tandem with their children (e.g. exercising together) or with their children in mind (e.g. describing their adult socializing as a way positively model healthy relationships for children). While these mothers found both discursive and practice-level ways to locate self-care within mothering, ultimately maternal self-care

was positioned as part of child-centered caretaking, again reflecting intensive mothering ideology.

Finally some mothers described mothering itself as a central component of self-care. Mothers in this group discussed the ways that relationships with their children not only encouraged but also enabled self-care. Unlike the mothers who emphasized self-care as an important component of good mothering performances, these mothers suggested that their children were a locus of self-care. Some reported that raising children facilitated emotional self-care, in which mothering children provided mothers with inspiration, motivation, and a sense of purpose/self-worth. Children also offered practical support for self-care by participating in household tasks and easing the burden of maternal responsibilities. By colluding mothering with self-care, these women pushed back against intensive mothering ideology. Here, caretaking was not unidirectional, and exhaustively given from mother to children (per intensive mothering) but instead was shared between mother and children. These mothers were not substantiated by sacrifice for children but instead by the mutual substantiation of bidirectional caretaking that emerged from their lived-experiences of mothering performances.

An overarching theme that emerged from this study was that mothers' expressions of lived-experiences often reflect, at once, resistance and compliance with (often harmful) socially constructed norms and standards. This resistance and compliance courses through study mothers' accounts of mothering and self-care. One of the most compelling findings from this work is that compliance with these norms and standards is not synonymous with a sense of victimization just as resistance is not synonymous with a

sense of emancipation. I maintain that intensive mothering and the hegemonic ideal that it informs is harmful especially to marginalized mothers. And yet, the ways that resistance and compliance inform and are articulated, negotiated, and (dis)entangled within lived-experiences of mothering deserves continued investigation.

Study findings both converged and diverged with prevailing discourses about maternal caretaking. A central thread that emerged within nearly all of the study themes was that mothering performances sidelined self-care. Yet mothers in the study did not exclusively describe their caretaking as outwardly directed. Instead they discussed various strategies for practicing self-care and how mothering itself provided (a way to access/practice) self-care.

Recommendations

Those of us who work in public health have a responsibility to think about how we treat these narratives: how we approach them, read them, interpret them and (re)release them. In order to do this effectively, I believe researchers must be more willing to seek out, interrogate, and claim our own positionalities. When we err on the side of professional or intellectual distance, we may risk playing into the replication of harmful power structures that so many of us stake our work against.

Mothers' experiences and conceptualizations of caretaking offer some potential conceptual and practical avenues for changes to the ways that public health engages with mothers particularly around maternal self-care. A critical overarching conceptual shift involves (re)centering mothers within theory, research, and practice. That is, rather than

relying on child-centered ideologies and tropes to define and frame mothering, public health must pay closer attention to mothers themselves.

One way to begin this process is to identify and avoid hegemonic ideologies/framing around mothering/mothers in research, promotion and practice. Another is to more broadly examine both lived-experiences and contexts of mothering and mothers in order to increase the knowledge base around maternal health and to create sensitive and appropriate discourse, intervention, and health promotion around mothering. Finally, public health professionals should work to expand the construct of maternal caretaking to explicitly include maternal self-care, investigating maternal self-care beyond its effects on child/family outcomes.

On a practice level, study findings suggest that public health practitioners must be aware of possible unintended negative effects of programming that requires mothers to add activities to their schedules. Public health should work to encourage, build, and substantiate sources of maternal social support. Finally public health must focus on improving the overarching contexts of mothering (e.g. pushing for a living wage; advocating for paid maternity leave; etc.) to increase access to and opportunities for maternal self-care. While these changes would likely help all mothers, they might have particular benefits for mothers, like the majority of those in the study, who are constructed/positioned outside hegemonic mothering norms. Making these kinds of changes in the field could potentially improve women's lives while also troubling and refuting (often invisible) marginalizing hegemonic discourses.

Limitations

The study has some limitations. The first concerns the age of the data. Original studies were conducted nearly a decade before I developed the present study. However, though the data is older, the concepts that I explored: intensive and hegemonic mothering; mothering performances and maternal self-care were pertinent to the original data and remain current. Intensive mothering and hegemonic mothering norms have not markedly changed over the past ten years (see recent applications in Henderson et al., 2015; Nichols et al., 2015; Reich, 2014) and the study findings are applicable to a still under-explored area. The second concerns the process of secondary analysis. Although I made every effort to ensure that the data was suitable for the study questions, I did not develop the interview guides and was not able to request follow up or clarification from participants.

Additionally, though the two original studies were similar they did not have identical foci nor did they contain identical interview questions. Therefore it is possible that in bringing the studies together I omitted important differences between the studies and among the participants. In an effort to ensure that I was being faithful to the original data and participants, I regularly consulted with the original PI throughout every stage of the study (development; analyses; and interpretation). Finally, a related third limitation is that neither original study was designed as a phenomenology. However, the original data sets were "rich" (per Creswell, 2007, p. 14) enough to support secondary analysis using a phenomenological approach.

Despite these limitations, the study offers new and important insights. Because the study examines maternal performances particularly related to intensive mothering, the findings are current (as intensive mothering and the performances it demands remains a prevailing ideology) even if the data are not. Barkin and Wisner (2013) recently noted that maternal self-care remains an under-explored area. The study addresses a still current gap in public health knowledge. It provides novel early evidence of and offers some possible solutions for addressing how maternal self-care is minimized within mothering particularly among mothers who do not represent the hegemonic ideal. These insights are presently applicable both to mothers and to the field of public health.

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CHAPTER IV

ENGAGING RESISTANCE:
FOLDING THE PERSONAL, POLITICAL, PHILOSOPHICAL, AND PHENOMONOLOGICAL INTO A POETIC INVESTIGATION OF MOTHERING PERFORMANCES

Abstract

This paper explores how my personal and scholarly resistance informed the development of a poetic hermeneutical phenomenology. The purpose of this paper is not to present specific findings, but instead to discuss the ways that researcher positionalities not only affect but also become folded within (and thus an inextricable part of) research projects. I detail the rationale for the study, discuss the methodology, and provide examples of analytic poems. I conclude with a discussion of how I grappled with, integrated and ultimately transformed my positionality via the theoretical orientation and methodology of the study, offering a kind of reckoning strategy for fellow qualitative research scholars.

Stage-Setting

Prelude

I discovered I was pregnant just before Thanksgiving. I was in the first semester of my second year of a PhD program, taking classes and teaching, spending lots of time on campus. Over the course of the semester, more and more of my conversations with both peers and professors centered on my pregnancy and impending motherhood. I found the faculty interactions especially disconcerting. "You're carrying all in the front like my

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wife did," offered one professor. "Look at that baby!" bellowed another gesturing wildly

at my torso. "Motherhood is going to change you," predicted still another, "you'll see;

women change."

"There is no room for me here!" I snarled. I was sitting in a research methods

class taught by my mentor. I remember leaning back in my chair in our basement

classroom and staring at the door. The baby was thrashing and my stomach was rippling

under my shirt. The beginnings of tears were pricking the backs of my eyes. My

classmates looked concerned. "I think," offered my mentor, "that you just seem more

knowable now – no one is deliberately trying to make you uncomfortable they're just

relating to you in a more personal way."

"I don't want to be knowable!" I retorted and we all laughed, breaking the

tension.

Origins

The origins of this project are rooted at the intersection of previous work and

personal transition. I first encountered the data used in the work I will discuss here while

conducting analyses for a study that used an intersectional framework to examine the

contexts of self-care among Black mothers (Nichols et al., 2015). During this period, I

also discovered that I was pregnant. One of the prominent themes revealed by the

analyses was "eclipse" – the way that the caregiving needs of children, partners, family,

workmates, and other community members overshadow or marginalize maternal self-

care. One of the prominent themes revealed by my pregnancy was the experience of

erasure; my sense that motherhood, both as narrative and lived-experience was

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overtaking my other roles and interests; that my interactions with others were predicated upon constructions of motherhood that reflected overarching social norms rather than my own experiences and perspectives. It wasn't so much that motherhood did not feel personally meaningful (it did; it still does) but that its meanings, and thus my meanings, were socially instead of personally located. Attempting to resist these pre-established frameworks and scripts head-on seemed only to tighten them, as if facing them directly just validated their power--making me, if not one kind of mother then an*other* still, ultimately, knowable based on my maternal position(ing).

I have remained struck by the complexities of being a mother while investigating mothering, particularly how to frame and tell of mothering while remaining mindful of the way our narrative tropes of motherhood are packed with socio-cultural meaning and how these tropes have a way of inserting themselves into our own experiences and expressions. More than just shorthand, these expressions are, I believe, constituting: mothering is not simply experiential but also a mode of being (and being known) that is heavily inflected with structural norms and values. This realization, and the tension it creates around both examining and articulating mothers and mothering, combined with my continued interest in the implications of the "eclipse" theme inspired the work I will discuss in this paper.

Introductions

Personal and/as political

I developed the present project in part as a protest. As a doctoral student in public health I focused much of my attention on issues of maternal and child health. Becoming a

mother myself made me increasingly aware of the way the field positioned mothers as family health managers, conduits to children's health, and depending on social location irresponsible risk vectors for children (Gringle et al., n.d.). Very rarely, if at all, does public health discuss maternal-self care for its own sake; as a rule maternal self-care discussions are nested within broader discourses about effective child caregiving (e.g. to be an effective caregiver, a mother must also attend to her own health). Inquiries into how mothers negotiate and/or experience self-care are almost non-existent showing that the idea of eclipse manifests at more levels than just reported maternal experience.

I felt personally and politically frustrated and sometimes thwarted by this discourse particularly how its overarching attitudes about what and whom mothers should be reflects the tenets of intensive mothering (Gringle et al., n.d.). And yet, within these frustrations I was also wary of positioning mothers (myself included) as overly disempowered or victimized; that, I feared, would render us all as two-dimensional as the (implied) insistence that exclusive function of a mother is to give care to others. I wanted to continue and to deepen my engagements using the data that had catalyzed some of my original insights, while broadening both inquiries into and knowledge about mothering and self-care.

I hoped to, as much as is possible using secondary data, provide original study participants a way to lay claim to their lived-experiences of mothering. In this way, I too could lay claim to a broader, and in my mind more ethical, researcher positioning by designing a project meant to trouble (Denzin et al., 2006) hegemonic mothering discourses via a focus on mothers' own articulations of their lived experiences. The

purpose of this paper is not to discuss specific findings. Instead I will describe (and argue for) how my personal orientation informed a theoretical orientation that led me to the development of a methodology that combined hermeneutical phenomenology and poetics.

Epistemology + Theory

Post-structuralism offered the epistemological starting place for this project. I was interested in exploring maternal self-care as un(der) told stories as a way to complicate and destabilize (Dickerson, 2010) prevailing discourses about mothers/mothering, to trouble if not undo some of the regulatory damage wrought by overly-stabilized mother(ing) narratives. Theoretically, post-structural feminism not only explicitly located gender(ing) (Davies & Gannon, 2005) within the project, but also asserted that the dynamic of "telling/listening" (Rodriguez, 2000, p. 15) not only reflects knowledge co-construction but also are political acts that, via "currently available discourses," (Rodriguez, 2000, p. 15) create rather than merely describe reality. The post-structural feminism process of creating realities must also be used to both claim and reflect upon the positionalities (of theoretical conceits, of participants, and of myself as researcher) embedded within and revealed/troubled by the processes of knowledge construction (Raddon, 2002).

St. Pierre (1997) writes, "…subjectivity is constructed within relations that are situated within local discourse and cultural practice" (p. 176). This perspective is reflected in some public health work, particularly in projects that emphasize a Community Based Participatory Research (CBPR) approach. CBPR focuses on easing

health disparities (Minkler & Wallerstein, 2011) by emphasizing "'starting where the people are'" (Minkler, 1985, p. 307) as a way to empower groups and communities as stakeholders and partners within public health activities and by "promot[ing] social justice" (Minkler & Wallerstein, 2011, p. 6) ensuring (at least theoretically) that public health CBPR projects are influenced by and beholden to the narratives, experiences, and needs of the groups and populations they operate with(in). A central tenet of CBPR is eliding power imbalances between experts and laypersons via equitable, co-constructed collaborations (Minkler & Wallerstein, 2011). While CBPR has been used in health research on/with mothers, (see Chin et al., 2013; Mullany et al. 2012; Savage et al., 2007) it has not yielded much, if any, interrogation of overarching philosophical, social, and/or performative constructs of motherhood/mothering. (Oparah and colleagues, 2015, take up this idea using perspectives of black mothers/motherhood to discuss limitations of CBPR.) Thus, though mechanisms such as CBPR seem positioned to address/correct it, intensive mothering remains a primary and often invisible mothering trope within public health.

As part of my refute to the public health embrace of intensive mothering, in this project, mothers and mothering constituted the local discourse and cultural practice(s). As I detail in the next section, I used a performance lens to position mothering as cultural practice. Conversations about everyday life emerging from mothers them (our)selves provided the local(ized) discourses within the study.

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Lenses

Performance: One of the lenses that I used to situate the project was Butler's (1988; 2006) notion of performance. I conceived of mothering performances as activities that "constitute" (Butler, 1988, p. 519) and "construc[t]" (Butler, 1988, p. 520) the maternal. Put another way, mothering performances include behaviors and actions that form and reflect social constructions and conceptualizations of what/who makes a mother. Applying this lens helped me to position mothering as part of the more public space of social construction. Because US social constructions of mother(ing) are fairly statically bound to intensive mothering ideology (Green, 2015) this positioning allowed me to consider the mothers (us mothers) as part of a collective entity bound, at least in part, by social expectations around mother(ing). It is important to note here that the mothering performance lens was not meant to obscure difference but was instead offered as one point of intersection that united the research participants with each other and with me within this co-constructive project.

