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## *Where's the Feminism in Mothering?*

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**Where's the Feminism in Mothering?**

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### **Abstract**

This paper is a reflective narrative bringing together personal, collective and action learning reflections from three women: all mothers, feminists and community psychology practitioners. Its focus on mothering highlights the interconnectedness and tensions across these roles, as well as the shared learnings arising from this collaboration. The paper draws on our experiences in two participatory action research projects in different parts of Melbourne, Australia to illustrate how our feminism informed approaches to improving mothers' and children's wellbeing within a community environment. Learnings for practice include the importance of support, partnership with and empowerment of mothers in all their diversity, and of community change towards communal and child-centred structures. The combined community psychology and feminist focus may assist those working with mothers in other communities. Socio-cultural and political considerations include individualistic notions of motherhood, judgements about 'good' and 'neglectful' mothers, and lack of priority for children's needs in community contexts.

### **Where's the Feminism in Mothering?**

This paper was Catherine's idea and she has been the driving force in bringing it together. We (Belinda, Catherine and Colleen) are all mothers who have each chosen consciously to work with families with young children. Heather does not have children but is our friend, mentor and feminist community psychologist who played a key part in developing and editing this paper. Our individual and collective reflections come from our lives as mothers and from our work with mothers in two action research projects in different parts of Melbourne, Australia. Both projects take whole of community and collaborative approaches to improving mothers' and their children's wellbeing (see the Practising Feminism in Our Work with Other Mothers and in The Community section). A 'whole of community' approach is in our view one where all groups who make up the community are included. It is important to listen for the voices that are not yet represented – whether they be Aboriginal families, refugee families, or families where the parents or the children have a disability. In our work it also always includes professionals from services, policy makers and levels of government. Many of those professionals, like us, are parents.

The paper is written in our own individual and collective voices, using 'we' and 'I' in place of the impersonal third person. When we say 'we' it means Catherine, Colleen and Belinda as a collective chorus. We each have solo pieces to express particular opinions drawn from the conversational exchange between us. We struggled a little with how to pitch this paper because we want our ideas to be accessible to everyone, particularly the mothers in the communities we work within. At the same time we recognise how strongly our feminism and our disciplines have influenced our mothering and our work with mothers in the community.

#### **Who are we?**

Before we elaborate on our lead question and the ways we have set about addressing it, we wish to keep faith with the feminist mantra that 'the personal is political' by introducing and situating our personal selves in relation to feminism, community psychology and mothering.

**Colleen Turner**

Colleen is the Manager of *Communities for Children* and *Best Start* programs in Broadmeadows. Colleen is a Fellow of the Australian Psychological Society (APS) and a long-term and active member of the APS College of Community Psychologists. In a career of more than 20 years, she has contributed to applied research and community-based practice in workplaces as diverse as early childhood programs, aged services, migrant women's health and industrial relations. Colleen is the mother of a daughter, Jessie, named after her great-grandmother and after the Australian feminist activist Jessie Street. At the time of writing Jessie is 11 years old. Colleen and Tony (Jessie's Dad) have been separated for many years now; they have worked together to ensure their daughter is part of both their communities.

**Catherine D'Arcy**

Catherine is aged 42, of Maltese/Irish/Australian descent, living with her partner Mark and their 3 children (Callum 8, Simone 6 and Alex 3). Mark has been the children's primary carer most of that time. Catherine has been a community psychologist for more than 15 years and is co-chair of the APS College of Community Psychologists (Victorian Section). She has a particular interest in participatory action research, family violence prevention and women's emotional wellbeing. She is currently a Health Promotion Officer at Knox Community Health Service (KCHS). A further important thread in her experience was the privilege of working and living among Palestinians in Israel/Palestine for 9 months in 1992.

**Belinda Crockett**

Belinda has a joint appointment between KCHS and the Department of Health Social Science, Monash University. Belinda is not a community psychologist, but appreciates the philosophy shared with her own disciplinary background of health promotion and health sociology. Belinda's role at KCHS focuses on building research and evaluation capacity to undertake community-based research. Belinda is a 36 year old single mother of a 3 year old daughter, Ebony. Ebony lives with her, but spends one night and two days a week with her father who is of Maori descent. Belinda is also currently 5 months pregnant with another little girl (to the same father).

