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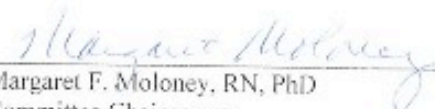
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ACCEPTANCE

This dissertation, *INVISIBLE MOTHERHOOD: A HEIDEGGERIAN HERMENEUTICAL ANALYSIS OF MOTHERHOOD AMONG THREE GENERATIONS OF AFRICAN AMERICAN WOMEN* by Katherine Ferrell Fouquier was prepared under the direction of the candidate's dissertation committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Nursing in the Byrdine F. Lewis School of Nursing in the College of Health and Human Sciences, Georgia State University.



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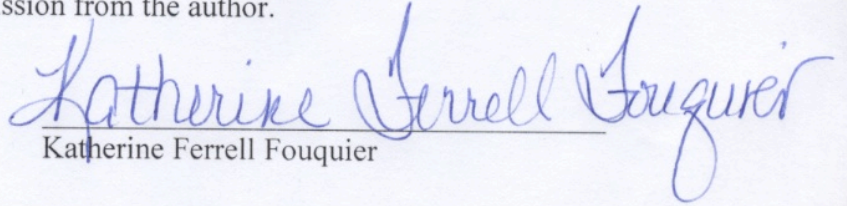
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Becoming a Mother: A Heideggerian Hermeneutical Analysis of Motherhood among Three Generations of African American Women. The focus of this qualitative study is to provide insight, analysis and validation of the real life experiences of three generations of African American women in the transition to motherhood. Utilizing a hermeneutic phenomenological approach, themes, patterns and shared meanings surrounding the phenomena of becoming a mother among African American women will be identified.

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ABSTRACT

INVISIBLE MOTHERHOOD:

A HEIDEGGERIAN HERMENEUTICAL ANALYSIS OF MOTHERHOOD AMONG
THREE GENERATIONS OF AFRICAN AMERICAN WOMEN

by

KATHERINE FERRELL FOUQUIER

The mothering role of African American women has largely been ignored in the literature. Contemporary research on the construct of becoming a mother has focused on upper middle class, White women who are partnered. When African American women are included in research, they are often poor, single, teenage mothers and their experiences have not been described within the context of the African American worldview. Hermeneutic phenomenology from an afrocentric feminist perspective is the methodological approach used in this study to provide insight, analysis, and understanding of the experiences of three generations of African American women in the transition to motherhood. A purposeful sampling of eighteen women from three generations was used to identify information-rich cases that would provide an in-depth understanding of the phenomenon. Generation one included seven women, between the ages of 65-83, who became mothers between 1950-1970, prior to the Civil Rights Movement. Generation two included five women, between the ages 51-58, who became mothers between 1971-1990, after the Civil Rights Movement, and there were six women in generation three, between the ages of 30-42, who became mothers between 1991-2003. All of the women in this study described themselves as middle-class; four women were single when they became pregnant with their first child, and education ranged from high school to master's degree. Three constitutive patterns and their associated themes were identified. The first pattern, It Took Me a Minute, had three themes, Finding Out, Realizing What Mothers Do and Way Tricked! The second pattern, Preserving Our

Home had four themes, Mothering Within the –isms: racism, classism and sexism, I Did the Best I Could, Mothers and Others, and Spiritual Mothers. Eat the Meat; Throw Away the Bone, the third pattern had two themes, The Ways in Which We Learn and Someone Who Looks like Me.

The results of this study reveal some consistency with current descriptions of maternal identity and maternal role attainment and add to our understanding of the complexities that racism, classism and gender play in the lives of African American mothers and their families. The data from this study also suggests that future development of theoretical frameworks and analytical tools, used to assess the effects of stress and other psychosocial factors on health, need to be grounded in an historic understanding of the African American experience and of the African influence on family and cultural knowledge. Additionally, this study demonstrated the impact that the media, both professional and mass media outlets, has in defining and perpetuating our beliefs and feelings of the ‘good mother/bad mother’ dualism. The description of motherhood for this group of African American women illustrates that motherhood is a source of power and provides significant meaning, satisfaction and respect within the family and the larger community. It also highlighted the communal role that “othermothers” and spiritual mothers have in facilitating the transition to motherhood and providing strong social support.

INVISABLE MOTHERHOOD
A HEIDEGGERIAN HERMENEUTICAL ANALYSIS OF MOTHERHOOD AMONG
THREE GENERATIONS OF AFRICAN AMERICAN WOMEN

by

KATHERINE FERRELL FOUQUIER

A DISSERTATION

Presented in Partial Fulfillment of Requirements for the
Degree of Doctor of Philosophy in Nursing in the Byrdine F. Lewis School of Nursing
in the College of Health and Human Sciences
Georgia State University

Atlanta, Georgia
2009

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ACKNOWLEDGEMENTS

In 1995, I entered a dual program through the Frontier School of Midwifery and Case Western Reserve University for my certification in midwifery and my masters in nursing. This is where my interest in the concept of motherhood began. After 12 years working as a midwife, I wanted to have a greater impact on women's health, and felt the way to accomplish this was through teaching and writing. As intimidating as the process of applying to post-graduate school was, I moved forward and in the summer of 2005, I began the PhD program at Georgia State University. The faculty and staff of the Byrdine F. Lewis School of Nursing were instrumental in my success.