Folding: The other lens that I used to situate the project was Deleuze's (1991) notion of the fold. Folds represent breaking and complicating binary divisions (e.g. researcher/researched) by suggesting that binaries relegate knowledge(s) by artificial and often harmful restrictions on (considerations of and thus constitutions of) realities (St. Pierre, 1997). If binaries promote a kind of flattening of (understandings of) the world, folds represent "multiple, simultaneous, and in flux" (Lather, 2007, p. 4) readings and renderings that refuse static, "linear" (Lather, 2007, p. 2) understandings and instead suggests that knowledge(s) result from the continual transactions that occur when a

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binary is elided (St. Pierre, 1997). Folds push beyond reflexivity by suggesting that our own positions are so deeply entangled with what and how we think we know (and what we do not and cannot think to know) that simply reflecting upon our relationship with/to our inquiries maintains the researcher/researched binary, inhibiting fuller, more complex understandings (Mazzei & McCoy, 2010). To offer a concrete example: My own perspectives on mothering are infused, or folded, within all of the levels of this project –I cannot separate my own readings (as broadly defined and experienced) of mothering from how I "use" theory, how I "find" data, and how I "see," and (re)present findings. Instead my perspectives are woven into the texts that encompass this project; there is a part of me that is self-seeking (and self-finding) within its entire production from design, to execution, to interpretations, to disseminations. The separation between researcher and researched is, therefore, a false and already broken binary.

This is not to suggest that no differences existed between the participants and myself. The articulations and experiences (re)presented within this work were not always familiar to me; they did not always connect to my own sense of / experiences with mothering. The point of folds is not to negate difference nor is it to provide a sense of ultimate comprehensibility. Instead, (un)folding underscores the fluidity and instability of knowledge production. In the same way that my sense of mothering as a point of connection (via resistance) to the mothers in this project made it impossible for me to claim a vantage point of researcher separation, simply because I am a mother does not mean I can fully know other mothers.

And yet I both inflected and was inflected by both the creation, execution, and results of the project. The (re)presentations offered in this work reflected, with necessary partiality, (Lather, 2007) all of our lives.

Original Studies

The piece used two sets of semi-structured interviews (n=24) and focus groups (n=3) that originally investigated maternal health among 23 urban mothers. Each of the two studies used purposive recruitment and each achieved theoretical saturation (Nichols et al., 2015). Study 1 (13 interviews; 3 focus groups) focused on the daily health practices of current mothers examining participants' broad perceptions of health/healthiness and specific health concerns. In Study 1, participants were asked specifically about self/family health practices.

Study 2 (11 interviews) focused on health "perceptions and practices" among mothers of adolescent girls (Biederman et al., 2010). In Study 2, participants were asked to describe a typical day and then probed for self/family health practices within that schedule. All participants provided consent for both the original study and for general explorations of the data (allowing for ethical secondary analyses per Heaton, 1998) and all study procedures were approved my Institutional Review Board. This project used all the available interview and focus group transcripts from all of the original study participants.

Original Participants

Original study participants lived in New York City, New York or Greensboro, North Carolina between 2006-2007. The majority of the participants was between 30 and 45 years old and had between one and three children. Most participants reported low/middle incomes and some college education. Over half of the original participants were married or partnered. Original participants were racially and ethnically diverse. Over half the original participants identified as African American, less than a fifth identified as white. Three participants identified as other (combinations of) races and/or ethnicities (Gringle et al., 2016).

The majority of the mothers in this sample represented mothers who, because of various social locations were particularly marginalized by the demands/constraints of intensive mothering (Bell, 2004). This illuminated a key difference between me and many of the participants in this work: While, as I mentioned, I am frequently frustrated and sometimes thwarted by intensive mothering, as a middle-class, married, white woman with a graduate degree I am racially, economically, and discursively privileged. One of the key folds within this work existed at my sense of unity and connection around mothering among the participants and between the participants and myself and my sense that this point of unity could not (and indeed must not) obscure the differential socio-political readings are cast upon us.

The Current Project: Hermeneutical Phenomenology and Poetics

Hermeneutical phenomenology

Hermeneutical phenomenology suggests that knowledges and meanings are best accessed and "expressed" (Lindseth & Norberg, 2004, p. 147) by considering not only fundamental ideas/concepts but how these ideas and concepts are articulated and interpreted as part of "everyday lives" (Fonow & Cook, 2014). Hermeneutical phenomenology, like all varieties of phenomenology, emphasizes (re)presentations of the essence of a phenomenon. However in the spirit of post-structuralism, hermeneutical phenomenology also destabilizes "essence" by underscoring the ways that meaning making is connected to human interpretations of lived-experiences (Laverty, 2003). In addition, hermeneutics pays particular attention to the way that fragments of narrative are put together as a "complex dialectic" (Finlay, 2003, p. 108) to construct whole storylines. A whole story, therefore, wields power in the form of aggregation, while also being a product of the grouping of partial narratives. Thus, both whole and partial stories must be understood as referents; the way the partial narratives converge into an overarching story is as important as the overarching story itself, and vice versa (Ajjawi & Higgs, 2007).

The referential dynamic between partial and whole also extends to the relationship between researcher and researched. As Finlay (2003) notes, part of the hermeneutical research project is "making ourselves more transparent" (p. 108). One of the central (set of) folds within both the project as a whole and this paper is the ways that my resistance(s) to being known through the lens of "mother" informed my research strategies. The study methodology and the processes that it set into motion offered a way

for me to make myself more transparent not through staking out differences between myself and the study participants, but instead through finding points of unity and closeness within our "layers" (Finlay, 2003, p. 106) of partialities. Developing this methodology catalyzed a shift in my own positionality, transforming my previous attempts at personal-scholarly distance to attempts at personal-scholarly embrace.

Poetics and/as hermeneutics

According to Ziarek (1994) Heidegger believed that poetry offers a decidedly hermeneutical refute to the erroneous conflation of partialities with difference. Poetry, with its emphasis on "nearness" (Ziarek, 1994, p. 23) provides a unifying structure for partialities without inflicting homogeneity. The poems were also integral to my own sense of connection with both the participants and this project. The poems offered a pathway for (recognizing and claiming my) closeness while also allowing for differences among the participants and between the participants and myself.

More specifically, in hermeneutic phenomenology essence is not uncovered but is built from ongoing attention to how articulations converge to tell/retell/untell broader stories about human experiences. Thus the poems both (re)present and challenge essence. Insights from mothers both converge and diverge, but they always coalesce around the relationships between mothering performances and self-care.

Lindseth and Norberg (2004) suggest that poetry can provide a way to access and work with the thorough and "interpretat[ive]" (p.151) language that hermeneutical phenomenology demands. Indeed as Nichols and colleagues (2014) note, research poetics offers a way to embrace and grapple with participants' diverse lived-experiences, while

also providing a framework for meaning-making that underscores (re)presentation as collaborative construction between researcher and researched. That is, research poetics, like hermeneutic phenomenology, has a post-structural feminist bent, resisting a single voice telling a single story. Richardson (1993) frames poetry itself as hermeneutical noting, "poems can be experienced simultaneously as both whole and partial" (p. 704). Both research poetics and hermeneutical phenomenology embrace reflexive, collaborative incorporation and examination of multitudes as a central part of meaning.

Poems and/as performance

In order to remain faithful to my theoretical lenses, I decided to structure the bulk of the project using performative poetry. Performative writing emphasizes co-construction and how these co-constructions (between authors and texts) lead to the creation of understandings/knowledges (Pelias, 2005, p. 415). Slinn (1999) argues that poetry itself is a discursive performance that not only illuminates but also constructs social realities. He writes, "like performatives, poems gain meaning and cultural significance from their function within social contexts and within established cultural discourses" (Slinn, 1999, p. 66). Richardson (1992; 1993) concurs noting that the act(s) of poetry can be part of both laying-bare and challenging the ways that meanings and truths are socially "constructed" (Richardson, 1993, p. 697).

Poems and/as folding

Pelias (2005) notes that authors who use performative writing are "committed, [and] positioned" (p. 418). That is, performative writing necessarily reflects not only the content of its text but also how an author uses the text as (re)presentation. Thus,

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performative writing represents a kind of folding between the meanings of authored text, the meanings of the author his/herself, and the combination of the two. Richardson (1992) offers a further poetry-specific insight, offering, "poetry can touch us where we live" (p. 26). This suggests another fold in the project: how the poems are received by and resonate with readers (including myself, as I am both author and reader, and other audiences). A third fold that I engaged at the start of the study was the relationships among theory, authorship, and meanings. That is, theory was textually engaged and challenged as part of the study. Finally the poems themselves offered a take on folding, offering differing, sometimes contesting, perspectives on mothering both individually and when read as a partial or whole set.

Poems

I used poems to crystallize both the structure of the study and the analytic insights that emerged through my engagements with the data. While the poems were foundational, that is, they offered central insights about the study and its findings, they were not meant to supplant other analytic activities (e.g. memo-ing). They were not designed to provide syntheses. Instead the poems collaboratively portrayed (my readings and renderings of) lived-experiences, (Richardson, 1992; Pelias, 2005) illuminated the interrogative avenues of the study, and offered knowledge partialities to both guide and reflect inquiry. There were three sets of study poems. Each provided a related but distinct function. The sets included: Theoretical guide poems, participant poems, and a concluding poem. Description and examples of each of these three sets of poems appear in the following sections.

Theoretical guide

The first set of poems illuminated my "preunderstanding" (Lindseth & Norberg, 2004, p. 150) of mothering as gender performance. This section was comprised of three poems formed from excerpts of Judith Butler's (2006) *Gender Trouble*. In the first poem I showed how gender is positioned as a social performance by using selected quotes from *Gender Trouble*. In the second poem I asserted that mothering, like gender, is a social performance. This poem is identical to the first but the word "gender" has been replaced with the word "mothering." (N.B. these two poems are represented together, as one, due to space restraints).

I./II.
"Gender / mothering is a complexity whose totality is permanently deferred, never fully what is at any given juncture in time"
(Butler, 2006, p. 22)

"How and where does the construction of gender / <u>mothering</u> take place?"
(p. 11)

"The limits of the discursive analysis
of gender / <u>mothering</u>
presuppose and preempt the possibilities
of imaginable and realizable gender / <u>mothering</u>
configurations within culture.

This is not to say that any and all gendered / <u>mothering</u>
possibilities are open,
but that the boundaries of analysis suggest
the limits of a discursively conditioned experience.

These limits are always set within the terms of a
hegemonic cultural discourse…" (p. 12)

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"In what senses, then, is gender / <u>mothering</u> an act?" (p. 191)

"As in other ritual social dramas, the action of gender / <u>mothering</u>
requires a performance that is *repeated*.
This repetition is at once
a reenactment
and
re-experiencing of
a set of meanings already socially established;
and it is the mundane and ritualized form
of their legitimation." (p. 191)

"Although there are individual bodies
that enact these
significations
by becoming stylized into
gendered / mothering modes,
this 'action' is a public action." (p.191)

"There are temporal and collective dimensions
to these actions,
and their public character is
not inconsequential;
indeed the performance is effected with
the strategic aim of maintaining gender / <u>mothering</u>…" (p. 191)

"…gender / <u>mothering</u> proves
to be performative
-- that is, constituting
the identity
it is purported to be." (p. 34)

"In this sense gender / <u>mothering</u>
is always a doing,
though not a doing by a subject who
might be said to
preexist the deed" (p. 34)

In the third poem, I reconfigured excerpts from the second poem to illuminate

how mothering is a gendered social performance, offering both rationale and frame for

the proceeding poems. In addition to explicating and honing the theoretical framework,

the final poem in this set also provided a guide for analytic encounters, showing the ways

I approached mothering within the study analyses.

III.
In what senses, then, is mothering an act?

The action of mothering
Requires a performance that is *repeated*.

Although there are individual bodies
That enact these significations by
Becoming stylized into mothering modes,
This "action" is a public action.

This is not to say that any and all mothering
Possibilities are open
This repetition is
At once
A reenactment and re-experiencing
Of a set of meanings already socially established

These limits are always set within the terms of a
Hegemonic cultural discourse
And it is the mundane and ritualized form
Of their legitimation.

The performance is effected with
The strategic aim of maintaining mothering;

Constituting the identity it is purported to be.
In this sense mothering is always a doing.

Participant poems

I wrote the participant poems using quotes from original transcripts. Each line is associated with a single participant. Stanzas may (or may not) include multiple participants. This blended speaker construction arose out of the striking similarities among participants' language/articulations that I noticed when I first began to read original study transcripts. Additionally, bringing these articulations together reflected an effort at "strategically mobilizing the language of commonality" (Nash, 2008, p. 4). That is, these poems aimed to unite the participants with each other and the participants with me around mothering performances. Differences emerged (or did not emerge) from participants' articulations of lived-experiences, not from externally imposed categories (e.g. race, age, income, etc.). I wrote the participant poems with a focus on central contexts and meanings around lived experiences of mothering and then lightly edited subsequent incarnations with a dual emphasis on improving the aesthetic quality of the poems while maintaining meaning that faithfully (re)presents participants' views (per Faulkner, 2009).