**Heather Gridley**

Heather was somewhat reluctant to be named as a co-author of this paper, declaring that 'mothering is not my field, and these are not my stories to tell'. But she provided valuable critical input in helping to shape both the discussion and the product, and is regarded as something of a matriarch of feminist (and) community psychology in Australia. For many years she coordinated the postgraduate community psychology program at Victoria University in Melbourne, one of only two nationwide, and is now Manager of Public Interest with the Australian Psychological Society. She has two adult nephews, each of whom has lived with her for a period within the past two years. The experience has only served to increase her awe and respect for what parents take on at any life stage.

### **Working together**

Writing this paper has been enjoyable and educational. It has allowed us to explore the complex nature of the relationship between mothering and feminism. We are all interested in placing that relationship within a community context where our community psychology and sociology backgrounds converge.

#### **Catherine and Belinda**

We have worked together for three years. When we met, we had both not long returned from maternity leave and Belinda was commencing with the health service for the first time. We work together on *Mothers Living Well*, a community-based project with mothers in Bayswater. We enjoy working with mothers to explore (through methods of appreciative inquiry) their collective vision for Bayswater (see the Practising Feminism in Our Work with Other Mothers and in The Community section).

#### **Colleen and Catherine**

We have been colleagues and friends for almost twenty years. We met as budding community psychologists, having been introduced by Heather (who had taught Catherine and provided peer supervision to Colleen in the early 1990s, and mentored both into the APS College of Community Psychologists). We worked together with an Early Parenting Centre in an action research project aimed at introducing reflective practice into their Family Program. We have had many conversations over the years about how to integrate parenthood into our lives, how to 'do motherhood' in ways that fit within our values and beliefs as feminist community psychologists. We have been particularly interested in the day-to-day translation of values into our personal and professional lives. This paper is a natural extension of those conversations which have been supportive, empowering and often hilariously funny. The paper has been written between commitments with the children, over weekend lunches and late at night when the kids are in bed.

#### **Belinda and Colleen**

We met through this writing project and have been enjoying getting to know one another professionally and personally. Our children have yet to meet and we are looking forward to that, because Catherine's three children and Colleen's daughter have grown up and stoically endured many community psychology meetings together.

### **Where is the Feminism in Mothering? The Theory...**

The question we posed, 'where's the feminism in mothering?', has been central to our discussions about the work we are undertaking separately and collectively in communities with women (and men) and children, and to how we have shaped this paper. We chose to frame the title to the paper in this way to provoke both interest and reflection in our readers. Yet we do not definitively answer this question, because it is ongoing and cannot be answered once and for all; rather, we seek to reflect on the additional questions it raises about power and inequity and how we can utilise theories and practice from community psychology and feminism in ways that support and empower mothers in their mothering. We begin by briefly considering feminist theory and how it relates to and informs mothering.

Becoming a mother is an important rite of passage in many women's lives. It also brings women into a powerful sphere of cultural, political, social and economic discourses collectively termed by Adrienne Rich (1986) 'the institutions of motherhood'. Even for women who do not become mothers, the effect of the motherhood institution can be profound. In Australia, as in many 'first' world nations in the 21<sup>st</sup> Century, women have greater choices than before about ways of mothering, whether in heterosexual or same-sex relationships, or alone (de Vaus, 2004). Most women can and do choose a range of roles outside as well as inside the family. However, in 2010 in Australia soon after the appointment of a female Prime Minister, Julia Gillard was criticized for not being a mother (she was called "deliberately barren"), along with claims that she was being manipulated by the "faceless men" of her party. This interconnection of experience and institution of motherhood makes it for us, as for community psychology and feminism, an arena for activism and social change.

Feminism has a long history in relation to mothering. As far back at the 18<sup>th</sup> Century, Mary Wollstencraft in *A Vindication of the Rights of Woman* was using motherhood as an argument for women's rights to education (albeit from an essentialist standpoint that it would make women better mothers). Similarly, some highly influential feminist reforms in relation to welfare for families and reproductive rights were brought about by feminist activists, including suffragettes, based on the role of 'women as mothers.' Australia's 2010 election saw a policy battle centred on the introduction of universal paid maternity leave. (The new leave provisions came into force on 1<sup>st</sup> January 2011.)

The essentialising and function of motherhood within patriarchal social structures is a centrepiece of feminist debate. Feminists challenge the notion that being a mother is the only legitimate role for women (Kinser, 2010). These arguments informed postmodern feminist thought which has moved beyond the shared experiences of women to acknowledge their/our diversity of ethnicity, age, class, geographic location, disability and sexuality.