To Dr. CeCe Grindle, you assured me that the role of the faculty was to ensure the success of the students. Truer words were never spoken.

Dr. Patricia Clark: who challenged me to think about motherhood and to find the gaps in the literature.

Dr. Ptlene Minnick took me on a philosophical journey and sparked my interest in developing a deeper understanding of theorists and philosophers, especially Heidegger and feminist writers.

Dr. Laura Kimble: helped me get past statistical significance and a life-long fear of numbers!

To my Dissertation Committee: Dr. Dee Baldwin opened my eyes to the ways in which women can be vulnerable and how language can contribute to vulnerabilities.

Dr. Marian Meyers provided insight to the ways in which women are portrayed in the media and how this influences our perceptions.

To Dr. Peggy Moloney, words cannot express my gratitude for the caring concern that you have given me over the last four years. You taught me scholarship through example; you inspired me to want to do better, understand more and to think more deeply.

And to my colleagues: Deborah McClendon, Victoria Foster, Debbie Green, Kendra McLester, Cheryl Mead, Marilyn Story, Gloria Kindle-Parrish, Sheila Sumpter, and Sarah Klein. Thank you for your gift of time: time to read manuscripts, time to listen and time to be with me.

My own mother, Billie Ferrell, is phenomenal. She and my father, Harvey Ferrell, modeled the values of fairness, gratitude and graciousness. I hope that these same values are reflected in my life and in my children, Kalyn, Matthew and Luke and my grand children, Drake, Ramiee, Jasmine, Isabella, and Marcus.

Finally, to my husband Mark....this journey would not have been possible without your loving support.

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CHAPTER I

INTRODUCTION

Focus of Inquiry

Motherhood is a socially constructed concept based on a patriarchal ideology that has provided a gendered model of behavior for women in Western society. During the last century, the romanticized ideology of motherhood promoted within the American culture has been that of the upper-middle class White mother, who does not work outside the home and is fully engaged in the private sphere of motherhood (Johnston & Swanson, 2003, p.129). This pervasive ideology dichotomizes motherhood into either a ‘good’ mother or ‘bad’ mother, and these meanings are used to judge and to regulate women’s capacity to mother. The ‘good’ mothers are self-sacrificing, rely on expert advice, and find their purpose in life fulfilled by the mother role (O'Reilly, 2004). Conversely, ‘bad’ mothers are women who mother outside the boundaries of patriarchal motherhood, or who mother from a position of marginalization (O'Reilly, 2004). The contradictions between the reality of mothering and the unrealistic and unattainable dictates of the patriarchal ideology of motherhood often lead to feelings of guilt, shame, and inadequacy (Choi, Henshaw, Baker, & Tree, 2005).

The medicalization of motherhood had its beginnings as Americans moved into the Twentieth Century. With the advent of mass media distribution and the unprecedented deference by mothers to the advice of experts in medicine and child studies, mothering became so important that it required authoritative knowledge and

regulation (Thurer, 1994). This new ideal of mothering did not bind women together to transform motherhood; instead, medicalization of motherhood provided an arena where middle-class White women could measure and compare their mothering practices with the practices of others, leading to divisions among women with respect to race, class and gender (Litt, 1997). By the 1950s, the ideology of the middle-class, White nuclear family, with its clearly defined sex roles and its reverence for stay-at-home mothers, was the norm by which all families were judged. Paradoxically, during this same time period, Black women were expected to integrate the dual role of wage earner and mother (Collins, 1991)

In the late 1960s, second wave feminism challenged the cultural pressure for White women to become mothers. With the advent of contraception, increased education, and career opportunities, motherhood became an option rather than a mandate that required women to bear children and to raise them well (Russo, 1979). Motherhood, as an institution of patriarchy, was deconstructed by Adrienne Rich (1976) and reconstructed as a potentially rewarding experience. The women's movement, along with other significant cultural and social forces, galvanized women to challenge the patriarchal ideology of motherhood and the increasingly medicalized model of birth that denied women choice. Women became well informed about their birth options and the care they received from medical institutions. Consumer criticism of the aggressive medicalization of childbirth and a concern that technology was denigrating important human values forced medicine and nursing to re-evaluate their role in obstetrical practices (Rooks, 1997). Nurse researchers began to study the needs and care of women during the transition to motherhood, specifically upper-middle class White women who were partnered. White

feminists confronted White male patriarchal analyses of their own experiences of motherhood, but failed to challenge the critique of elite White male analyses of Black motherhood (the terms White and Black are used here as they were the preferred terminology until the 1990s) (Collins, 1991). As a result, theories on motherhood that emanated from this era may have limited utility for Black women (Polatnick, 1996).

Over the last three decades, the media has become focused on the concept of motherhood and has been successful in creating and maintaining social expectations for mothering (Douglas & Michaels, 2000; Johnston & Swanson, 2003). The term ‘mommy wars,’ introduced in 1998 by Buxton, describes White middle-class motherhood at the beginning of the Twenty-First Century where mothers who work outside the home are pitted against mothers who choose to stay at home, a situation in which members of each group feel justified in criticizing the values of the other group (Buxton, 1998; Johnston & Swanson, 2003). In the Twenty-First Century, the 1960s feminist model of motherhood has been replaced with the neotraditionalist model where personal fulfillment and empowered choice are the reasons used to justify, and in many cases romanticize the decision to become a full time stay-at-home mother (Johnston & Swanson, 2003; Smith, 2001).