Participant poems comprised two sets of study poems. The first set (of three long poems) took up and (re)constructed the overarching storyline(s) around the ways that mothering performances related to self-care. These poems (re)presented my first readings/understandings/renderings of broad, overarching contexts around mothering performances and maternal self-care. Per Theoretical Guide poem III, this set of poems focused on the "individual bodies that enact" mothering performances and the ways that these enactments came together (or did not come together) to form "mothering modes."

An example of one of the poems in this set, **_Self-care deemphasized_**, appears below. The

poem illuminated one mode of mothering by describing the ways and reasons that the

mothers in the study neglect, ignore, and/or avoid self-care.

> **Self-care deemphasized**
> Uhh nothing.
> Not really anything
> I don't really think about me
> I have bad habits, I have bad
> I admit that
> I haven't been taking care of myself
> I even left myself out
> other things get in the way
>
>
> See I tend to think about
> me AND the children,
> My income's not where I can do that
>
>
> You know nobody is concerned about that
> as long as everybody's getting everything that they need done
> they're not concerned about how healthy you feel today
>
>
> When you are pregnant they drain everything from you
> I mean I've been sick for a month with a cold
> And even sometimes I have thoughts sometimes about trying to
> find a doctor
> A new doctor that would kind of see things going on and help me
> And I've been so busy actually lately with my daughter
> Everything revolves around your family,
> their unexpected friends at the door,
> There are times in the day when I just be wantin'
> Some "me" time but I can't get it because she just be like
> "it's time for me now."
>
> I don't mind it but
> it's tiring

I'm up early every single day
Trying to survive
I'm working 8 to 5 and 11 to 7
I work in the day and then
I work in the evening
I also take classes
Whether I'm at work or at home I'm always working
I'm always on the run

I don't get to eat I gotta clean up I'll eat
while I'm doing that
Most everything else I have in the refrigerator is for the boys
A lot of the times I cook what they like
I'm just so focused on what they eat
Our eating is out because I'm a single mom and the time
And and
everything
I tend not to have anything healthy for ME
That I can just grab
every now and then I'll get like a banana but I'll usually
never eat it until like 10 or 11
when I'm at work

Just doing everything that I would do
so frustrated with doing everything
I'm just doing this doing that
because at work I'm always doing
what they need me to do there
and then
You know get off go get her
and then
come home and make dinner
then
it's like dark outside
By the time you get home and do
what you need to do at home
Put a load of clothes in

I make sure they do what they need to do
mom can you help me with my homework
and then

my husband just come do this for me or
can you find this and
make sure everything's right with the baby
put her to sleep
I just do whatever I have to do and
I dive in my bed
Because I gotta get up in the morning to
go again

I'm really tired
And usually I'm tired and
I I feel TIRED
I'm just so tired
I don't know what enough sleep is
Mentally and physically
I'm exhausted

We could be doing something
If I could just carve out that time
There won't be enough time
Time to dedicate
My schedule throughout the day it doesn't allow me time
And you don't have time to do it
I don't have time

Exercising, that's hard because
I got the baby
I haven't socialized a lot
Implementing those things, I haven't really done that

I hate to say it
I'm not used to anything
Anything that anybody did
for me
would be appreciated

I mean I don't get a turn
I can't do for me because I have to do for you.
I just wanted to make sure the kids were OK

Even though I'm not doing it for myself I'm trying to
look out for her future
I don't want her to be like me.

That's why we shut down
That's why we learn to be quiet
And be still
And not have a turn
Because we're so used to caring for someone else's needs
You really don't get a turn as a woman
I realized how much of a stranger I am to myself.

It's almost like people are like well
You're a mom and a wife
you're supposed to.

The second set of (eight shorter) participant poems focused on construction of

more specified thematic meaning by locating and crystallizing subjectivities in mothering

performances around self-care that emerged within the broad story of self-care and

mothering performances offered in the first set of participant poems. These thematic

poems (re)presented the most prominent narratives that stood out to me while

writing/reading/considering the first poem set. Using the participant articulations found in

the first poems, theme poems explored how participants' notions of self-care illuminated

more intricate meanings about the ways mothering performances related to self-care *and*

meanings about lived-experiences of mothering performances.

Theme poems were titled with participant phrases to reflect a shift from my own

starting agenda of meaning making around how self-care is located within mothering

performances to a closer examination of how participant-based meanings emerged from

my initial inquiries and engagements. While my co-constructing and authorial gaze

remained within these poems, the focus shifted from how my perspectives shaped participants' articulations into meaning(s) to how participant articulations shaped my understandings of meaning(s). Per Theoretical Guide poem III, this set of poems focused on identifying and raising up the "mundane rituals" of mothering by focusing on mothers' own complex meaning-making around "always…doing" mothering.

Some theme poems offered a unified articulation around a theme. Others offered myriad articulations. When there was more than one interpretation of meaning within theme, poems were comprised of matched sets of stanzas that appeared in adjoining columns. Each set of matched stanzas contained an equal number of lines. Some lines were longer/shorter but the text started and ended as one. In this way the poems performed the construction of thematic meanings while simultaneously underscoring partiality and difference. This does not represent fracture but instead may be thought of as representing a kind of two-dimensional folding, with each set of stanzas offering one folded side of the (necessarily partial) essence of the theme.

In this way the theme poems offered a decidedly hermeneutical perspective on self-care and mothering performances, showing though an emphasis on partiality, the ways that self-care may be reflected within mothering performances and how a focus on self-care offered insights around mothering performances. Four of the theme participant poems are presented below. Each of these poems, sometimes with a unified articulation, ((re)presented by a single stanza) sometimes with myriad articulations ((re)presented as matched stanzas) focused on how the everyday lived-experiences of mothering performances affected how mothers view/(dis)engage/position/etc. self-care.

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A note on language

Words and phrases often repeat both among and within the poems. This repetition is intentional and provided insight into how the meanings of text (and the ways that text is part of constructing reality) may shift depending on lived-contexts. Practically, the textual repetition is part of an analytic strategy in which I used only phrases/language from the first group of participant poems in the second group of participant poems. I used this strategy in order to remain faithful to the participants' articulations while co-creating (folding and unfolding) new iterations of possible meanings.

"Gotta get up in the morning to go again"

I
I feel
TIRED
Ok there is no morning and night with the new baby
I'm really tired
Because he doesn't sleep so I don't get sleep
I'm just so tired
I'm up early every single day
I don't mind it but it's tiring
I'm always on the run
And usually I'm tired and
I'm working 8 to 5 and 11 to 7
I don't know what enough sleep is
It's like "Mommy, can Mommy sleep for another hour"

By the end of the day I dive in my bed
I'm exhausted
Trying to survive.

"The time and, and everything"

There are times in the day when
I just be wantin'
But I can't get it because
She just be like
"It's time for me now"

The biggest issue is time
If I could just carve out that time
Enough time
Time to dedicate

I don't have time
It's like dark outside
By the time you get home and do
What you need to do at home
Ok it's time to take a shower

My schedule throughout the day it doesn't allow
Me time
Scheduling a time to go
You don't have time to do it
And if I choose to go to church on Sunday
I'm sitting there, "whew,"
Overwhelmed, you know thinking about
Monday morning

My time, my energy
I can't do for me because
I have to do for you.

They wanna see the baby
Which is good for me
'Cause that
Takes her away for
A little bit of time

I used to get up at
5:00 in the morning just to
Have some me time
I make time for myself

I could make time for myself
When my children are
Up and
Walking around and
Busy

I do try to do an hour
A day
I try to get it in
2 times
Well
Hopefully
3 times
A week

I still make time for myself
I get to have my "me" time
I have to make time.

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"You're a mom and a wife you're supposed to"

I realized how much of a stranger I am to
Myself

Because we're so used to caring for
Someone else's needs
For women you have to deal with so many things
Between
Their husbands or their boyfriends or their children

Being a mother you still know
Pretty much what's going on
Even when you're trying to
Take a catnap or something

We'll always be a mother
I've got to finish raising my kids
Ok, I got to be back
I've got to get back
Home to my children

Meaning all I'm doing with my life is
Gettin' my kids ready for school
Gettin' them off to school and
Puttering around the house until they get home

I can't do for me because I have to do for you
That's why we shut down,
That's why we learn to be quiet and be still and
Not have a turn

Even though I'm not doing it for myself
I'm trying to look out for her future
I don't want her to be like me.

How are you gonna take care of
Your kids

When I see a man mistreating a woman now
I am highly sensitive to that
Because I had 10 years of that
And I'm just not havin' it
I won't have it for my boys

See I tend to think about
Me AND the children
I do want to focus on raising my kids
And not being stressed

My son can read me
And he was like 'Yeah when you sleep later you're
Like the best mom'
I felt kinda bad I was like
"Wow okay maybe I need to sleep more"

You know what they don't need to see you isolated
They need to see you interacting
The girls need to know
Mommy is living a normal healthy life

Children are really in tune
With their parents emotions
And they just cling to what you say
I try not to talk in a resentful way

Because they can they can start to feel the guilt and
Feel like they're responsible you know
For my mistakes, mistakes I made.

It's not very comfortable doing for yourself or taking care of
Yourself

Well I'm transitioning from the married world
To the single world
I made the decision to come here
This is MY turn
I'm like really trying to you know have a social life

I'm not Miss Goody Two shoes,
I've been misunderstood for years
I'm going back and saying "I'm human now guys, I need a turn too"
And they're looking at me like 'uh uh…'

How in the world are you going to forget about being a woman
You want to go out on a date
Yeah you want to dress up and feel pretty, feel wanted
You want someone who treats you nice,
Who makes you feel good

Yeah I went on a dinner date and I had fun
I went to a party and I had it was
It was good
Dressed up and interacted with people

It's just that there's a point in time
When you need time for yourself or
Time for any relationships
Outside with your daughter

And if you can not take care of yourself and your children
You will be calling me and I'll be on a boat, on a cruise.
I will not be answering my phone.

Concluding, Partially

In the final poem I combined text from both sets of participant poems with the theoretical guide poems. Thus the theoretical framework was opened up to interrogation via participant discourse. By focusing on the meaning brought via integration with participants' statements, the concluding poem at once challenged and gained meaning from the theoretical framework (and, importantly, vice versa). This represents another fold within the project: "a double movement between theory and data" (Lather, 2009), one that suggested new knowledge(s) by underscoring the partiality and incompleteness of theory. Per Theoretical Guide poem III, this poem engaged with the idea of mothering and/as "legitimation" and explored how lived-experiences, when put in touch with theory, simultaneously supported and undermined the macro reading (and appraisal) of mothering performances as necessarily a mechanism of subjugation. Ultimately the theoretical framework was transformed through its contact with the participants; its overarching meaning was destabilized, making way for new meanings. The poem offered a persistent, sometimes weary, call to listen closely to mothers whose experiences of/around mothering performances and self-care subjugate and liberate, sometimes both at once.

> 'Mommy
> Mommy!'
> Whether I'm at work or at home, I'm always working.
> Mothering is always a doing.
> I'm always on the run
>
> This action is a public action.
> It's almost like people are like

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'Well, you're a mom and a wife
Meaning's already socially established.'

Meaning all I'm doing with my life is
Caring for someone else's needs
I mean:
I don't get a turn

In this repetition
Of trying to survive
I feel TIRED.

The performance is effected with
I can't do for me I have to do for you.

Even though I'm not doing it for myself
I'm trying to look out for her future
She's looking up to me.
I don't want her to be like me.

That's why we shut down
That's why we learn
To be quiet and be still
Within the terms of a hegemonic cultural discourse

Although…
There are individual bodies that enact these significations.

Umm my girlfriends
We always talk   about   when we feel
A pain somewhere
And I can call and say
I'm coming by to get a plate
So we all sit down and share the pain like
'Ohhh God'

And there's times when I'm like
Oh God
I can't make it
And she's like 'momma come on you can do it;
You can do it.'

I had to look at myself
-- Re-experiencing --
If they're the quality of kids that they are
I must be a good person
They are my saving grace
The fruit of what I put in.
It's a blessing.

I do want to focus on raising my kids,
On maintaining mothering.
Get me home
I've got to get back home
To my children;
Their legitimation, that's important.

I'm stylized into mothering modes and
My identity,
The identity it is purported to be,
You know
You have to
I have to
Work at it and I'm working at it and it's hard work
I don't mind it but
I'm tired
And nobody asks you know
It's
Tiring.

Epilogue

On Knowing

At the start of this paper I offered a story of my own mothering experiences in which I staked my resistance upon the disempowering potential of how we (come to) "know" mothers. (*"I don't want to be knowable!"*) As I continue to fold and unfold this work, now through writing and rewriting about my methods, I realize that I created this project, at least in part, to serve what on the surface seems like an opposite impulse: (but of course is just another fold) to contribute to knowing(ness), and in the process to both know (some) and to become knowable (some). My push against (resistance to) being "knowable" was not against knowledge but instead against knowledge done to instead of knowledge(s) done with (and with this "with" an understanding that both collaboration and "knowledge" itself are necessarily partial).

I did not realize that the new knowledges, which would arise from a sense of closeness would offer one solution to my resistance to being knowable. Yet it was acknowledging and claiming my own sense of distress, that helped me construct a study that responded to and challenged (resisted) the way intensive mothering relegated tropes of knowledge about mothers. In order to do this, I developed a design that provided a way for me to carefully and rigorously situate myself within the theory, methodology, analyses, and findings. The function of this paper was two-pronged. The first function was to explore how my resistance gave rise to a poetic hermeneutical phenomenology. The second function was to underscore not only the importance of awareness of ones own positioning within ones research, but also the potential for the personal and scholarly

deepening that this awareness can facilitate. Exploring these ideas, particularly for qualitative researchers (and I suspect there are many of us) who exist closely, in one way or another, with their areas of interest, seems especially important.