Contemporary feminists argue for social and cultural change to support 'mothering' as an empowering rather than oppressive experience (O'Reilly, 2008; Kinser, 2010). In this way, feminism seeks to engage in discussions of gendered power relationships between men and women, between women characterised by class, and between women and mothers (and indeed men and fathers) and the State. Less discussed in feminist theory are the power relations between parents/mothers and children.

Anne Mulvey (1988) noted commonalities between community psychology and feminism – they share similar critiques of victim-blaming ideologies, pushed beyond individual, adjustment-oriented solutions, called for new paradigms and developed similar change models and strategies. Both continue to focus on social policy, prevention ahead of 'cure', advocacy, empowerment and the demystification of experts (Gridley & Turner, 2010). For community psychology and for feminism, individual and collective stories (narratives) are a powerful way in which the social and political constructions often invisible in individual experience can be made visible so they can be



changed (Oakley, 1981). Feminist qualitative research is replete with narratives giving voice and generating social change (Oakley, 1981; Acker, Barry & Esseweld, 1983; Oleson, 1998; Hill Collins, 2000; Adair, 2008). Still, feminist theorists and community psychologists need to be critical of the role they themselves and their disciplines play in this social change process (Mulvey et al., 2000; Angelique & Culley, 2003).

While both community psychology and feminism challenge us to create spaces for the voices of those who have been excluded (Day Langhout & Thomas, 2010), we must be intimately aware of the implications of how we represent others in research, and the risk within some methodologies of reinforcing power inequities and essentialist divisions. As Hinterberger (2007) cautions, we need to consider, for instance, the way our reflections and representations could risk reproducing the unequal power relations between ourselves as researchers and those represented in our research. This concern echoes the critiques of feminism by Black women activists in the US and Australia that feminist research caters to the needs of educated, white, middle-class women (Doyal, 1995; Moreton Robinson, 2000). Cosgrove and McHugh (2000) further caution us to be reflexive and seek out diversity and divergence in women's voices in narrative-based methodologies used in feminist and community psychological research. Research focused on unquestioningly reflecting 'voices' of women risks reinforcing essentialist notions of women and men. Similarly this argument suggests that research using narratives from the perspective of mothers risks further reinforcing separations of women into categories of 'mother' and 'non-mother'.

### **Practising Feminism in Our Mothering**

For the mothers writing this paper, our mothering role is one among many, and has deeply affected our other roles and work. We begin by reflecting on our own experience of motherhood to date, and of feminism in our life and work.

#### **Colleen**

Becoming a mother was a conscious and hoped for choice – though one made relatively late – so at 42, I became a first time mother of a daughter and within a year a sole parent. Becoming a

parent changed my life as well as my career in many, many ways – I left my long time work with older people and became part of the family and children’s services world that includes childcare and early education as well as the darker world of child protection. As a mother I am interested in bringing up a child who has good values, not necessarily the same as mine but thought through and clear. As a girl, I want my daughter to grow up thoughtful and strong and independent. I became aware as I became a mother that a lot of the time children are not treated like people. I want to be able to talk to, listen to, play with and communicate with my own child and other children I meet in my work and in my private life. Sometimes I struggle my history and culture as a Anglo-Celtic mother of an Aboriginal daughter, within a history (which I will hand down to my daughter) of dispossession and forced removal of Aboriginal children from their mothers, and their communities. The opportunity to work (and talk and form friendships ) alongside Aboriginal women in Broadmeadows and to be accepted as part of the extended local Indigenous community has been for me an unexpected privilege which carries with it obligations of respect and advocacy for the needs and wants of that community.

### **Catherine**

I discovered feminism and then community psychology in my earlier years as a student. Then, later in life, following on from becoming a community psychologist, working in a range of settings and jobs, volunteering and travelling, I became a mother. The experience was wonderful: creative, fun, challenging; a new pathway (adding to those I’d already experienced) for interacting with the world. At the same time: What a shock! Most poignantly, I was struck by how powerfully I could be affected by the society I lived in. It seemed that the ‘Institution of motherhood’ (Rich, 1986) was one that could affect my feelings, my sense of who I was and even my behaviour in ways I hadn’t previously realised.