The maternal role is firmly entrenched in the historical, social and political context in which it occurs. Women of the same social or racial group may share similar experiences; however, the ways in which individual women experience motherhood is unique. The experience of becoming a mother, among middle- and upper-middle-class White women, has been well documented. What is lacking in the literature is the discourse from African American women- their stories, describing how they experience

the maternal role with respect to the cultural, historical, political, and economic constraints that affect their daily lives. The focus of this qualitative study is to provide insight, analysis and validation of the real life experiences of three generations of African American women in the transition to motherhood. The time frames selected are, women who became a mother in the 1950s, prior to the 1960s Civil Rights Movement; women who became mothers in the 1970s, after the Civil Rights Movement; and women who became mothers in the Twenty-First Century. Utilizing a hermeneutic phenomenological approach, themes, patterns and shared meanings surrounding the phenomenon of becoming a mother among African American women will be identified. By excluding African American women's perspectives of motherhood, these women and their families have been disadvantaged by educational institutions, public policy and a health care system that perpetuates how maternity care is defined and provided and upholds the dominant ideology of motherhood.

Background of Study

My assumptions of motherhood have been influenced from my social position as a middle-class Caucasian mother, by my training, first as a nurse, and later, as a nurse-midwife, and by my feminist perspective. I became a mother in the 1970s and defied the traditional models of birth and motherhood by choosing un-medicated births and by combining a career with raising a family. The model of motherhood that I created for myself combined the traditional and feminist models of motherhood to produce a model characterized by maternal self-sacrifice, the pursuit of rewarding work outside the home, and my inability to delegate childcare and domestic responsibilities equitably with my

husband. My concept of motherhood and family would change radically as I continued to mature and to pursue my education.

In 1995, I entered a dual program for a certificate in nurse-midwifery and Masters of Nursing. It was during this time that I became interested in the concept of motherhood and the theories of maternal identity and maternal role attainment. In an increasingly mobile society, I wondered how women learned to become mothers if they were isolated from their own mothers and other female family or friends. I admit that my curiosity was limited to Caucasian women. When I entered my doctoral studies, I began to investigate the literature on maternal identity and maternal role attainment and found a dearth of information on motherhood among African American women. When African Americans were included in research, they were most often poor, unmarried, uneducated adolescents who were being compared to upper middle-class Caucasian women who were partnered (Sawyer, 1999). This skewed representation of African American motherhood has contributed to health care disparities which exacerbates the vulnerability of this population.

As a certified nurse-midwife, my practice has been informed by Rubin's theory of maternal identity, Mercer's theory of maternal role attainment, and by the prejudices and perceptions of my Southern heritage. As I began to delve into the literature on motherhood among African American women, I became aware that, to a degree, my personal perceptions and prejudices were indeed reflective of the distorted views presented in the professional literature and in the mass media. It became imperative that my research would not only redefine my own misconceptions, but would also redefine the portrayal of African American motherhood. It is my belief that illuminating the

strengths of African American motherhood will foster innovative ideas that researchers, educators, clinicians, and policy makers can implement in the provision of health care services. Understanding motherhood, from an African American perspective, will address racial and ethnic disparities that may contribute to poor birth outcomes and to the vulnerability of motherhood among African American women.

Negative descriptions of African American motherhood perpetuate stereotyping and the resultant disparities that African American women and their children face.

Reliance on research that has not examined factors associated with becoming a mother among African American women limits our understanding of issues that contribute to motherhood within this population. In a study of women's liberation ideology among a Black and White group of women from the 1960s, Polatnick (1996) found that Black women had a more positive view of motherhood. The women in her study considered motherhood a source of power and placed a strong emphasis on caring for all children within the community. Involvement in the communal tasks of mothering fostered activism aimed at building a better future for the members of the community.

Understanding the perspectives of becoming a mother as described by African American women will help end negative stereotypes and institutional oppression that has been perpetuated in research and media reports. Stories from African American women may also shift the dominant paradigm from a romanticized ideal that is impossible to achieve to one that celebrates the empowering experiences of mothering.

The success or failure of women to attain the mothering role affects maternal-infant attachment, which in turn affects infant development. To date, most studies of becoming a mother have been quantitative and described the experiences of upper middle

class, Caucasian women, who are partnered (Mercer, 1986b, 1986c). In instances where African American women were studied, the tools and instruments used were not culturally specific to the population, and therefore may not be accurate predictors of becoming a mother and of maternal-infant attachment in African Americans. In order to provide appropriate assessment and interventions for African American mothers, data are needed examining factors associated with becoming a mother in this population. Qualitative research from a critical feminist theory perspective will give priority to African American women's voice and their subjective experiences in the transition to motherhood without violating their reality. Incorporating the voices of African American women will provide an alternative discourse of motherhood that may reconcile the 'good mother-bad mother' dichotomy.

Statement of Purpose

The purpose of this study is to discover the meaning of motherhood among three generations of African American women. Hermeneutic phenomenology offers the most comprehensive methodology for the interpretation of what it means to become a mother. Although hermeneutics is not for theory building, understanding women's experiences in becoming a mother will provide data that can be utilized in theory development.