My overarching claim, which I made by detailing how and why I developed a poetic hermeneutical phenomenology, is that responsible, ethical (Denzin et al., 2006) qualitative researchers must deeply consider not only how they come to their starting questions, how these questions make demands of theories and how theories make demands of methodologies, but how our own positionalities become folded into our research and how this affects the ways we situate the purpose, goals, and gazes of our work. Rather than work to differentiate ourselves from our scholarly research, I suggest that we might take a cue from Heidegger and instead consider how close, rigorous emphasis on our "nearness" (Ziarek, 1994, p. 23) with our scholarship might deepen not only our work but also ourselves.

Ethical Caveats

While this approach may not be appropriate for all qualitative research questions/projects. Indeed the specific poetic hermeneutical phenomenology method itself is not the central point of this paper. Instead my aim is to argue for the importance of integrating researcher positionalties within research instead of attempting to sieve them out. Nevertheless, this argument still will not hold for all projects.

For those that integrate co-creation, it is important to carefully consider the ethics involved. While co-creation depends on power sharing between researchers and participants, it can be difficult to determine exactly how this power sharing should take

shape. For instance, my project used secondary data, which complicated power sharing because there was no way to member-check with the participants. Although I could not ask for participant feedback, I did not conduct this work in isolation. I found was to regularly share and critique my impressions about findings and meanings by working closely with the scholar who originally conceived of and conducted the two studies that I used in this project. Though the project would be likely strengthened by direct engagement with the participants, having regular contact with the original researcher helped to establish and ensure trustworthiness. Despite its limitations, this work provides a novel perspective on both faithfully connecting theory and methodology *and* how (some kinds of) research is constituted more generally. By discussing how I grappled with, integrated, and ultimately transformed my positionality via the theoretical orientation and methodology of this study I hope to have offered a kind of reckoning strategy for fellow scholars.

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CHAPTER V

EPILOGUE

During my first pregnancy (described in the vignettes that opened this dissertation) I was involved in a variety of analyses for research projects that examined motherhood/mothering. I remember writing angsty midnight memos fretting that I was seeing themes that weren't really there, coopting participant narratives to reflect my own experiences. I have always used my intellectual pursuits as a way to take a break from my "real life" and plunge into a noodle-y liminal space filled with all manner of nerdy rabbit holes. For a long time becoming/being a mother while researching mothers seemed to me to signify the end of this space. Instead of a rabbit hole to dart down, I began to feel as though I was ensconced within a spider's web, my freedom of intellectual motion constrained by my over-familiarity (and the over-familiarity projected upon me). I didn't want to write about mothering for my dissertation, but veering into new topical spaces seemed neither savvy nor practical. (This didn't keep me from trying.) That I had (and still have) some choice in scripting my own positionality underscores my privilege.

There are so many themes embedded here about the ways we gaze upon mothers, about the ways mothers are treated within the academe (both formally and informally) about women's power more generally and how our power intersects with knowing and being known. The mothers in this project refused to be neatly classified. There are both

emancipation and victimization revealed within the work, both empowerment and disempowerment.

These initial findings offer directions for future work. One of the most compelling, I think, is the need for deeper inquiry around the positioning of women's health and maternal health. I wonder about how narratives around "women's health" converge with narratives around maternal health and how both identifying and parsing these narratives might not only offer some clarity around how to better serve both women and mothers but also might further contribute to our understandings of how public health research and practice may reflect gender(ed) assumptions about women and mothers. A deeper investigation of the Motherhood and Womanhood domain would provide one starting place for these inquiries.

Additionally, while this work aimed to bring mothers together to examine how articulations of lived-experiences might thematically converge, there is a need to further explore how mothers' positionalities differentially influence and affect their lived-experiences. I was wary of imparting difference (e.g. looking at race, SES, marital/partnered status) in this initial study because I did not want to impinge. However, the poems show differences emerging from (collaborative constructions of) the data that warrant further attention. The Context-Driven Phenomena (Support and Motherhood and Womanhood) are domains that would benefit from closer examination of difference, perhaps starting with the effects of partnered/un-partnered status.

Finally, it is not enough to solely interrogate intensive/hegemonic motherhood. There is a need for more focused structural, intersectional analyses that again account for

the ways that differences not only affect individual experiences but also how these experiences may be linked to systematic oppressions that disproportionately affect some mothers more than others. Black feminist theory offers one avenue for possibly folding in an intersectional approach. I look forward to continuing this project by exploring not only how differences manifest within these data, but also how to ethically and collaboratively explore difference within my work.

 A concluding (and catalyzing) personal note: For years I have assumed that I had to write my way out of the way of my research. I believed in the myth of intellectual distance and neutrality. What I have finally realized is that to regain what I thought I had lost, I had subvert this myth and fold myself in.

APPENDIX A

WOMEN'S WAYS, WOMEN'S DAYS CONSENT FORMS

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
Consent Form – *Focus Groups*

Project Title: Women's Ways, Women's Days: An Examination of Mothers' Health Experiences

Project Director: Dr. Tracy R. Nichols

Participant's Name: _____

DESCRIPTION AND EXPLANATION OF PROCEDURES
You are invited to consider participating in a research study. The study is called *Women's Ways, Women's Days*. You were selected as a possible participant in this study because you are the mother/female caregiver of at least one child who currently resides in your home.

Please take your time to make your decision. It is important that you read and understand several general principles that apply to all who take part in our studies:

(a) Taking part in the study is entirely voluntary;

(b) Personal benefit to you may or may not result from taking part in the study, but knowledge gained from your participation may benefit others;

(c) You may decide not to participate in the study or you may decide to stop participating in the study at any time without loss of any benefits to which you are entitled.

The purpose and nature of the study, possible benefits, risks, and discomforts, other options, your rights as a participant, and other information about the study are discussed below. Any new information discovered which might affect your decision to participate or remain in the study will be provided to you. You are urged to ask any questions you have about this study with members of the research team. You should take whatever time you need to discuss the study with your friends and family. The decision to participate or not to participate is yours. If you decide to participate, please sign and date where indicated at the end of this form.

The purpose of this study is to understand the everyday practices and points of view of women in a care-giving role in order to develop effective gender-specific family-based health promotion programs. This research is being done because currently there is little information on the daily experiences of women to help guide program development.

As part of the study, you will both be asked to participate in an audio-taped focus group session at the Women's Resource Center [WRC] with 6-8 other mothers/female care-givers. Two trained researchers will lead the focus group. The total time this research study will take is 1 to 1 1/2 hours. If you feel uncomfortable with any of the questions being asked in the focus group both you may choose not to answer them. All the information gathered will be kept confidential and will be used only for the purpose of learning about mothers' health practices and programs to help keep mothers healthy.

RISKS AND DISCOMFITS
Risks related to participating in the study include feeling embarrassed discussing your experiences and opinions in a group. There are no other risks associated with this study.

APPROVED IRB
12/14/06
[signature]
CONSENT FORM

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POTENTIAL BENEFITS
You may find the discussion to be interesting and enjoyable. In addition, by participating in the study you will have the opportunity to help shape new programs at WRC. Results from the study will also help to produce a new family-based program designed specifically for mothers.

COMPENSATION
You will be given a $20 gift certificate upon completion of the focus group in appreciation of your help.

Your decision to participate or not will not in any way affect your current or future relationship with any part of UNCG or WRC. You will not be required to participate if you do not wish to and would be free to withdraw from the research study at any time if you do participate.

The records of this research study will be kept private. We instruct participants in the group to refer to one another using first names only, and they may use a made-up name if they prefer. In any sort of report we publish, we will not include any information that will make it possible to identify a participant. Records will be kept locked and only UNCG staff, the researchers at the Center for Women's Health and Wellness, the Institutional Review Board (IRB), and the Office of Human Research Protection (OHRP) may have access to the records. Three yeas after the study ends, any information linking your name with the records of this research will be destroyed. All lists and forms will be shredded and the audiotapes will be erased.

UNCG's Institutional Review Board, which insures that research involving people follows federal regulations, has approved the research and this consent form. If you have any questions regarding yours or your daughters' rights as a research subject, you can call Mr. Eric Allen at (336) 256-1482. Any questions concerning the research project itself should be addressed to Dr. Tracy R. Nichols at (336) 334-5389. Any new information that develops during the project will be provided to you if the information might affect your willingness to continue participation in the project.

You will be given a copy of this form to keep.

You are making a decision as to whether or not to participate. Your signature indicates that you have read the information provided above and have decided to do so. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

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Signature of Subject	Date	Time	

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Signature of Investigator	Date	Time	

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12/14/06

CONSENT FORM

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APPENDIX B

BRIGHT CONSENT FORMS

Project Title: BRIGHT: Building Relationships Involves Growing Healthy Together

Project Director: Dr. Tracy R. Nichols

Participant's Name: _____

DESCRIPTION AND EXPLANATION OF PROCEDURES

Researchers at The University of North Carolina at Greensboro [UNCG] are interested in learning the best way to promote healthy behaviors in families. To help us understand what types of programs would work best for adolescent girls and their families we are conducting a research study with girls and their mothers/female caregivers. The purpose of the study is to learn about mothers' and daughters' daily health-related experiences and how the mother-daughter relationship can help strengthen health practices.

As part of the research study, you and your daughter will be asked to participate in separate focus groups (guided discussions) with other mothers/female caregivers and adolescent girls. Focus groups will cover daily health practices (i.e. physical activity, diet, hygiene, smoking) family health values, and mother-daughter relationships and communication, both generally and in terms of health practices. Discussions may also cover pubertal changes and mother-daughter communication around puberty and sexuality. You and your child are being asked to participate because she is an 11-16 year old girl, you are her mother or primary female caregiver, and you live together in the same household. Up to 50 mother/daughter pairs will participate in this study. Mothers will not have access to their daughters' responses and daughters will not have access to mothers' responses.

If you agree to allow yourself and your daughter to participate, you will both be asked to participate in an audio-taped focus group session at the Women's Resource Center [WRC] with 6-8 other mothers/female care-givers (for you) and 6-8 adolescent girls of similar ages (for your daughter). Two trained researchers will lead the focus group. The total time this research study will take is 1 to 1 1/2 hours. If you or your child feels uncomfortable with any of the questions being asked in the focus group both you and she may choose not to answer them. All the information gathered will be kept confidential and will be used only for the purpose of learning about mothers and daughters' perceptions of health practices and relationship quality.

RISKS AND DISCOMFITS

If you and your daughter participate in the focus groups there is the risk that either or both of you may feel embarrassed discussing issues pertaining to health practices, relationship quality, and/or puberty and sexuality in front of your/her peers. Discussing mother-daughter relationships may also bring up negative feelings and cause discomfit or distress. Neither of you face any other special risk from participating in the focus group.

POTENTIAL BENEFITS

Both you and your daughter may find the focus groups to be interesting and enjoyable. In addition, by participating in the study you will have the opportunity to help shape new programs at WRC. Results from the study will also help to produce a new family-based program designed specifically for mothers and daughters.

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Anne C. Fletcher
CONSENT FORM

COMPENSATION

Both you and your daughter will each be given a $20 gift certificate upon completion of the focus group in appreciation of your help.

Your decision to allow yourself and your child to participate or not will not in any way affect your current or future relationship with any part of UNCG or WRC. You and your child will not be required to participate if you (or she) does not wish to and would be free to withdraw from the research study at any time if you do participate. Either member of the family can refuse to participate or withdraw from the study without affecting the participation of the other member.

The records of this research study will be kept private. We instruct participants in the group to refer to one another using first names only, and they may use a made-up name if they prefer. In any sort of report we publish, we will not include any information that will make it possible to identify a participant. Records will be kept locked and only UNCG staff, the researchers at the Center for Women's Health and Wellness, the Institutional Review Board (IRB), and the Office of Human Research Protection (OHRP) may have access to the records. Three yeas after the study ends, any information linking yours and/or your daughter's name with the records of this research will be destroyed. All lists and forms will be shredded and the audiotapes will be erased.

UNCG's Institutional Review Board, which insures that research involving people follows federal regulations, has approved the research and this consent form. If you have any questions regarding yours or your daughters' rights as a research subject, you can call Mr. Eric Allen at (336) 256-1482. Any questions concerning the research project itself should be addressed to Dr. Tracy R. Nichols at (336) 334-5389. Any new information that develops during the project will be provided to you if the information might affect your willingness to continue participation in the project.

You will be given a copy of this form to keep.

You are making a decision as to whether or not to participate. Your signature indicates that you have read the information provided above and have decided to do so. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

			AM
_____	_____	_____	PM
Signature of Subject	Date	Time	

You are making a decision as to whether or not to allow your daughter to participate. Your signature indicates that you have read the information provided above and have decided to do so. You may withdraw your consent at any time without prejudice after signing this form should you choose to discontinue your child's participation in this study.