There are many examples for me of struggling with this tension. One example is that as a community psychologist, and through travelling, I dearly value and wanted to share with my children, different cultures and their ways of knowing the world. As a mother however, I notice

that despite my attempts to find and share these perspectives with my children, they still seem most influenced by the dominant cultural perspectives: masculine, Anglo and non-Aboriginal among others. While discomfoting, it also reminds me of a central tenet of both community psychology and feminism, that the most effective ways of making a difference are those that go beyond individual behaviour. If I want my children to be raised according to the above ideals, therefore, it will not happen simply by me mothering them in a particular, better or different way. It must include, for me, an additional focus on the world outside my family. I can't do it alone.

Another example of this tension that reminds me of things I hold closely as community psychologist and feminist, came during a recent experience of being 'told off' for breastfeeding in a public place (a dance school area set aside for mothers and children). I was reduced to tears and self doubt, in a way that was really unexpected. It reminded me that, while on some levels I experience privilege which separates me from some other women through differences in education, workforce participation, culture for example, I also share with them a vulnerability of being a mother.

### **Belinda**

Feminism, and having a mother who embodied femininity in beautiful, fluid and often contradictory ways, has influenced my life enormously, including and my recent choice to continue a pregnancy despite being faced with being a single mother (for the second time). But the decision was made more complex by my understanding of the challenges faced by single mothers, including the negative stereotypes which serve to misrepresent them/us as 'undeserving' - an ideology which shapes public opinion and can underscore public policy (Adair, 2008). Indeed the personal is political.

I became a mother at age 33 after completing my PhD and entering the professional workforce. I was very welcoming of my new mothering role. I think too the experience of having a baby girl soon after losing my mother to pancreatic cancer made my transition to motherhood an especially spiritual experience. But it was also very emotional. The biggest struggle for me as a new mother was indeed not having my own mother around to support me and share my elation,

fears and hopes. I want to be able to nurture my child(ren) in a way that permits them to develop their own values, identities and a sense of responsibility (both to self and others). My reflections throughout this paper bring together meanings of mothering on a range of personal, experiential and theoretical levels, framed within a context of learnings from my doctoral field research in Papua New Guinea (PNG) some years ago, and my more recent experiences of working with mothers in Bayswater with Catherine.

PNG is intimately linked with my fondest memories of my mother who lived and worked in Port Moresby for five years. She was my most fundamental inspiration and teacher: from her I learnt the importance and power of listening, and of shared humanity between people. These two principles I hope are embodied in my mothering and, in turn, in my desire to support and empower other mothers to claim a more communal approach to our children's care. What is good for my children, as I have heard Catherine so poignantly explain, is also likely to be good for all children, and vice versa.

I was fortunate to engage in discussions with mothers in six villages in PNG about their daily experiences and knowledge/perceptions of HIV/AIDS. These discussions taught me so many things, including how inextricably linked mothers' personal daily lives are with broader (sometimes invisible) economic and political processes. But importantly, these discussions and the deep reflections they ignited within me, also taught me a lot about my own culture. And now that I am a mother, I realise how profoundly those discussions with mothers influenced how I mother and why I hope for my daughter to experience certain freedoms and the supportive environment of a child-friendly community.

### **Practising Feminism in Our Work with Other Mothers and in the Community**

Community psychologists (Colleen and Catherine) and health sociologist (Belinda) all work actively and collaboratively with mothers in different communities to achieve social change. We draw on our work with mothers in two main projects: *Mothers Living Well* and *Communities for*

*Children*. Both projects, while operating under different models and in very different parts of Melbourne, are concerned with collaborating with mothers for community change.

### ***Communities for Children in Broadmeadows***

Currently I (Colleen) work to implement a large scale project, *Communities for Children*, within an economically disadvantaged but strong, culturally vibrant and diverse suburban community in Melbourne. More than half of the community speak a language other than English at home, with a number speaking Arabic. The cultural mix includes migrants of Iraqi, Assyrian-Chaldean, Turkish, Vietnamese, Chinese, Indian and Samoan backgrounds. There is also a small but significant Aboriginal community.

My project team and I have spent the last five years working in partnership with the local community and local services to improve the lives of approximately 4000 children aged 0-5 and their families and carers. We have tried to do this at an individual child level, a family level, and a community level that includes both targeted and universal services. About midway through those five years we held a conference with the central research question ‘How do you grow a community for children?’ That question remains central.