Interpretation of the stories of African American women's experiences, informed by feminist theory, will provide a more complete and less distorted vision of mothering than those that have been defined by the dominant culture. Phenomenology, grounded in feminist theory, has the potential to move beyond patriarchal ideology through the negotiation of differences, listening to experiences of 'othering', for addressing the

effects of privilege, and identifying the power and politics of any research process (Ramazanoglu & Holland, 2002).

The aim of my research will be to explore the experiences of motherhood among three generations of African American women. Their stories will provide a better understanding of motherhood utilizing information gathered from African American women who describe the reality of their lives and the real concerns they face. Research on becoming a mother among African American women will foster the development of early assessment strategies and interventions that can facilitate the transition to motherhood. Analysis of their stories may reveal how health practices and policies shaped their lives and may inspire advocacy and activism for equality and justice within communities (Symington, 2004). As a nurse researcher, it is my challenge to explore the experience of motherhood in the lives of African American women. Describing the experiences of African American mothers is a way to improve our understanding of African American motherhood and to counterbalance stereotypes and myths that persist in our culture.

Significance to Nursing

My identity as a nurse and as a feminist has been intertwined for most of my adult years and I am able to see parallels between the struggles of nursing and feminism. For some nurses, research was seen as a way to establish nursing as a profession separate from the dominant male model of medicine. By adopting the empirical methodologies that define scientific research, nurse researchers are able to measure and quantify phenomena, but this does not add to our understanding of how a particular experience influences a person's life. The feminist movement opened the doors to education and

employment primarily for Caucasian women. As pioneers, these women adopted the ideologies and policies that had been established by men, thereby upholding the status quo. For several years, nurses and feminist were stuck in the male ideologies that they were trying to confront.

As nursing has matured as a profession, we have returned to our holistic philosophy by incorporating qualitative research with quantitative research in order to understand how the lived experiences of health, illness and transitions affect individuals and their families. Feminism has also matured. In the 1960s, second wave feminism struggled for gender equality using male generated theories such as Marxism and critical theory to articulate the experiences of women and gender (Ramazanoglu & Holland, 2002). Second wave feminists have been criticized for adhering to a white supremacist ideology and for their creation of a “universal woman” that ignored individual social and cultural differences (Taylor, Gilligan, & Sullivan, 1995). Third wave feminism seeks to challenge the definition of the universal female identity and the over-emphasized experiences of upper middle class White women. This generation of feminist tends to be less political than their predecessors and have challenged the second wave's paradigm as to what is, or is not, good for females (Ramazanoglu & Holland, 2002).

Research that influences social policy can bring about change in the institutions that educate and govern us. It is naïve to assume that each of us does not participate in discriminatory practices that contribute to health care disparities. Establishing frameworks that challenge racism, classism and gender discrimination within college and university curricula will sensitize healthcare providers in the identification of vulnerable clients and assist them in developing strategies for providing appropriate and unbiased

care. As we rethink and reprioritize the importance of health disparities, models of care should move from the medical model of care with a focus on pathology, to a model of care with a focus on health empowerment through education and prevention strategies that are based on respect for individual life choices and cultural wisdom.

Current research based on the dominant ideology of what is normal has left us culturally blind, has resulted in flawed assessments and has perpetuated disparities where increased morbidity and mortality for African American women and infants persist. We can correct this by conducting research that reflects how an individual's multiple identities such as race, class, and gender intersect and how these intersections contribute to vulnerability. As advocates for women's health and social change, we must use all of the resources at our disposal to engage communities, schools, religious organizations, community elders and politicians to become more than a token voice for change.

My social position places me in a privileged position and it is from this position that I can work towards holistic solutions that will be influential in ending health care disparities that affect African American mothers and their infants. Feminist theory offers frameworks for analyzing existing health care disparities and forming partnerships with participants of research, patients, health care providers, and community leaders to create social change.

Summary

The focus of this study is to provide insight into the real life experiences of becoming a mother among three generations of African American women. The transition to motherhood has been well documented in middle- to upper-class Caucasian women, particularly the period of the late twentieth century to the present. What is lacking is the

discourse of African American women. The purpose of this inquiry is to provide a more complete and less distorted vision of mothering among African American women than those that have been defined by the dominant culture.

Phenomenology, informed by feminist theory, offers the most comprehensive methodology for the interpretation of what it means to become a mother among three generations of African American women. In order to understand human experiences there needs to be an awareness of one's background or location in history and the social context of each experience (Draucher, 1999). If we understand the African American perspective of motherhood, then health care providers can build upon existing protective behaviors, utilize existing support systems and can identify gaps in resources that are needed to promote optimal health for African American mothers and their infants.

CHAPTER II

CONTEXT OF THE STUDY

As I began my inquiry on becoming a mother, I identified three obstacles. The first obstacle, the lack of research available on the transition to motherhood among African American women, highlighted the need for this study. The second obstacle was the complexity and lack of clarity between the concepts, constructs, and variables used by various researchers to describe the transition to motherhood. Research on the concept of becoming a mother includes constructs such as maternal competence, maternal sensitivity, maternal-fetal attachment, maternal-infant attachment and maternal role attainment. These constructs are not consistently defined and often, are not linked to a theoretical framework. Adding to the confusion was the interchange of terms used to describe the concept, such as adaptation and attachment, social support and social network, stress and anxiety, and role strain and role conflict (Meighan, Bee, Legge, & Oetting, 1998). Lastly, I was confronted with the possibility that the frameworks most frequently used in the nursing literature to guide studies of becoming a mother, may not adequately describe the experiences of African American women.