			AM
_____	_____	_____	PM
Signature of Subject	Date	Time	

			AM
_____	_____	_____	PM
Signature of Investigator	Date	Time	

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CONSENT FORM

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
Adolescent Assent Statement: *Focus Group*

Project Title: BRIGHT: Building Relationships Involves Growing Healthy Together

Project Director: Dr. Tracy R. Nichols   Participant's Name: _____

We are doing a study to try to learn ways to promote healthy behaviors among adolescent girls and their families. By doing this study we hope to learn more about the types of programs that would work best for adolescent girls and their families. We are asking you to participate in a focus group (group discussion) with other girls around your age. We are also asking your mother to participate in a separate focus group with other mothers of adolescent girls. Your mother will not find out about your responses and you will not find out about hers.

If you agree to be in this study you will be asked to be in a group discussion about health behaviors, such as being physically active, diet, hygiene, and smoking. Other questions will ask about mother-daughter relationships and communication around health topics and what it is like going through puberty. About 6-8 girls will be in the group with you and two trained researchers will lead the discussion. The discussion will be audio-taped. You will be given a $20 gift certificate upon completion of the focus group in appreciation of your help.

During the study you may feel embarrassed discussing issues about health behaviors, relationship quality, and/or puberty in front of other girls. Talking about your relationship with your mother may also bring up negative feelings and cause you to feel uncomfortable or sad. If you feel uncomfortable with any of the questions being asked you may choose not to answer them. You can also leave the discussion at any time. There are no other special risks from being in the study and you will not receive any direct benefits.

The records of this research study will be kept private. We tell everyone in the group to refer to one another using first names only, and they may use a made-up name if they prefer. In any sort of report we publish, we will not include any information that will make it possible to identify you.

You can ask any questions that you have and in the future you can call (336) 334-5389 and speak to Dr. Tracy R. Nichols about any questions or concerns. If you have any questions regarding your rights as a research subject, you can call Mr. Eric Allen at (336) 256-1482.

Signing this paper means that you have read this or I have read it to you and that you want to be in the study. If you don't want to be in the study, don't sign the paper. Remember being in the study is up to you and no one will be made if you don't sign the paper or even if you change your mind later. Choosing not to be in the study does not stop your mother from being in the study, if she wants to.

_____	_____	_____	AM
Signature of Subject	Date	Time	PM
_____	_____	_____	AM
Signature of Investigator	Date	Time	PM

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[signature]
CONSENT FORM

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UNIVERSITY OF NORTH CAROLINA AT GREENSBORO
Parental Consent Form – *In-depth Interviews*

Project Title: BRIGHT: Building Relationships Involves Growing Healthy Together

Project Director: Dr. Tracy R. Nichols

Participant's Name: _____

DESCRIPTION AND EXPLANATION OF PROCEDURES

Researchers at The University of North Carolina at Greensboro [UNCG] are interested in learning the best way to promote healthy behaviors in families. To help us understand what types of programs would work best for adolescent girls and their families we are conducting a research study with girls and their mothers/female caregivers. The purpose of the study is to learn about mothers' and daughters' daily health-related experiences and how the mother-daughter relationship can help strengthen health practices.

As part of the research study, you and your daughter will be asked to participate in separate individual interviews with a trained interviewer. Interviews will cover daily health practices (i.e. physical activity, diet, hygiene, smoking) family health values, and mother-daughter relationships and communication, both generally and in terms of health practices. Discussions may also cover pubertal changes and mother-daughter communication around puberty and sexuality. You and your child are being asked to participate because she is an 11-16 year old girl, you are her mother or primary female caregiver, and you live together in the same household. Up to 50 mother/daughter pairs will participate in this study. Mothers will not have access to their daughters' responses and daughters will not have access to mothers' responses.

If you agree to allow yourself and your daughter to participate, you will both be asked to participate in an audio-taped interview conducted at the Women's Resource Center [WRC] or in your home (which is more convenient for you) by a trained researcher. The total time this research study will take is approximately one hour. If you or your child feels uncomfortable with any of the questions being asked in the interview both you and she may choose not to answer them. All the information gathered will be kept confidential and will be used only for the purpose of learning about mothers and daughters' perceptions of health practices and relationship quality.

RISKS AND DISCOMFITS

If you and your daughter participate in the interviews there is the risk that either or both of you may feel embarrassed discussing issues pertaining to health practices, relationship quality, and/or puberty and sexuality with the interviewer. Discussing mother-daughter relationships may also bring up negative feelings and cause discomfit or distress. Neither of you face any other special risk from participating in the interview.

POTENTIAL BENEFITS

Both you and your daughter may find the focus groups to be interesting and enjoyable. In addition, by participating in the study you will have the opportunity to help shape new programs at WRC. Results from the study will also help to produce a new family-based program designed specifically for mothers and daughters.

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Anne C. Fletcher
CONSENT FORM

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COMPENSATION

Both you and your daughter will each be given a $20 gift certificate upon completion of the interview in appreciation of your help. There are no costs to you or your child for participating in this research.

Your decision to allow yourself and your child to participate or not will not in any way affect your current or future relationship with any part of UNCG. You and your child will not be required to participate if you (or she) does not wish to and would be free to withdraw from the research study at any time if you do participate. Either member of the family can refuse to participate or withdraw from the study without affecting the participation of the other member.

The records of this research study will be kept private. In any sort of report we publish, we will not include any information that will make it possible to identify a participant. Records will be kept locked and only UNCG staff, the researchers at the Center for Women's Health and Wellness, the Institutional Review Board (IRB), and the Office of Human Research Protection (OHRP) may have access to the records. Three yeas after the study ends, any information linking yours and/or your daughter's name with the records of this research will be destroyed. All lists and forms will be shredded and the audiotapes will be erased.

UNCG's Institutional Review Board, which insures that research involving people follows federal regulations, has approved the research and this consent form. If you have any questions regarding yours or your daughters' rights as a research subject, you can call Mr. Eric Allen at (336) 256-1482. Any questions concerning the research project itself should be addressed to Dr. Tracy R. Nichols at (336) 334-5389. Any new information that develops during the project will be provided to you if the information might affect your willingness to continue participation in the project.

You will be given a copy of this form to keep.

You are making a decision as to whether or not to participate. Your signature indicates that you have read the information provided above and have decided to do so. You may withdraw at any time without prejudice after signing this form should you choose to discontinue participation in this study.

			AM
_____	_____	_____	PM
Signature of Subject	Date	Time	

You are making a decision as to whether or not to allow your daughter to participate. Your signature indicates that you have read the information provided above and have decided to do so. You may withdraw your consent at any time without prejudice after signing this form should you choose to discontinue your child's participation in this study.

			AM
_____	_____	_____	PM
Signature of Subject	Date	Time	

			AM
_____	_____	_____	PM
Signature of Investigator	Date	Time	

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12/14/06

[signature]

CONSENT FORM

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Adolescent Assent Statement: *Interviews*

Project Title: BRIGHT: Building Relationships Involves Growing Healthy Together

Project Director: Dr. Tracy R. Nichols   Participant's Name: _____

We are doing a study to try to learn ways to promote healthy behaviors among adolescent girls and their families. By doing this study we hope to learn more about the types of programs that would work best for adolescent girls and their families. We are asking you to participate in a one-hour interview. We are also asking your mother to participate in a separate one-hour interview. Your mother will not find out about your responses and you will not find out about hers.

If you agree to be in this study a trained interviewer will ask you questions about health behaviors, such as being physically active, diet, hygiene, and smoking. Other questions will ask about mother-daughter relationships and communication around health topics and what it is like going through puberty. You will be given a $20 gift certificate upon completion of the interview in appreciation of your help.

During the study you may feel embarrassed discussing issues about health behaviors, relationship quality, and/or puberty in front of other girls. Talking about your relationship with your mother may also bring up negative feelings and cause you to feel uncomfortable or sad. If you feel uncomfortable with any of the questions being asked you may choose not to answer them. You can also leave the discussion at any time. There are no other special risks from being in the study and you will not receive any direct benefits.

The records of this research study will be kept private. In any sort of report we publish, we will not include any information that will make it possible to identify you.

You can ask any questions that you have and in the future you can call (336) 334-5389 and speak to Dr. Tracy R. Nichols about any questions or concerns. If you have any questions regarding your rights as a research subject, you can call Mr. Eric Allen at (336) 256-1482.

Signing this paper means that you have read this or I have read it to you and that you want to be in the study. If you don't want to be in the study, don't sign the paper. Remember being in the study is up to you and no one will be made if you don't sign the paper or even if you change your mind later. Choosing not to be in the study does not stop your mother from being in the study, if she wants to.

_____   _____   _____   AM
Signature of Subject   Date   Time   PM

_____   _____   _____   AM
Signature of Investigator   Date   Time   PM

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Ann C. Fletcher
CONSENT FORM

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WOMEN'S WAYS, WOMEN'S DAYS INTERVIEW GUIDES

Women's Ways, Women's Days
Focus Group Moderator's Guide

Purpose: The reason we asked you to talk with us today is because we need your help. We want to find out about mother's day-to-day experiences, their views on health and on the types of programs that would be most helpful to mothers for staying healthy. You are the experts so we are coming to you.

Confidentiality:
• You will not be identified by name, but you may use a made-up name if it makes you more comfortable.
• There are no right or wrong answers.
• We just want to know what you think.
• Please be honest. You won't hurt our feelings.
• Try to speak one at a time so we can hear what everyone has to say.
• Please respect others and let them speak if they have something to say.
• You can choose not to answer any question and you can leave the study at any time

We will be tape-recording this group discussion and only project staff will hear these tapes. Your agency representatives will not hear these tapes.

Thanks a lot for agreeing to participate in this discussion today. To start with let's go around the room and introduce ourselves. Please tell us your name (real or made-up) and something about your child(ren) that makes you smile.

> *[Note: Use eye contact and body language to help establish rapport and make sure that everyone speaks during the Ice-Breaker.]*

Thinking about a typical week-day, what are your daily routines?

> Probes: What are the activities you do everyday? What activities are for yourself? What activities are for your family? What is a typical daily schedule (times that activities occur each day)? Which routines do you feel are important to maintain?

How do these routines/schedules change on weekends?

What are some challenges that mothers face when caring for their children?

What are some benefits that mothers receive when caring for their children?

Now I want to switch the topic a little bit and discuss issues related to health. What do you think of when you hear the word health?

Probes: What is being healthy? What is healthy for you? What is healthy for your family?

What are some of the health concerns that affect you? Affect your family?

What are some program topics around health that you would like to see addressed here at WRC?

Probe for specifics (i.e. what types of healthy eating? What type of exercise?) What would you want to learn about in these programs?

[Write list on flip chart]

Now lets choose three of these to discuss in more detail. What three programs would you be most interested in having here at WRC?

[Have participants choose the three programs as a group and go through one at a time with the following questions]

What types of activities would you want to be included?

Probe for hands-on activities (cooking, exercise, etc), discussion groups, mentors/buddies, motivational speakers, etc.

How would you want information to be delivered?

Probe for newsletters, brochures, novellas, videotapes, lectures, websites, cookbooks, etc.

Who should run the program?

Probe for the qualities of group leader for the program.

Should these programs be for mothers only?

Probe for including other members of the family in the program and for including non-mothers in the program.

[After going through the three chosen program topics continue on to the next section.]

Families come in many shapes and sizes and women can be mothers in different ways. I'm going to give you each some cards, and ask you to write down the different types or groups of mothers on them. Use a different card for each group or type of mother. Don't use anybody's actual name, just describe the different types. Once you are done we are going to collect the cards and mix them up and then we'll talk about them.

[Pause for writing. Collect the cards and show participants that you are mixing them up. Read through the cards once aloud.]

Now that you've heard all the different things you've all written, I'd like you to sort the cards into piles of groups.

[Pause for card sort]

Now I would like to talk about these groups. It is easy when talking about groups to talk about specific people. The purpose of this discussion is to talk about groups so let's try not to mention any names.

What about this group *[select a pile with many cards]*. How should we refer to them? How would you describe them? (Probe for anything that is not clear on the cards, size of group)

What do you think are some of the challenges they face when caring for their families?

What do you think are some of the benefits they receive from caring for their families?

[Repeat for each of the major groups identified. Keep pace lively.]

What about our three programs? Should any of these programs be designed for specific types of mothers?

> Probe: What types of programs would be most beneficial for each group? Should groups be specific or mixed?

We've started developing some materials that we might use in programs like the ones we discussed today. I'd like to share these materials with you know and get your reaction.

[pass around materials]

> Probe: Which ones stand out for you? Why? Which ones don't you like? Why? Are there other topics we should include? What other information would you like to receive?

We'd like to take a moment and review some of the notes we've taken to make sure we understood and captured all the important points that were made here today.

[Review notes]

Is there anything we left out?

Is there anything else you would like to tell us about the health of mothers?

This is the first in a series of discussion groups we will be holding. Do you have any advice on how we can improve these discussions?

We would like to thank you for all of your help today. This was a really helpful conversation and we have learned a lot. We hope you found the experience enjoyable. We covered many aspects of health in our discussion today and we developed this referral list that we'd like to give you, in case you were interested in finding out more about some of these topics.

In addition, once we are done with all of the discussion groups for the project, we will be distributing a brief report on our findings. As I mentioned at the beginning of the discussion, this report will not contain any information that can identify you. We will distribute the reports through the Women's Resource Center to anyone who is interested. We would also like to send you a personal copy and would appreciate you filling out a contact sheet.

Women's Ways, Women's Days

Day One

In-depth Interview

1. Please describe, in detail, a typical weekday from getting up in the morning to going to bed at night. (If participant has difficulty with a "typical day" have them describe the previous weekday)

(probe for details such as times, social interactions, affect – probe for routines "what is your routine in the morning?" "what happens at dinnertime?" "when is bedtime and what happens then?")