The main quantitative outcomes of the project have been a demonstrated increase in community connectedness for both parents (overwhelmingly mothers) and children, and a corresponding decrease in feelings of isolation and hopelessness (Yuksel & Turner, 2008). In addition, almost 500 parents of young children (again overwhelmingly mothers) found new friends by taking part in one or more of a range of activities and programs (Centre for Community Child Health, 2010). I remember how isolating the period of having a young child can be, so I am very pleased with that outcome, especially when one of the five main goals of parents in the community consultation preceding the project implementation was ‘meeting other parents’. I am proud to say the project was re-funded in 2009 for a further three years, and its reach was extended to children aged 6-12 and their families and carers.

This is very much a community psychology project in that it works with a geographic community to further develop a cohesive sense of place within the cultural diversity of that community. In 2008 a special issue of the *Australian Community Psychologist* was devoted to the notion of a sense of place. I enjoyed being guest editor, with a number of papers using Broadmeadows as a case study (Turner, 2008). *Communities for Children* is also very much a feminist project in that it encourages and empowers parents (mostly mothers) to identify their needs and have them addressed not only by the provision of services, but also by the development of links across and between the diverse families who form the local community.

### ***Mothers Living Well in Bayswater***

Over the past four years I (Catherine) and more recently Belinda have worked on *Mothers Living Well*, a community-based participatory action research project instigated in 2006 by Knox Community Health Service in partnership with the Victorian State Government Department of Transport (DOT), Knox City Council and Care Connect. *Mothers Living Well*, like Colleen's project, focuses on place-based changes within a geographical area.

The project started with Appreciative Inquiry (Cooperrider, Whitney & Stavros, 2008) research, involving trained local mothers interviewing other mothers about what would make the suburb the best it could be for mothers and their families. It then moved into a reflection phase in which, together with partners and other community members, the mothers developed a *Mothers Living Well* Community Plan. The community is currently implementing actions from that plan. Two geographical neighbourhoods in that community have been supported to gain funding and work with Council and other residents and partners for environmental and social changes consistent with the Community Plan. Over 20 mothers and grandmothers have been trained and supported in researching, raising discussion, gathering photos, doing surveys and now implementing and evaluating elements of the plan. Their research has engaged with over 300 other local mothers.

Community outcomes so far include seating and artwork, a regular child and youth friendly social inclusion event in the central shopping area, and a community paper sent to all residents. An

external evaluation funded by the Department of Transport found that, among other outcomes, the project has empowered the women themselves, as evidenced by their reported increase in confidence and ability to influence change; many have used their experience for jobs, credit for study or placement in higher studies (DOT, 2010). Consistent with our feminist and community psychology concepts of empowerment as multi-levelled rather than just an individualised concept, our aim is to see these changes have a lasting influence on power structures and systems. Long term evaluation will be our only way of confirming success in this area, but anecdotal discussions with partner institutions and bodies such as schools, council planning departments and traders suggest they are building stronger relationships with these local mothers and making space in their decision making/planning to give them more voice.

### **Themes arising from our work**

The conversations we have had together about feminism and mothering and how the concepts come together in our paid work and in our lives have been distilled into a number of themes. Those themes relate to power and inequality, the ways we encourage mothers to work towards their /our own empowerment and social change (methodology), social constructions of mothering, systemic issues in mothering (and in parenting), how research and evidence on issues in mothering can impact on mothers, paid work, and what makes communities ‘child-centred’. These themes all lead us into a reflection on the interests of children and of mothers (and fathers).

#### **Power and inequality**

A key intersection for us between community psychology and feminism for motherhood comes in noticing what makes a difference at the level of power and inequality. While valuing community oriented, child-centred and partnered approaches, we recognise also the dominant neo-liberal and market philosophies that place individuals as solely responsible for themselves, and individual mothers (and fathers) solely responsible for their children. Margaret Thatcher’s famous declaration, ‘there is no society’, is a continual reminder of this discourse. As feminists we keep returning to the recognition that we are not disinterested scientists, but part of a social movement

that requires empowerment, and transformation of the structures underlying oppression (Mulvey et al., 2000; hooks, 1984; Summers, 2003).

The changes we focus on in our work and in this paper are multi-levelled and encompass the level of power and influence for mothers (Labonte, 1993; Keleher & Franklin, 2007). We want to avoid in our work with mothers what Spivak (1999) refers to as the problematic representation of ‘others’ by ‘benevolent academics’ and practitioners who claim to know and speak for them. We acknowledge that the politics of representation indeed stress the impossibility of ever fully knowing ‘others’ (Hinterberger, 2007). We are all feminists, but that does not mean that our day to day work or our mothering is always perfect or even feminist, so neither do we expect the women we work with to be always feminist or always perfect. Indeed for me (Colleen) one of the delights of working in a diverse community is learning from one another.