Using Walker and Avant's (2005) concept-analysis technique as a guide, the following section will describe the attributes of the theories of maternal identity, maternal role attainment and becoming a mother. This will be followed by a discussion of the literary and theoretical context used for this study that includes an extensive review of the

literature. Finally, I will make known my assumptions, informed by the ideas and meanings from the background material that I have reviewed for this study.

Concept Analysis

Mother as a Concept

The etymology of *mother*, first recorded in 1863, is from the Old English, *Mōdor* and the Middle English, *Moder*, meaning “to take care of,” (“Mother, etymological definition,” 2006). *Mother* is defined primarily by its attributes: ‘the capacity to love, to create, produce, to watch over, nourish, and protect’ (Webster, 1992). The title *mother* can also define the role a female assumes: a female parent, one’s own mother, mother-in-law, stepmother, adoptive mother, surrogate mother, and ‘othermother’ are examples. The term maternal, in the theories of maternal identity and maternal role attainment, refers to “having the qualities of, or benefiting a mother” (Webster, 1992)

The heart of concept analysis is defining the attributes that are most frequently associated with the concept and provide the broadest insight into the concept (Walker & Avant, 2005). Three attributes that I identified are *transformation*, *attachment* and *competence*.

Transformation, as it is used here, refers to the process of changes in appearance, nature and character that a woman experiences in pregnancy, birth and motherhood. Once a woman becomes pregnant, she begins the transformative process of becoming a mother. During pregnancy, she seeks new information and learning, adapts to a new body image, and begins to define her new role by searching for models that encompass the desired attributes, abilities, and ideal elements that she can incorporate into her own maternal identity. This period is a time of joy and anticipation, but there is also grieving as she lets

go of previous held values, beliefs and relationships. Fear is also an element of this transformation as she prepares for birth and seeks safe passage for herself and for the baby.

Attachment is a complex concept that has many definitions which makes it problematic in research. Bowlby's research on attachment helped clarify the reciprocal parent to infant process; Klaus & Kennell were the first researchers to focus on the mother's perspective of infant attachment (Bowlby, 1988; Klaus & Kennell, 1982). Rubin (1984) insisted that infant attachment and maternal identity were interdependent coordinates of the same process. Maternal-fetal attachment generally begins around the time of quickening and continues throughout the pregnancy. Maternal-infant attachment begins once the infant is born and the woman begins the process of mentally separating herself and the baby. (Goulet, Bell, St-Cyr Tribble, Paul, & Lang, 1998). Attachment is affected by such factors as the mother's health, her perception of the birth, the infant's health and temperament, the mother's support network, and by the mother's recollections of her own attachment to her mother (Mercer, 1986a).

Competence occurs as the woman develops her unique maternal role behaviors and acquires confidence in the performance of her role. Learning to balance the roles of wife, mother, and employment can be difficult; this can lead to role strain, which is a major predictor of maternal competence (Mercer, 2004). Other predictors of competence are self-esteem, mastery (sense of control), anxiety, and prenatal attachment (Tarkka, 2003). As the woman becomes increasingly proficient in her care taking skills and finds balance in her new roles, she assumes the maternal identity and begins to feel competent in her role as a mother.

In Mercer's original theory of the maternal role, *attainment* was a major concept. To attain is to 'reach or achieve, come to or to arrive at' or 'to succeed at reaching or obtaining something' (Webster, 1992). Mercer examined maternal role attainment as a process and established five intervals for data collection: early postpartum, 1 month, 4 months, 8 months, and 1 year (Mercer, 1986). Therefore, the concept of maternal role attainment signified that the process of attainment of the maternal role was complete one year postpartum. Attainment did not capture the transformation and evolvement of the woman as she and the child move through developmental stages such as childhood, adolescence, and adulthood. In 2004, Mercer advocated that the theory of MRA be changed to becoming a mother (BAM).

The concept of *becoming* is defined in Webster's (1992) as "tending to suit or to give a pleasing effect or attractive appearance" as in 'that is a very becoming outfit.' A second definition is "any process of change." To further clarify this second definition, a process is a systematic series of actions directed to some end; change is the transition that occurs when going from one state to another (Webster, 1992). Therefore, *becoming* is a series of actions that will allow one to progress from one state to another. This is congruent with the process of becoming a mother as described by Mercer (2004).

Literary Context

Theoretical Foundations for Becoming a Mother

The theories of maternal identity and maternal role attainment, developed and tested from the 1950s to the 1970s, were based on social views that assumed women to be subordinate to men. Rubin's work is based on Freud's ideas about women from a time that viewed a woman's maternal role as "wishing to give a child to her husband,"

Mercer's theory is based on patriarchal assumptions of both role and developmental theories that obscured the oppressive as well as the empowering aspects of mothering (Mercer, 1986a; Rubin, 1975).