2. How different is a typical weekend?
(probe for differences in schedules, responsibilities, affect)

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3. What do you think it means to be healthy? What does health mean to you? (probe if she feels healthy)

4. Are there any changes you'd like to make in your life that would improve your health? What would they be?

5. (a) On a scale of 1 to 10, with 10 being the highest, how motivated are you to make those changes?
(b) Why didn't you pick a lower score like (choose scores one or two notches below the participant's answer)?

Demographics

1. How old are you? _____

2. Choose the category(ies) which <u>best</u> describes your ethnic/racial background. [Check all that apply]

      a. Latino/Hispanic

      b. Black/African-American

      c. White/Caucasian

      d. Asian/Pacific Islander

      e. American Indian/Native American

      f. Other (Please specify) _____

3. Who lives with you in your household?

Relationship	Gender	Age
Spouse/Partner	M F	_____
Child 1	M F	_____
Child 2	M F	_____
Child 3	M F	_____
Child 4	M F	_____
Child 5	M F	_____
Child 6	M F	_____
Child 7	M F	_____
Child 8	M F	_____
Child 9	M F	_____
Child 10	M F	_____
Parent 1	M F	_____
Parent 2	M F	_____
Grandparent 1	M F	_____
Grandparent 2	M F	_____
Sibling 1	M F	_____

Sibling 2	M F	_____
Sibling 3	M F	_____
Sibling 4	M F	_____
Aunt	M F	_____
Uncle	M F	_____
Other _____	M F	_____
Other _____	M F	_____
Other _____	M F	_____
Other _____	M F	_____
Other _____	M F	_____

4. What is the highest level of schooling you have completed?

    a. Some High School/Less than high school
    b. GED
    c. High school graduate
    d. Some college
    e. College graduate – 2 year degree
    f. College graduate – 4 year degree
    g. Some graduate study
    h. Graduate degree (please specify _____)

5. What is your current employment status? (check all that apply)

    a. Full-time employee
    b. Part-time employee
    c. Full-time business owner
    d. Part-time business owner
    e. Full-time freelancer
    f. Part-time freelancer
    g. Full-time student
    h. Part-time student
    i. Full-time stay-at-home mom
    j. Part-time stay-at-home mom

6. If you work for pay, what is your job title?

    a. Job 1 _____

    b. Job 2 _____

7. What was your total household income in the past year?
    a. Less than $10,000
    b. $10-20,000
    c. $20-30,000
    d. $30-40,000
    e. $40-50,000
    f. $60-70,000
    g. $70-80,000
    h. $80-90,000
    i. $90-100,000
    j. $100-150,000
    k. Greater than $150,000

Day Two

Follow-Up In-depth Interview

1. Please describe your experiences with the PDA this week.

(Probe for additional activities/locations we should include or ones that were never used)

2. Please describe your experiences with the pedometer

3. What, if anything, did you notice about your health habits this week?

4. We are planning to develop an intervention to help women increase their healthy practices and decrease their unhealthy practices, do you have any recommendations for us based on your experiences this past week?

5. Is there anything else that you would like to tell us about your experiences in this study?

BRIGHT INTERVIEW GUIDE

In-depth Interviews
Mothers

Purpose: The reason we asked you to talk with us today is because we need your help. We want to find out about girls' views on family health practices and on ways mothers and daughters can stay healthy together. As a mother you are an expert in this, so we are coming to you.

Confidentiality:
• There are no right or wrong answers.
• We just want to know what you think and your opinions.
• You will not be identified by name.
• Please be honest. You won't hurt our feelings.
• We will be tape-recording this discussion and only project staff will hear these tapes.
• You can choose not to answer any question and you can leave the study at any time

Equipment Check: As I mentioned, I'm going to be tape-recording our discussion and I want to be sure the equipment is working correctly. I'm going to playback what I've just said. Is that ok? [Make sure participant's voice is recorded so you can check for volume]

Thanks a lot for agreeing to participate in this discussion today. Are you ready to begin?

I mentioned that we are interested in learning about health practices in families. What does the word "health" mean to you?

   Probe: What does it mean to be healthy?

We all have daily habits and routines and some of these habits are healthier than others. Can you describe some of your healthy habits?

   Probe for specific detail on some of the habits (i.e. what is healthy eating? what kind of exercise? How much sleep? What is good hygiene?)
   Probe for additional habits

What about your unhealthy habits? Can you tell me about some of those?

Probe for specific detail on some of the habits (i.e. what is unhealthy eating? what kind of exercise? How much sleep? What is poor hygiene?)
Probe for additional habits

There are some habits and practices that we do as a family. What do you think it means to be a "healthy family?"

Probe: How is family health different from someone's personal health?

What about in your family? What are some of your family's healthy habits?

Probe for specific detail on some of the habits (i.e. what is healthy eating? what kind of exercise? How much sleep? What is good hygiene?)
Probe for additional habits

What are some habits in your family that you think are unhealthy?

Probe for specific detail on some of the habits (i.e. what is unhealthy eating? what kind of exercise? How much sleep? What is poor hygiene?)
Probe for additional habits

Do you talk about health in your family? What parts of health does your family talk about?

Probe for family composition. Who is included in your family? What about your extended family? Do you ever talk about health with them?

Sometimes women have special concerns or worries about health. What are some concerns about health that a woman your age might have?

Probe for specifics on women's health concerns. What about getting older? What about their weight or body image?

Earlier in the discussion you said health was… [insert participant's definition of health], what parts of health are most important to you?

Who do you talk to about these issues?

Probe: Are there other people you would like to be able to talk to?

I'd like to talk a little bit about you and your daughter now. What are some of the health habits that you and your daughter share?

What about habits you would like to change? Do you have any health habits you would like to change? Does your daughter want to change any of her health habits?

Probe for health concerns that mother and daughter might share

Sometimes mother and daughter relationships change as girls start to grow up. How has your relationship with your daughter changed?

How has your daughter's responsibilities around the house changed?

Probe: Do you have different expectations for her behavior now? Do you give her additional chores? Probe for specifics of expectations, responsibilities and chores

Are there any activities that you wish you could to do with your daughter that you don't do now?

Are there topics that you wish you could talk to your daughter about that you don't talk about now?

You mentioned before that you'd like to change some of your health habits [insert specific examples]. What are some things your daughter could do to help you make those changes?

Are there things you could do to help your daughter change some of her health habits?

We covered a lot of topics today. Is there anything else you'd like to tell me about keeping families healthy?

I'd like to thank you for all of your help today. This was a really helpful conversation and I've learned a lot. I hope you found the experience enjoyable.

Would it be ok to contact you again, in case I have additional questions and to make sure I've understood everything you said today?

Theoretical Framework

I.
"Gender is a complexity whose totality is permanently deferred, never fully what is at
any given juncture in time"
(Butler, 2006, p. 22)

"How and where does the construction of gender take place?" (p. 11)

"The limits of the discursive analysis
of gender
presuppose and preempt the possibilities
of imaginable and realizable gender
configurations within culture.

This is not to say that any and all gendered
possibilities are open,
but that the boundaries of analysis suggest
the limits of a discursively conditioned experience.

These limits are always set within the terms of a
hegemonic cultural discourse…" (p. 12)

"In what senses, then, is gender an act?" (p. 191)

"As in other ritual social dramas, the action of gender
requires a performance that is *repeated*.
This repetition is at once
a reenactment
and
re-experiencing of
a set of meanings already socially established;
and it is the mundane and ritualized form
of their legitimation." (p. 191)

Although there are individual bodies
that enact these
significations
by becoming stylized into

gendered modes,
 this 'action' is a public action." (p.191)

"There are temporal and collective dimensions
to these actions,
and their public character is
not inconsequential;
indeed the performance is effected with
the strategic aim of maintaining gender…" (p. 191)

"…gender proves
to be performative
-- that is, constituting
the identity
it is purported to be." (p. 34)

"In this sense gender
is always a doing,
though not a doing by a subject who
might be said to
preexist the deed" (p. 34)

II.
"Mothering is a complexity whose totality is permanently deferred, never fully what is at any given juncture in time"

How and where does the construction of mothering take place?

The limits of the discursive analysis
of mothering
presuppose and preempt the possibilities
of imaginable and realizable mothering
configurations within culture.

This is not to say that any and all mothering
possibilities are open,
but that the boundaries of analysis suggest
the limits of a discursively conditioned experience.

These limits are always set within the terms of a
hegemonic cultural discourse…"

In what senses, then, is mothering an act?

As in other ritual social dramas, the action of mothering
requires a performance that is *repeated*.
This repetition is at once
a reenactment
and
re-experiencing
of a set of meanings already socially established;
and it is the mundane and ritualized form
of their legitimation.

Although there are individual bodies
that enact these
significations
by becoming stylized into
mothering modes,
this "action" is a public action.

There are temporal and collective dimensions
to these actions,
and their public character is
not inconsequential;
indeed the performance is effected with
the strategic aim of maintaining mothering…

…mothering proves
to be performative
-- that is, constituting
the identity
it is purported to be.

In this sense mothering
is always a doing,
though not a doing by a subject
who might be said to
preexist the deed

III.
In what senses, then, is mothering an act?

The action of mothering
Requires a performance that is *repeated*.

Although there are individual bodies

That enact these significations by
Becoming stylized into mothering modes,
This "action" is a public action.

This is not to say that any and all mothering
Possibilities are open
This repetition is
At once
A reenactment and re-experiencing
Of a set of meanings already socially established

These limits are always set within the terms of a
Hegemonic cultural discourse
And it is the mundane and ritualized form
Of their legitimation.

The performance is effected with
The strategic aim of maintaining mothering;
Constituting the identity it is purported to be.

In this sense mothering is always a doing.

<center>**Participant poems**</center>

Overarching poems

Mothering performances around self-care
1.
Ok there is no morning and night
with the new baby
because he doesn't sleep
So I don't get sleep
So basically our whole week
we're up

"Mommy, mommy!"
it's like
"Mommy can Mommy sleep for another hour"

whether I'm at work or at home, I'm always working

mentally and physically
I'm exhausted
by the end of the day

we're so used to caring for someone else's needs
being a mother you still know pretty much
what's going on
even when you're trying to take
a catnap or something.

The biggest issue is time

I try to get up a couple minutes and run out,
you know, to
Wal-Mart to say
that was my outlet
but its really not 'cause I'm picking up groceries
And if I choose to go to church on Sunday I'm sitting there,
 "whew,"
overwhelmed,
you know thinking about
Monday morning

Meaning all I'm doing with my life is
gettin' my kids ready for school you know
gettin' them off to school and
puttering around the house until they get home

um
I guess I can't do the things that I wanna do
you know so, whenever
whenever I do try to do things
you know
that I do wanna do
it never
it never happens
it seems like it's never gonna happen

2.
Work and family life and everything
sometimes pile up on you and
and there's no escape or there's no one
sometimes
maybe no one to talk to

and you know when it's y-you
yourself
you have to find the motivation within yourself

it's different when you have a partner.

I don't socialize as much
I'm with my daughter a lot
uhm my children get a lot of visitors
uh I don't get visitors
but that's ok.

I had a close friend and uhm
she passed
I could talk, she was the type of person I could talk to
about anything
but she passed and and she was the person
I would talk to about most anything

you may have friends but you know
they're friends but you don't really correspond with them as much to
uhm
really have a conversation to tell them
about who your feelings about
what's going on and you end up
keeping it to yourself

most of everybody I grew up with
and old friends still live
about an hour and a half away

I don't necessarily,
my colleagues are not my friends, you know
they're my colleagues,
so I don't necessarily
hang out with them
I think my biggest conversations
when they occur
are here
in the family
I don't think they take me real serious

I rarely call anybody 'cause I'm
I'm trying to keep my issues my issues
so really, I mean the only that person I would talk to about it
is my husband
which I really don't like to talk to him because
he dudn't give me the answers that I wanna hear so

I just kind of
I really just keep it to myself

I don't have
I don't have friends
I mean I have associates
people I talk to
but as far as really somebody that I actually
do something with on a regular
basis I don't I don't have,
no.
I don't really talk to anybody
I just try to work things out on my own

but I
I would like someone to talk to
on occasion
about those things
'cause nobody asks you know.

3.
You know what
they don't need to see you isolated
they need to see you interacting,
'cause this is normal
the girls need to know you know that
Mommy is living a normal healthy life

I have to apologize to my kids
I even told them
I'm not Miss Goody Two shoes
I've been misunderstood for years

I'm going back and saying
"I'm human now guys, I need a turn too"
and they're looking at me like
'uh uh
you haven't been human for 11, 16 and and 7 years
you can't possibly be human now'
so I'm going to have to go back and
"look I'm human, I have friends"

yeah I went on a dinner date and I had fun
I went to a party and I had it was it was good

dressed up and interacted with people
Yeah 'cause I'm like really trying to you know
have a social life

Um I go out sometime with my coworkers
After work or during lunch
and actually yesterday evening
although I worked late
I went out with some of my officemates
which was nice to establish
those relationships
I have another coworker
We always talk
to each other about spiritual health

and I might go to a friend's house
I have a friend that's single and
she's divorced, and
we kinda you know
she might come over my house or
I might go over there

I have another friend, that we're semi-close
I mean we're close
we've known each other a good while
but I don't think she judges
judges me, she's a very sweet person
she keeps coming back even
sometimes uh I wouldn't have money to eat
I can remember that in the past
and anytime you've got a friend
and half the time they come around
she wants to go to lunch and
you don't have no money
She says
"oh that's ok, come on"

'cause you know I moved here and
I got to know like everybody pretty much
On the block so
it's really good

the mothers are really nice
they're all working mothers too

so we all sit down and share the pain like
ohhh God

Umm my girlfriends we
we always talk   about   when we feel
a pain somewhere
but I always talk with
my girlfriends about that
and my cousin
my closest cousin

so um my family is there
they're there for me
and I can call and say
I'm coming by to get a plate

and, I go dancing with my husband
My husband
I tell him everything yeah

it helps a whole lot it really does

my boyfriend he's
very good you know
like I said he's really
you know he goes to church
I'll go to church with him
Reading, having sessions with my boyfriend
some of the people at church
really makes me feel a whole lot better
it makes me feel a little more
close to home

4.
when I see a man mistreating a woman now
I am highly sensitive to that because
I had 10 years of that and
uh I'm just not havin' it
I won't have it for my boys

you're workin' out your mental health
how are you gonna take care of your kids
I do want to focus on raising my kids.
And not being stressed.