### **Methodology is important: Participatory Action Research**

We see ourselves as both researchers and practitioners, and find one of the best ways to reduce the power differential is to use participatory approaches, and to focus on positive change driven by the participants. In both projects, our methods fit areas of Community-Based Participatory Research (CBPR) and Participatory Action Research (Wadsworth, 1997; Minkler & Wallerstein, 2003; Israel, Eng, Schulz & Parker, 2005), though the Broadmeadows project also has a strong quantitative base. Our work and our research draw on real experiences from diverse mothers and workers seeking to make a difference for mothers and their children. Having women speak and write their own stories just as we are doing in this paper is central.

Another important aspect of our work is our acknowledgement that, despite the risks we outlined earlier surrounding the politics of representation, if we do not try to give space to collective voice, then we equally risk maintaining stereotypes of mothers. We seek to build collaboration among workers, researchers and mothers and to bring their many ways of knowing into the methodology (Minkler & Wallerstein, 2003; Minkler, 2007). We hope to facilitate real social



change, working alongside communities. We also hope to add to the understanding of how best to facilitate this change.

### **Social constructions of mothers and mothering**

The women we work with are very sensitive to any tone of disapproval, and this is also true of ourselves as mothers. The censorship and exclusion of mothers who do not fit the standards of the institution of motherhood is what I (Catherine) have found through *Mothers Living Well* to be among the most damaging experiences for mothers, their children, and their communities. This exclusion leads also to a separation between women who do have connections, networks and a sense of confidence in their mothering roles, and those who stand outside these images. The institution of motherhood seems, from our work, to operate in a way that separates mothers from each other in much the way that the ‘beauty myth’ was observed by Naomi Wolf (1990) to create separation among women.

Another important tension is in our awareness and internalisation of social constructions of ‘neglectful mother’. Catherine and Colleen noted an example recently while watching a very poignant fictional vignette on TV about a child whose mother was unable (because of family abuse, mental health issues and drug use) to provide the safety and support the child needed. While seeing a child in such distress was painful, we wondered why the mother’s own distress was not made as clear in the discussion. But if there was no child in the picture, the focus would likely be less judgemental of the woman. As it is, the mother’s needs become less visible, a symbol of the child’s neglect.

Linked to this awareness have been the social constructions we notice and have at times struggled with ourselves: images of single mothers as ‘fallen women’, ‘burden on the state’ and with ‘doomed children’. We note the passion/strength of feeling linked to these constructions. We are sometimes surprised to hear very socially aware friends and colleagues refer without questioning to the ‘problem’ of ‘single mothers’. They can be surprised in turn when challenged on this, when we ask why it is necessarily a problem, pointing to the qualities in friends raised solely by mothers.

The way the communities we work with tend to be constructed is yet another concern. Current research conceptualises 'the disadvantaged' in these communities in individual rather than socioeconomic terms. This tendency is supported by the many shorthand terms relating to parenting: 'complex families', the more generic 'vulnerable families', and Colleen's favourite 'hard to reach' (by whom, I wonder, since in the community I work with this definition covers everyone, including workers). The term can encompass low income, culturally and linguistically diverse (the local acronym is CALD), Indigenous and sole parent families. More confusingly still, the terms are used in different ways by different services. Some of us find ourselves falling under these categories more than once. Some sensible researchers are starting to refer to 'hard to access services' as opposed to 'hard to reach families' (MacDonald, 2010; Cortis, Katz & Patulny, 2009). Or perhaps 'pushed away families', as a community psychology student on placement with Colleen put it pithily.

### **Systemic issues in parenting**

The pressures to do the best by our children have coloured us as professionals and made us sensitive to the need to recognise that parenting is an inexact and interactive art. When professionals – doctors, psychologists and others - acknowledge that all families are imperfect and embedded within complex, dynamic and evolving social contexts, then parents and professionals are able to work better as a team around the children.