Reva Rubin: Maternal Identity

Rubin's (1975) pioneer work on maternal identity provided descriptions of the subjective experience of childbearing and laid the foundation for subsequent studies of maternal-infant relationships (Gay, Edgil, & Douglas, 1988). Using data collected from naturalistic field studies, Rubin observed that in order for a woman to assume a maternal identity, there were four maternal tasks that had to be accomplished. These tasks were: 1. seeking safe passage for herself and her child, 2. ensuring acceptance of the child by significant others, 3. binding-in to the unborn child, and 4. learning to give of herself (Gay et al., 1988; Rubin, 1984). This framework provided an understanding of the childbearing women's subjective experiences, which enriched the effectiveness of nurses and health care professionals in addressing the needs and care of women during their transition to motherhood. Among nursing researchers, this theory has had little usefulness; it is rarely cited as a theoretical framework.

Ramona Mercer: Maternal Role Attainment

Mercer, a student of Rubin, began development of her theory of maternal role attainment (MRA) in the 1960s. Mercer defined maternal role attainment as "a process in which the mother achieves competence in the role and integrates the mothering behaviors into her established role set, so that she is comfortable with her identity as a mother." (Mercer, 1985). The four major concepts of the theory are: 1. the mother's self-system is made up of the ideal self, the self-image, and the body image, 2. there is a reciprocal

interplay between the mother's self-system and the infant, 3. role strain, and 4. the mother's perceived quality of role performance (Mercer, 1985). Mercer went on to describe maternal role attainment as a process that involved four stages: anticipatory, formal, informal, and personal (Mercer, 1985). As the woman progresses through these four stages, she moves from learning the expectations of the role to following the rules and directives of others and mimicking the mothering behaviors of role models, to finally developing her own unique set of maternal behaviors and gaining confidence and competence in her decisions and performance of her mothering skills.

The complexity of women's transition to motherhood led Mercer to rely on many theoretical sources in her research. In addition to Rubin's theory of maternal identity, Mercer relied extensively on Mead's theory of role enactment, Thornton and Nardi's role acquisition, Werner and Erikson's developmental theories, and von Bertalanffy's general system theory to describe the process of MRA (Alligood & Tomey, 1996, Meighan, et al. 1988). In 2004, Mercer proposed that the term maternal role attainment be replaced with becoming a mother (BAM). She reasoned that the theory of maternal role attainment did not adequately describe the ways in which mothering changes as she and her children grow and mature.

These theories may not be appropriate for African American women or for the variety of mothering experiences in today's world. While both of these theories provided a foundation for a way to understand how women make the transition to motherhood, neither is sensitive to the effects that race, class and gender may have on the maternal role among African American women.

Literature Review

This review of the literature will examine how key variables, identified by Mercer, relate to the theories of maternal identity and maternal role attainment with respect to African American women. The key variables selected are: maternal age, marital status, self-esteem, social-support, role strain, and the mother-daughter relationship which have been identified by Mercer as having a relationship with how women attain the maternal role (Mercer, 1986a). Also included in this review of the literature is how the intersection of race, class and gender may affect the transition to motherhood and a brief review of media representations of motherhood in both professional and mass media publications.

Maternal Age at First Birth

The variable “age at first birth” has been conceptualized to mean adolescent childbirth as opposed to childbirth occurring after adolescence, with the assumption being that adolescents in general, in any culture, have more difficulty attaining satisfactory maternal role development than older women. While there are numerous studies on teen pregnancies and teen parenting, few researchers have specifically studied how age at first birth affects MRA. Three studies were identified that specifically examined the influence of age on MRA, all focusing on the differences between adolescents and older women.

Mercer compared the process of MRA at one year between adolescents and older women at 1, 4, 8, and 12 months after childbirth (Mercer, 1986b). The sample population (n= 294) was composed primarily of women beyond adolescence; only 66 were aged 15-19 years, while the rest were between 20 and 42 years. The majority of the sample population at eight months post-birth (n=242) was also post-adolescence; only 30% were

teens. Most teens were unmarried (68%) and non-Caucasian, including Asians (5%), Hispanics (4%), Filipinos (3%), Blacks (15%), and others (10%). Almost half (42%) had not completed high school. Controlling for educational level, race and marital status, maternal age at first birth was not a predictor of MRA at one year. However, teens scored lower than older women on all predictor variables except for infant-related stress, possibly indicating that teens have fewer psychosocial assets for performing the maternal role than do older women (Mercer, 1986b). While increased age appeared to be an asset in child-care behaviors, there were no observed age differences in the women's feelings about their infants or in the infant's growth and development. The study did find a tendency of Caucasian women to score higher on the maternal role attainment index; the author concluded that non-Caucasian women may receive less positive feedback in the development of self-concept and that the instruments used to measure maternal role attainment may have been biased toward Caucasian women.

In a second study, Mercer looked at the relationship between the developmental variables of self-concept, personality integration, flexibility, empathy, and temperament with maternal behavior among three age groups of first time mothers (Mercer, 1986c). The study population (n=294) again focused on women who were post-adolescent, with 66 teens aged 15-19 years, 138 aged 20-29 years, and 90 aged 30-42 years. The majority of teens were non-Caucasian (70%), unmarried (68%), and had not completed high school (42%). Both the second and third groups, aged 20-29 and 30-42, were primarily Caucasian (67% and 81%), married (76% and 78%) and had completed high school (96% and 99%). Findings indicated that personality integration and flexibility increased significantly with age indicating developmental differences between teenage and older

mothers. The lower outcomes of these two indicators for the teen group were heavily influenced by race and marital status (Mercer, 1986c).