But that's why I found myself a therapist

uhm because, not just my children but
children
are really in tune with their parents emotions and
and they just cling to what you say and
uhm I try not to
talk in a resentful way
because uhm they can they can start to feel the guilt and feel
like they're responsible you know
for uhm my mistakes, mistakes I made.
You just never know what's going on in their heads
And they're so perceptive
my son can read me

he says that mommy is
more happier when she sleeps later
he was like yeah you are the BEST
mom when you wake up late
and I was like wow I didn't realize that
I felt kinda bad I felt kinda bad
I was like wow that's kinda interesting
I just kinda laughed it off and I was like really
and he was like yeah when you sleep later
you're like the best mom
and I was like wow okay
maybe I need to sleep more

that would you know
not only help her
but help me too because I mean
she's looking up to me to do it

5.
the kids are going to be going to Texas so
I figured I'd just take a break from all of that
you know
Running back and forth
mommy this and mommy that
It's kinda quiet
I came home yesterday from work and
there was nobody at the door to say hey mom

there's so many positive benefits

of being a parent
Like I said my children
they were they are my saving grace
you know
They
I
I appreciate myself now you know more
but during my alcoholic days they were I
I was inspired by them to
to stop
because you know I could see so many positive things in them
and I had to look at myself.
Certainly if
if they're the quality of kids that they are
I must be a good person:
so I look at them and I benefit

I feel like its ok to remember
where I've come from but not to linger on it
that's what I'm working on now
just trying not to be resentful
not to be so hard on myself

she asks how I am doing
she takes a moment
to stop
to acknowledge
that I'm not just a giver
but I also need
If I'm not feeling well she'll take over
and she organizes the girls and
makes sure that everything that I like is being done and
you know, she's the organizer.
She just makes sure that I am okay, and
that is important to me.
It just, it just it's
the fruit of what I put in.
So it's a blessing to see it come back.

6.
"Mommy you have to calm down remember the doctor told you to breathe"
you know she kills me
I'm like "I know baby I know baby"

In order to see me okay she'll get it done
you know she doesn't like to hear me upset
so she'll do it.
the 6 year old is a lot of help

my girls
they fold clothes
they sort laundry
they do dishes.

the boys help around the house
They do more of the man chores.
They'll mow the lawn
take the trash out
deal with the dog

I think I got the best boys I could have though
like my 9 year old
shoot he helps out a lot
I don't even have to tell him really to do a lot of stuff
they clean
they make up their bed

if I'm cooking something really simple
like macaroni and cheese
she's always like can I cook it
you know or you know
she'll wash the dishes
if you know
I'm like I don't feel like this right now

~~and,~~ I mean they're
excited to see the baby and
they wanna see the baby
which is good for me 'cause
that takes her away for a little bit of time

I'll say ohh pumpkin
let's just start a diet on   Monday
everybody knows me
I'm always gonna start a diet on Monday
so she knows me always there for me
and there's times when I'm like
oh God I can't make it

and she's like momma come on you can do it you can do it and
she'll encourage me
mom you can do it and
I'm like ugh
but she she encourages me and
and it's like we're not
mother and daughter
not mother and daughter
we're more like friends.

7.
Well I'm transitioning
from the married world to the single world
I just
if I could just forget about it
You know just forget about dating…
How in the world are you going to forget
about being a woman
It's like automatic when the weekend comes
You want to go out on a date
Yeah you want to dress up and
feel pretty
feel wanted
you want someone who treats you nice
who makes you feel good

you know you think about 'em on your date
Yes you do.
You think about 'em
you think about home and everything else.
Ok, I got to be back.
After a while your mind is wandering.
Ok my kids
Yeah you coo and everything
but I got to get back home to my kids
You're cute and everything but I gotta get back
You're tempting but I gotta get back home
I've got to get back home
to my children
That's important.

We'll always be a mother
even if its late you've
got to get me back home safely

and um take me somewhere safe
and get me back home safely.
Even if you don't call anymore
get me back home safely
get me home
I've got to finish raising my kids

8.
And I say to them
"everybody has to have a turn"
I feel better about
my person
about myself as a person
as a mom

9.
My life has been very challenging
When I say challenging
I don't want to fly in the face of God
But I've had to work hard
I've had to mix and do without
and have to make sacrifices
and my time, my energy.
I can't do for me because I have to do for you.
That's how it goes

and if you can not take care
of yourself and your children
you will be calling me
and I'll be on a boat,
on a cruise.
I will not be answering my phone
There we have a problem
And I'll be on a cruise

Self-care emphasized

Sleep
This morning I slept kinda late:
I'll lay back down for a few minutes,
I'm just gonna lay here
I might get another about an hour's worth of sleep before
I'm off to the shop to go to work

Shower
Ok it's time to take a shower
I'll take my shower or something in between there:
I get up take my shower
the first thing I do when I get up
is you know go take a shower
um pick out my clothes
When I take my shower it's usually 1 or 2
That's usually when she's falling asleep
When I get home ohh I just got to get in the shower
That's the first thing we do when we get in the door

Stress management and mental health
Sometimes I feel my anxiety about to come:
I like to start my morning off slooow and relaxed
so that the rest of the day whatever comes at me I can just let it
bounce right off of me.
I leave the house an hour before I'm supposed to just
so I can take a smooth slow drive to
wherever I have to go
I'm always
rush rush rush rush rush
and so now that I've learned to slow things down and
that's part of stress management

Massages helped a lot
sometimes my husband'll
give me them to relieve stress

 "That's not something we'll be able to do"
because people try to keep you joining things
and keep you doing things
and the next thing you know you're stressed
and you're trying to figure out where your stress is coming from

I'm not gonna take any summer classes
I gotta take a break
I'll just say
well uhm I'm staying
around the house today

My belief in God gives me something to believe in:
I believe
it lowers the stress

God is gonna take care of it.
I'm going to try Christian counseling
because that thing worked best for me
I talk to my counselor
and that's really, really helping
it's just like a neutral part
it's like an empty jar
that's why I found myself a therapist
so you know I have somewhere to go
and talk for an hour and it's restful
They're aware of what we're going through.

Medicine
My doctor told me:
"you need to get a mammography"
I do my mammogram and
I recently had a pap smear
I try to do it every year
I really take care of my body.

I'm beginning to understand I better take something
I have to take [iron] three times a day
I said maybe I'll get one big bottle
cause something's better than nothing.
I need calcium
my doctor put me on calcium because
I'm of that age

That's the main thing going to the doctor,
Scheduling a time to go
sometimes every three months
sometimes
he'll have me back every six months
I have like several specialists
I go to the doctor very often

I have a aide to come in and help
with you know
my personal care needs

I have to take medication
I have um depression
Sometimes I might take a Benadryl because
I don't want to take Zoloft

Exercise
Every morning I do stretching exercises
Every Thursday I go swimming
going dancing:
that's how I get my exercise

I do try to do an hour a day
I try to get it in 2 times
well hopefully 3 times a week

I have a big ball at home
I might take it out of the closet
about once a month
and do some sit-ups on it
or do some push-ups on it

I do a lot of walking
I'm always on my feet
I go anywhere and everywhere

we walk, yes:
My son would ride and
she would ride and
I would walk

I have a neighbor
on nice nights
we'll go for walks
walks throughout
the neighborhood

I make it a habit to walk
one-hour everyday
you know take my walk
around the block

I might even just go to the mall
just walk around and
look at the clothes
just something to just
kinda like
calm me down

It just makes me feel

better you know
more relaxed
and more at ease.

Food
Eating correctly:
You know what? If I'm doing it we're all doing it
I'm drinking diet you can drink diet too

I'm very conscious of what I eat
the meals I prepare and
the food I buy
I put carrots in the house
you know
I've changed out our types of snacks
I just kind of said to them
"this is what it is and we're all going to suffer
with me"

I tend to bake more
Just making better decisions
instead of the fried foods
maybe having something grilled
Some small decisions but
you know conscious
I don't drink soda anymore.

I take my daughter to the bus stop and
sitting at the bus stop with her
I eat a cup of yogurt and drink a bottle water.

After the middle school child leaves
is when I'll have my breakfast

You know caffeine is not a good thing
but it,
it relaxes me
because I do it in the morning
before everyone get up

I don't eat past 6 o'clock period.
So that's one thing.
Sometimes I eat by myself.
My kids don't wanna eat when

I wanna eat they think it's too early.

Me time/ Autonomy
I used to get up at 5:00 in the morning just to have some me time:
I make time for myself because
I have to read I have to make time to read
I could make time for myself
when my children are up and walking around and busy
I still make time for myself.

I have a lot of "me" time
I think I have too much time for myself
She's not one of them kind of babies
that has to be up by noon
like I live at her house
she just does what she want to
you know
and she don't bother me
but I don't even see her
on the weekends
unless
you know
my mom has something to do
That's the real "me" time
the weekend.

We all do what we have to do:
I need my rest they take over

I get to have my "me" time
I get to take my bubble bath
watch a movie that I would like to see
um paint my nails
you know just
relax and focus my self
away from the kids
and center on
put the attention on me
a little bit before I go to sleep

I made the decision to come here
this is MY turn
It's not very comfortable doing for yourself
or taking care of yourself

so you know you have to
I, I have to work at it
and I'm working at it and it's hard work

Sometimes I'll go out by myself
and do some things by myself because it seems like
I'm always tied down and things
you know

So I find that that 30 minutes
that's the time that I have to myself

It's just that there's a point in time
when you need time for yourself
or time for any relationships you have
outside with your daughter

Once in a while we[1] go like
for a 2 hour lunch

I've been watching a lot of TV
enjoying the downtime
the baby'll go down for a nap
and um
that's my free time,
I usually sit and
watch my shows at that time
I just be all in the TV

I go and read magazines
sometimes I'll use the computer
I do a lot of writing so I might sit
in a park and do some writing
I enjoy the beauty of nature
I read and meditate
I love to do anything artsy
that is my outlet
my stress buster

It's up to me to put forth the effort
I don't always succeed but I try
That helps me get through my day

---

[1] coworkers

Self-care deemphasized

Uhh nothing.
Not really anything
I don't really think about me
I have bad habits, I have bad
I admit that
I haven't been taking care of myself
I even left myself out
other things get in the way

See I tend to think about
me AND the children,
My income's not where I can do that

You know nobody is concerned about that
as long as everybody's getting everything that they need done
they're not concerned about how healthy you feel today

When you are pregnant they drain everything from you
I mean I've been sick for a month with a cold
And even sometimes I have thoughts sometimes about trying to find a doctor
A new doctor that would kind of see things going on and help me
And I've been so busy actually lately with my daughter
Everything revolves around your family,
their unexpected friends at the door,
There are times in the day when I just be wantin'
Some "me" time but I can't get it because she just be like
"it's time for me now."

I don't mind it but
it's tiring

I'm up early every single day
Trying to survive
I'm working 8 to 5 and 11 to 7
I work in the day and then
I work in the evening
I also take classes
Whether I'm at work or at home I'm always working
I'm always on the run

I don't get to eat I gotta clean up I'll eat
while I'm doing that

Most everything else I have in the refrigerator is for the boys
A lot of the times I cook what they like
I'm just so focused on what they eat
Our eating is out because I'm a single mom and the time
And and
everything
I tend not to have anything healthy for ME
That I can just grab
every now and then I'll get like a banana but I'll usually
never eat it until like 10 or 11
when I'm at work

Just doing everything that I would do
so frustrated with doing everything
I'm just doing this doing that
because at work I'm always doing
what they need me to do there
and then
You know get off go get her
and then
come home and make dinner
then
it's like dark outside
By the time you get home and do
what you need to do at home
Put a load of clothes in

I make sure they do what they need to do
mom can you help me with my homework
and then
my husband just come do this for me or
can you find this and
make sure everything's right with the baby
put her to sleep
I just do whatever I have to do and
I dive in my bed
Because I gotta get up in the morning to
go again

I'm really tired
And usually I'm tired and
I I feel TIRED
I'm just so tired
I don't know what enough sleep is

Mentally and physically
I'm exhausted

people have told me they like
they like you know you're on disability
you're sick why don't you go somewhere
and sit down?

We could be doing something
If I could just carve out that time
There won't be enough time
Time to dedicate
My schedule throughout the day it doesn't allow me time
And you don't have time to do it
I don't have time

Exercising, that's hard because
I got the baby
I haven't socialized a lot
Implementing those things, I haven't really done that

I hate to say it
I'm not used to anything
Anything that anybody did
for me
would be appreciated

I mean I don't get a turn
I can't do for me because I have to do for you.
I just wanted to make sure the kids were OK
Even though I'm not doing it for myself I'm trying to
look out for her future

I don't want her to be like me.