Across both of our projects, *Mothers Living Well* and *Communities for Children*, we have learned that what works and makes a difference for mothers is to have people around them - services, schools and neighbourhoods friends and family - that reflect real acceptance and support of mothers (Warr, 2008). Individual services for mothers defined by the service system as 'vulnerable' seem to us to be insufficient, and are often only available in a crisis or with significant stigma attached. We know as community psychologists that it is important to look to the community/neighbourhood level to bolster a range of connections. These connections must be

readily available and strong enough to support and link and provide help to mothers when they/we are at their/our most vulnerable.

We are continually surprised by some of the ways the health system, educational systems and parenting institutions have at times treated us when we present as mothers, compared to our experiences in professional roles. It is our joint experience that we are taken more seriously in our role as professionals than as parents. By way of example, I (Belinda), when presenting for a pre-natal ultrasound, was recently exposed once again to what feminists describe as the medicalisation of childbirth and pregnancy (e.g., Doyal, 1995). Whilst technological interventions such as ultrasound are heralded as one of the marvels of modern medicine, ultrasound diagnosis is often reduced to a discourse of risk which can be intimidating and disempowering. I spent a tearful and terrifying week waiting on a follow up scan to rule out a diagnosis that my baby's head was 'too small' and only registering on the '4<sup>th</sup> percentile'. Despite my capacity to research what this meant in 'academic' terms, I felt completely disempowered by the experience, yearning for those considered to be in positions of authority to acknowledge what it meant for me as a mother.

### **Research into practice into research: sleeping with babies**

Research is often contested and does not always provide one clear direction for parents. A good example with personal implications for all of us as mothers relates to the conflicting advice given to us regarding co-sleeping. As researchers ourselves, we each discovered mixed findings (not necessarily highlighted in the advice we had been given). On one hand, advocates of 'controlled crying' (Ferber 1985; Cummings, Houghton, & Williams, 2000) sought to teach babies and very young children to sleep independently - that is, in their own bed and or own room. We wondered how this advice would fit for mothers from the many cultures where co-sleeping is accepted (McKenna, 2000). It seemed to us to devalue the range of individual women's experiences, instincts, cultures and wisdom about their children. On the other hand, there were cogent arguments for co-sleeping (alongside evidence about risks), such as increased rates of

breastfeeding, and supporting child wellbeing through support for attachment (McKenna, 2000; AAIMH, 2002).

This example reminds us at a very personal level (as mothers who confess to the ‘sin’ of co-sleeping) why mothers’ voices in all their diversity need to be central within the ‘science’ of parenting (McKenna, 2000; Minkler, 2007). We also realise that if we are sensitive to possible judgements here, how much more affected are mothers already living with the effects of stigma, isolation or marginalisation.

### **Paid work**

Paid work has been a key theme for a wide range of mothers in our projects, and resonates for each of us as well. Even working in academia, management, or research, we have experiences which remind us that we still have to be concerned that pregnancy might endanger our jobs. This is particularly true for women employed on a contract or non-permanent basis.

Being employed while mothering, especially when our children are young, brings many layers of conflicting and emotional experience. We want to make a difference to the world, to be a mother plus other things, and to demonstrate to our daughters the multiplicity of roles women can and do take on. Yet we never quite shake experiences of guilt when leaving our child with someone else. Quality childcare services have for a long time been key to the feminist movement and remain so. But again we notice the separation of women in this debate: who looks after children? Often lower paid women. The exploitation of women in domestic work makes real and reciprocal feminist alliances between women more difficult, both within the ‘developed’ world and between the developed and developing worlds (Gridley & Turner, 2010).

### **Working towards more child-centred communities**

A tension for us and for the communities we work in has been in deciding at what point we should let children do things on their own, and for how long? While we are familiar with research about children’s need for unstructured playtime away from adults and outdoors (Malone, 2007; 2005), and want to allow our children the freedom and space we know they need to explore and

learn independently, we are sensitive to potential disapproval. With fewer neighbourhood relationships to support mothers in parenting, supervision becomes the constant job of mothers. Children are ‘ferried’ between structured activities, and have less time or space to do unstructured, unmonitored things on their own (Malone 2007; 2005).