The only study that focused primarily on teen mothers was a two-part study on the influence of adolescent development on the concept of maternal role (Flanagan, McGrath, Meyer, & Garcia Coll, 1995). Part 1, a qualitative study, included 42 teen mothers aged 14-21 years (mean 17.7 years). Twenty-six percent were Non-Hispanic White, 43% Hispanic, and 31% Black. All participants received Aid for Families with Dependent Children (AFDC) or Medicaid. Five categories of adolescent self-development and motherhood emerged: 1) description of self, 2) discussions of goal behavior, 3) how life had changed since the birth of the child, 4) qualities of mothering, and 5) descriptions of the child. From this study, the authors hypothesized that conceptualization of the maternal role in adolescent mothers is related to their psychosocial and cognitive development.

Part 2 was a small quantitative study with a representative sample of 25 adolescent mothers aged 14-18 (mean age 16.0). Twenty percent were Non-Hispanic White, 30% were Hispanic, and 50% were Black. All participants received AFDC. Five questions measuring developmental complexity were derived from the qualitative study and scored on a five-point scale. Findings showed a strong positive correlation between developmental complexity and the questions regarding self and motherhood ($R^2=.81$).

Both studies found wide variability among the adolescent mothers relative to their own development. Age alone offered little guidance about an individual's developmental and parental capacities. The authors concluded that a young mother's personal

development has a strong influence on how she conceptualizes the mother role and how she negotiates that transition.

Marital Status

A maternal characteristic that has been thought to have a negative effect on maternal role attainment is singleness (Aronson & Huston, 2004). With a shift in societal attitudes away from the traditional nuclear family, women may find themselves single parents either by choice or by circumstance (divorce, abandonment, widowhood). Although attitudes toward marriage and family have changed, single mothers continue to face stigmatization. For the past four decades there has been an increase in the number of single families in both African American and Caucasian families, and the proportion of never-married women has increased in both races (Tarkka, 2003). Children born to never-married women are the most economically disadvantaged group of children in single parent families (Tarkka, 2003). Studies have found that single women have lower incomes and lower social support, and their infants have less secure attachments than those reported by married women (Aronson & Huston, 2004; Tarkka, 2003; Mercer, 1990).

Single parenthood is associated with postpartum depression and in a review of the literature, Pomerleau, Scuccimarri, & Malcuit (2003) found that low educational attainment, poverty, and single parenthood are common social factors negatively linked to quality interactions between the mother and her infant (Fowles, 1998; Pomerleau et. al., 2003).

Aronson and Huston (2004) compared maternal and infant behavior among single-mother, cohabiting two-parent, and married two-parent families. Data were

collected from 1,276 mothers when their infants were 6 months old, with a second interview when the infants were 15 months old. Data were missing from 62 participants (n=1214). The sample was diverse; including 24% ethnic minority children (not identified by specific race), 11% of mothers without a high school education and 14% single mothers. Findings suggested that the differences between married and single families were not solely the absence of one biological parent, but appeared to be largely due to individual differences between mothers. This suggested that characteristics of the mother and her social surroundings were more important to the maternal-infant relationship than marital status.

In a qualitative study of 15 poor, urban African American mothers, Gichia (2000, pg. 88) described the aspect of singleness from the black perspective: “families were primarily female-headed....with similar lifestyles to their mothers in patterns that had evolved over three to four generations.” Some women in the study stated they considered it normal for men to ‘roam’ and relied on other women for their companionship, assistance, and advice. A few reported a preference for this distant relationship with men. The concept of singleness from the perspective of African American women is described “as a lifestyle that has evolved over generations and is generally accepted by the women” (Gichia, 2000).

Research on the difficulties faced by children of single mothers has concentrated on children of divorce; little literature was found about the experiences of children of single-by-choice mothers (Aronson & Huston, 2004). Attachment researchers have given singleness-by-choice little attention and there is a paucity of research on the effects of singleness-by choice on MRA in African Americans.

Self-Esteem

Self-esteem, a critical construct in MRA, is the extent of self-acceptance or value placed on self and is a main predictor of maternal competence, another critical construct in MRA (Mercer & Ferketich, 1990; Tarkka, 2003). Low self-esteem has been associated with increased stress, poverty, and low socioeconomic status (Mercer, 2004; Mercer & Ferketich, 1990). Women with low self-esteem have been found to have difficulty with the formation of maternal attachment (Mercer & Ferketich, 1990). Several studies have examined self-esteem in adolescents, including small samples of African American girls. Overall, there has been little research on African American women's conceptualizations of self-esteem at any age (DeFrancisco & Chatham-Carpenter, 2000).