That's why we shut down
That's why we learn to be quiet
And be still
And not have a turn
Because we're so used to caring for someone else's needs
You really don't get a turn as a woman
I realized how much of a stranger I am to myself.

It's almost like people are like well

You're a mom and a wife
you're supposed to.

 Theme Poems

"There's so many positive benefits of being a parent"

I think I got the best boys I could have though Like I said my children They were, they are My saving grace I could see so many positive things in them And I had to look at myself. Certainly if, if they're the quality of kids That they are I must be a good person So I look at them and I benefit If we if we work out together that would you know That would, you know, not only help her But help me too because I mean She's looking up to me to do it I appreciate myself now, you know, more So I think that when she honors And she asks how I am doing It just, it just it's the fruit Of what I put in So it's a blessing To see it come back

"Gotta get up in the morning to go again"

I I feel TIRED Ok there is no morning and night with the new baby I'm really tired Because he doesn't sleep so I don't get sleep I'm just so tired I'm up early every single day I don't mind it but it's tiring I'm always on the run And usually I'm tired and

I'm working 8 to 5 and 11 to 7
I don't know what enough sleep is
It's like "Mommy, can Mommy sleep for another hour"

By the end of the day I dive in my bed
I'm exhausted
Trying to survive.

"The time and, and everything"

There are times in the day when	They wanna see the baby
I just be wantin'	Which is good for me
But I can't get it because	'Cause that
She just be like	Takes her away for
"It's time for me now"	A little bit of time
The biggest issue is time	I used to get up at
If I could just carve out that time	5:00 in the morning just to
Enough time	Have some me time
Time to dedicate	I make time for myself
I don't have time	I could make time for myself
It's like dark outside	When my children are
By the time you get home and do	Up and
What you need to do at home	Walking around and
Ok it's time to take a shower	Busy
My schedule throughout the day it doesn't allow	I do try to do an hour
Me time	A day
Scheduling a time to go	I try to get it in
You don't have time to do it	2 times
And if I choose to go to church on Sunday	Well
I'm sitting there, "whew,"	Hopefully
Overwhelmed, you know thinking about	3 times
Monday morning	A week
My time, my energy	I still make time for myself
I can't do for me because	I get to have my "me" time
I have to do for you.	I have to make time.

"Even though I'm not doing it for myself / I'm trying to look out for her future"

I can't do for me Because I have to do for you Have to make sacrifices I even left myself out It seems like I'm always tied down So frustrated with doing everything I'm just doing this doing that I try to get up a couple minutes and run out, You know, to Wal-Mart To say that was my outlet but its really not 'cause I'm picking up groceries We're so used to caring for Someone else's needs We learn to be quiet and be still I guess I can't do the things that I wanna do Whenever I do try to do things You know that I do wanna do It never, it never happens It seems like it's never gonna happen I mean I don't get a turn That's why we shut down	Everything revolves Around your family 'Mommy, Mommy!' When you are pregnant they drain everything from you He doesn't sleep So I don't get sleep Exercising, that's hard because I got the baby I tend not to have anything healthy for ME I don't get to eat I gotta clean up Go get her and then Come home and make dinner Most everything else I have in the refrigerator is For the boys A lot of the times I cook what they like I make sure they do what they need to do 'Mom can you help me with my homework' 'Just come do this for me' or 'Can you find this' Make sure everything's right with the baby As long as everybody's getting everything that they need done They're not concerned about how healthy you feel today

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"You're a mom and a wife you're supposed to"

I realized how much of a stranger I am to
Myself

Because we're so used to caring for
Someone else's needs
For women you have to deal with so many things
Between
Their husbands or their boyfriends or their children

Being a mother you still know
Pretty much what's going on
Even when you're trying to
Take a catnap or something

We'll always be a mother
I've got to finish raising my kids
Ok, I got to be back
I've got to get back
Home to my children

Meaning all I'm doing with my life is
Gettin' my kids ready for school
Gettin' them off to school and
Puttering around the house until they get home

I can't do for me because I have to do for you
That's why we shut down,
That's why we learn to be quiet and be still and
Not have a turn

Even though I'm not doing it for myself
I'm trying to look out for her future
I don't want her to be like me.

How are you gonna take care of
Your kids

When I see a man mistreating a woman now
I am highly sensitive to that
Because I had 10 years of that
And I'm just not havin' it
I won't have it for my boys

See I tend to think about
Me AND the children
I do want to focus on raising my kids
And not being stressed

My son can read me
And he was like 'Yeah when you sleep later you're
Like the best mom'
I felt kinda bad I was like
"Wow okay maybe I need to sleep more"

You know what they don't need to see you isolated
They need to see you interacting
The girls need to know
Mommy is living a normal healthy life

Children are really in tune
With their parents emotions
And they just cling to what you say
I try not to talk in a resentful way

Because they can they can start to feel the guilt and
Feel like they're responsible you know
For my mistakes, mistakes I made.

It's not very comfortable doing for yourself or taking care of
Yourself

Well I'm transitioning from the married world
To the single world
I made the decision to come here
This is MY turn
I'm like really trying to you know have a social life

I'm not Miss Goody Two shoes,
I've been misunderstood for years
I'm going back and saying "I'm human now guys, I need a turn too"
And they're looking at me like 'uh uh…'

How in the world are you going to forget about being a woman
You want to go out on a date
Yeah you want to dress up and feel pretty, feel wanted
You want someone who treats you nice,
Who makes you feel good

Yeah I went on a dinner date and I had fun
I went to a party and I had it was
It was good
Dressed up and interacted with people

It's just that there's a point in time
When you need time for yourself or
Time for any relationships
Outside with your daughter

And if you can not take care of yourself and your children
You will be calling me and I'll be on a boat, on a cruise.
I will not be answering my phone.

"Work and family life and everything"

Sometimes my husband'll give me [massages]
To relieve stress
I tell him everything

My cousin we are VERY, VERY close we talk all day every day
So um my family is there they're there for me
And I can call and say
I'm coming by to get a plate
I need my rest they take over

My belief in God gives me something to believe in
My boyfriend he's very good you know
I'll go to church with him
It makes me feel a little more close to home

I have a neighbor on nice nights we'll go for walks
Throughout the neighborhood
I moved here and I got to know like everybody pretty much
On the block
The mothers are really nice
They're all working mothers too
So we all sit down and share the pain
Like "ohhh God"

And I might go to a friend's house
I mean we're close
She keeps coming back even
Sometimes uh I wouldn't have money to eat
She wants to go to lunch and you don't have no money
She says 'oh that's ok, come on'

I went out with some of my officemates after work or during lunch
Once in a while we go like for a 2 hour lunch just to release stress
We always talk to each other about spiritual health
Which was nice to establish those relationships

I talk to my counselor and that's really, really helping
So you know I have somewhere to go and talk for an hour
They're aware of what we're going through

My husband…I really don't like to talk to him because
He dudn't give me the answers that I wanna hear so
I just kind of I really just keep it to myself

No I just don't talk much about what's bothering me
I think my biggest conversations when they occur
Are here in the family
And when it does, my family, who I feel closer to
I don't think they take me real serious

There's no one sometimes maybe no one to talk to
It's different when you have a partner
You know when it's y-you yourself
You have to find the motivation within yourself

Most of everybody I grew up with and old friends still live
About an hour and a half away
I don't socialize as much I'm with my daughter a lot
And there's no escape or there's no one sometimes
Maybe no one to talk to
I just try to work things out on my own
I rarely call anybody 'cause I'm, I'm trying to
Keep my issues my issues

I had a close friend but she passed and
She was the person I would talk to about most anything
You know they're friends but you don't really correspond with them
As far as really somebody that I actually do something with on a regular basis
I don't, I don't have
No

I mean I have associates, people I talk to
My colleagues are not my friends, you know
They're my colleagues,
So I don't necessarily hang out with them

I hate to say it I'm not used to anything
'Cause nobody asks you know
But I, I would like someone to talk to on occasion about those things

They wanna see the baby
Which is good for me 'cause
That takes her away for a little bit of time

If you know, I'm like "I don't feel like this right now"
They clean, they make up their bed
If I'm cooking something really simple like macaroni and cheese
She's always like 'can I cook it' you know
Or you know she'll wash the dishes

'Mommy you have to calm down
Remember the doctor told you to breathe'
In order to see me okay she'll get it done
She doesn't like to hear me upset so she'll do it

They clean they
Make up their bed
My girls
They fold clothes, they sort laundry, they do dishes
The boys
Help around the house
They do more of the man chores
They'll mow the lawn, take the trash out, deal with the dog

I'll say "ohh pumpkin
Let's just start a diet on Monday"
So she knows me
Always there for me
And there's times when I'm like "oh God I can't make it"
And she's like 'momma come on you can do it; you can do it'

My 9 year old shoot he helps out a lot,
the 6 year old is a lot of help I really miss her right because she helps me
If I'm not feeling well she'll take over
Makes sure that everything that I like is being done

She encourages me and, and it's like we're not
Mother and daughter not mother and daughter
We're more like friends

"I don't want to fly in the face of God, but I've had to work hard"

Whether I'm at work or at home I'm always working I'm always on my feet I'm always on the run I'm working 8 to 5 and 11 to 7 I work in the day and then I work in the evening I also take classes	It's up to me to put forth the effort It's not very comfortable doing for yourself Or taking care of yourself so you know You have to I I have to work at it and I'm working at it and It's hard work	Because at work I'm always doing what they need me to do there And then you know come home and make dinner I don't get to eat I gotta clean up, I'll eat while I'm doing that Put a load of clothes in Make sure everything's right with the baby 'Mom can you help me with my homework' And then my husband 'just come do this for me' or 'Can you find this' And I make sure they do what they need to do

"My personal care needs"

I haven't been taking care of myself I have bad habits I admit that I'm always gonna start a diet on Monday Scheduling a time to go That's the main thing I'm always Rush rush rush rush rush	Going to the doctor: Mammogram Pap smear I have to take medication Calcium, [iron] Sometimes I might take a Benadryl because I don't want to take Zoloft	A lot of walking, Stretching Exercises: swimming, dancing Do some sit ups or Do some push ups That's how I get my exercise I do try to do an hour a day 2 times hopefully 3 times a week	I'm very conscious of what I eat Just making better decisions I'm drinking diet I've changed out our types of snacks I put carrots in the house I tend to bake more Maybe having something grilled I don't eat past 6 o'clock period.	Sometimes I feel my anxiety about to come I have um depression But that's why I found myself a therapist You're workin' out your mental health That's part of stress management And so now that I've learned to slow things down It just makes me feel better you know More relaxed and more at ease.	I do want to focus on raising my kids. The girls need to know you know that Mommy is living a normal healthy life You know what? If I'm doing it we're all doing it If we if we work out together that would You know not only help her but Help me too because I mean She's looking up to me to do it

Concluding Partially

'Mommy
Mommy!'
Whether I'm at work or at home, I'm always working.
Mothering is always a doing.
I'm always on the run

This action is a public action.
It's almost like people are like
'Well, you're a mom and a wife
Meaning's already socially established.'

Meaning all I'm doing with my life is
Caring for someone else's needs
I mean:
I don't get a turn

In this repetition
Of trying to survive
I feel TIRED.

The performance is effected with
I can't do for me I have to do for you.

Even though I'm not doing it for myself
I'm trying to look out for her future
She's looking up to me.
I don't want her to be like me.

That's why we shut down
That's why we learn
To be quiet and be still
Within the terms of a hegemonic cultural discourse

Although…
There are individual bodies that enact these significations.

Umm my girlfriends
We always talk   about   when we feel
A pain somewhere
And I can call and say
I'm coming by to get a plate
So we all sit down and share the pain like
'Ohhh God'

And there's times when I'm like
Oh God
I can't make it
And she's like 'momma come on you can do it;
You can do it.'

I had to look at myself
-- Re-experiencing --
If they're the quality of kids that they are
I must be a good person
They are my saving grace
The fruit of what I put in.
It's a blessing.

I do want to focus on raising my kids,
On maintaining mothering.
Get me home
I've got to get back home
To my children;
Their legitimation, that's important.

I'm stylized into mothering modes and
My identity,
The identity it is purported to be,
You know
You have to
I have to
Work at it and I'm working at it and it's hard work
I don't mind it but
I'm tired
And nobody asks you know
It's
Tiring

INTERVIEWS/FOCUS GROUPS IN PARTICIPANT POEMS

Poem	Interviews/Focus groups
Mothering Performances Around Self-Care	19 interviews; 2 focus groups
Self-Care Emphasized	19 interviews; 3 focus groups
Self-Care Deemphasized	14 interviews; 2 focus groups
"Work and family life and everything"	18 interviews; 3 focus groups
"I don't want to fly in the face of God, but I've had to work hard"	7 interviews; 1 focus group
"Even though I'm not doing it for myself / I'm trying to look out for her future"	8 interviews; 1 focus group
"You're a mom and a wife you're supposed to."	9 interviews; 2 focus groups
"There's so many positive benefits of being a parent"	2 interviews; 2 focus groups
"The time and, and everything"	10 interviews; 2 focus groups
"Gotta get up in the morning to go again"	7 interviews; 0 focus groups
"My personal care needs"	15 interviews; 3 focus groups