It seems to us that mother-blaming constructions divert the focus from what would more effectively make a difference for both children and mothers: making the needs of children a higher priority in communities. Community spaces do not often support children’s wellbeing (Whitzman, 2007). Isolation of mothers is exacerbated when communities keep children (and by extension their mothers) segregated from public places. Children’s places seem more and more to be relegated to backyards and playgrounds, cut off from the life of the broader community. There is an expectation they will not be on footpaths, in workplaces, restaurants or shopping centres. Social isolation is further exacerbated by stigma and cultural segregation. Mothers parenting children with disabilities, for example, reported in *Mothers Living Well* research that the extra effort of taking children into public places unfriendly to their needs and coping with negative responses from others to their children often led them to stay in the private spaces of their homes. As one mother caring for a school aged son with disabilities reported:

Like, say you are out in public and (my son) gets a bit uncomfortable in his wheelchair, he’ll start vocalising (he’ll say uh, uh) and the reaction from people..., you think I want to go home. You just want to go home where you are comfortable.

On the positive side, while it sometimes seems we need to start from scratch to build methods and examples where ‘child-centredness’ is premised, there is a lot we can learn from other cultures. From spending time in Palestinian communities (Catherine) and villages of Papua New Guinea (Belinda), we have personal experiences to draw on from social, communal and neighbourhood life which, from our observations, are more inclusive of children. I (Belinda) often reflect on my experiences of conducting qualitative field research in a number of PNG villages where children’s attendance in my focus groups with women was not only assumed, but encouraged.

### **The best interests of mothers, fathers and children**

We want to point out the obvious, that mothers' interests and children's interests are not always the same. As mothers we want to have time to think, time to drink wine, to read, to be a passionate sportsperson, to go to movies and to be involved in civic society - but our society is not structured to support those wants and needs. Second-shift work is still required and it is still women who do the bulk of that work. Dads are often portrayed as doing fun things with their kids. In my (Colleen's) sole parent household, my daughter wants me to be doing the fun things - but who then is the 'wife' of the house? We want parenting to be empowering, challenging, thought-provoking - and fun for all parents (though we accept it won't be so all the time).

In all of this we are trying to create a family outside the patriarchal family in a positive way,. For us, though not for all women, mothering includes men. We recognise that many men also struggle under patriarchal family structures. For motherhood to become empowering and child-centred, fatherhood also needs to be questioned and reconstructed to value fathering roles alongside mothering. For me (Catherine) it has been key for my wellbeing and that of my children to be able to work and maintain links to professional and community life; this has been enabled by having a partner who is willing and interested in sharing the parenting role equally with me. At times he takes the greater share of the parenting role.

In our focus on mothers there is complexity in that the mothers we work with repeatedly say: 'it is our children who need to be the centre' of the work that is done in our community projects. Yet as feminists we recognise that the needs of mothers and children do not intersect neatly. Mothers are not 'rational men' looking to maximise their own advantage in any situation – rather, they/we have been schooled to put children's needs first.

### **Conclusion**

Drawing on combined community psychology and feminist theories and praxis, we have sought to explore how mothers can be supported in their mothering in ways that move beyond the institution of motherhood as an essentially patriarchal construction. Framing the paper around the question

‘where’s the feminism in mothering?’ has provided us with a space to critically reflect both on our own experiences (as mothers, community psychologists/health sociologist and feminists) and on those of the mothers we work with.

So where is the feminism in mothering? From our shared perspective we have found feminism to lie in the processes we use in working with mothers - listening and taking seriously what mothers from diverse backgrounds have to say, and being willing to challenge the structures we work in to open their ears as well. It also is found in our own experiences as mothers – those privileges that separate us from other mothers, and the vulnerabilities that make us the same. This awareness helps us to ensure that our neighbourhoods, communities, services, schools, and research paradigms respond to mothers’ needs. Feminism is also found in our awareness of the many layers of motherhood. Yes, it is an experience, but it is also an institution.

But above all, our shared reflections remind us that our question is not answerable in any neat, easy package. Rather, the question that will go on being asked by different mothers at different ages and stages, by those who mother alone, with women, or with men, and even by those who are not mothers at all. As mothers walking alongside other mothers, our aim has been to explore the question we set ourselves and our readers in a way that supports and promotes their/our shared vision for supportive, inclusive, non-judgemental, child-centred communities that enhance the wellbeing of children AND their mothers in practical ways, as embodied in this final example from *Mothers Living Well*:

When asked in a [carers] focus group what would happen if the community was a great one for mums, one woman who had experienced an extremely difficult, isolating, and unsupported time as a mother, replied that instead of judging her, they would ‘bring casseroles to my house’; in a supermarket when her child acted up, instead of labelling her, they would assume ‘we need to support that mother struggling with her child’, they would help her with her child, ‘they would send me to the front of the queue’ (DOT, 2010).

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