Koniak-Griffin (1988) and Gaff-Smith (2003) both studied the relationships between social support, self-esteem, and maternal-fetal attachment among adolescent girls, achieving contradictory results. Koniak-Griffin used Coopersmith's Self-Esteem Inventory (SEI) and the Maternal-Fetal Attachment Scale (MFAS); the relationship between self-esteem and maternal-fetal attainment among 90 adolescents (24 African American) was not significant (Koniak-Griffin, 1988). Gaff-Smith (2003), on the other hand, used the Rosenberg Self-Esteem Scale (RSE) and the Maternal-Fetal Attachment Scale (MFAS) and found a significant relationship among 122 Caucasian adolescents from New South Wales (Gaff-Smith, 2003). There may be two possible explanations for this contradiction. First, the populations studied were very different; and secondly, the instruments used in each study measured different aspects of self-esteem. The SEI measures self worth, while the RSE measures self-acceptance.

In a study by Turnage (2004) of 105 female African American high school seniors, a subscale of the Multigroup Ethnic Identity Measure (MEIM) was administered to examine how ethnic identity achievement was related to global self-esteem. Global self-esteem was defined as the individual's attitude toward herself and how capable, worthwhile, and successful she felt about herself. The seven-item Ethnic Identity Achievement subscale measured issues of identity exploration and resolution. Results indicated that as African American girls attached more emotional significance and value to ethnic group membership, their global self-esteem increased.

In a small study of non-adolescent women, DeFrancisco & Chatham-Carpenter (2000) used structured qualitative interviews with 21 single, African-American women, ages 21-69, of low to middle income. They found that despite the common assumptions that African American females suffer from low self-esteem, the women in their study reported high levels of self-esteem, although many grew up in single-parent, low-income families, and experienced violence, racism, and sexism.

Social Support

Defining social support is a difficult and complex task because it is a subjective concept. Social support frequently refers to social ties or a social network, but another component of social support is the availability of material resources such as income and housing. There has been a re-emergence in contemporary social epidemiology research of the effects that social class differences, environmental exposures, and access to resources have in shaping population health (Krieger, Rowley, Herman, Avery, & Phillips, 1993). These characteristics are used to measure socioeconomic position (SEP) which includes material and social resources as well as rank or status in a social hierarchy (Huth-Bocks,

Levendosky, Bogat, & Von Eye, 2004). To date, research on how SEP influences pregnancy has focused on birth outcomes such as low-birth weight infants, preterm birth and infant mortality (Berg, Wilcox, & d'Almada, 2001; Hogan & Ferre, 2001a; Jackson, Phillips, Hogue, & Curry-Owens, 2001; Klein, 2005; Low, Martin, Sampsel, Guthrie, & Oakley, 2003).

The notion of social support in pregnancy is generally defined as social relationships that are informative, nurturing, empathic, encouraging, validating, constructive, genuine, and recognizing of competence (Morris & Levine Coley, 2004). Social support has been found to have a significant positive effect on maternal-infant attachment and has been associated with accomplishing the goals of maternal role attainment (Becker & Liddle, 2001; Crew, 2005; Fowles, 1998; Mercer & Ferketich, 1990; Pomerleau et al., 2003). According to Mercer, in order for the woman to validate her performance and feel competent in the maternal role feedback from a social network is important (Mercer, 1981, 1985).

Using grounded theory methodology, the experiences of pregnancy and motherhood were elicited from 17 first time African American mothers ranging in age from 23-40 years. Sixty-five percent were married, 18% partnered, and 18% were single (Sawyer, 1999). Their average educational level was an associate degree. For these African American women, the social network that facilitated a successful transition to motherhood was identified as partners and families, the women's own mothers and other significant women in their lives (Sawyer, 1999). Other studies of African American women have demonstrated that there is often strong social support that includes an extended view of family; central are the "othermother" a term used to identify surrogate

mothers, and the church (DeFrancisco & Chatham-Carpenter, 2000; Gichia, 2000; Priel & Besser, 2001).

Role Strain

Throughout America's history, large numbers of working-class and poor, minority women with children have been employed. In the wake of the 1960s second wave feminist movement and the Civil Rights Movement, women entered the work force in record numbers (Smith, 2001). The opportunities for higher education opened the doors for women to assume a higher status employment while maintaining primary responsibility for the household and for childcare. The concept of "working mother" encompasses multiple roles. Because of the complexity of these multiple roles, research scholars have been hesitant to examine the lives of women that would require a multi-disciplinary approach to study the integration of work and home (Smith, 2001). In a review of the literature (primarily mass media publications), Smith (2001) identified a dichotomous portrayal of women who work. Working mothers are White middle- or upper-middle class women who are usually married, while poor or working class women are portrayed as workers, employees, or welfare recipients, rarely are they described as mothers who work. There is little empirical evidence on how women balance the role expectations of their employment obligations with the role expectations of motherhood.

The tension that results from trying to fulfill two or more culturally defined sets of expectations is referred to as role strain (Morris & Coley, 2004). High levels of maternal role strain have been linked to poorer parenting practices and child behavior problems (Morris & Coley, 2003). Two hundred seventy-six low-income women, who were predominately African American (53%), working either full or part-time or in school

were participants of a survey on maternal role strain. While it was predicted that this population would have greater role strain secondary to reduced resources, the researchers found that low-income women reported lower levels of role strain than had been reported in middle-class samples (Morris & Coley, 2004).

A similar study of African American women employed in primarily low status occupations (N=51) found that overall most women did not report a high level of difficulty in managing family roles (Katz & Piotrkowski, 1983). Fifty-two percent of the sample population was single, divorced, or widowed and earned less than \$15,000 annually. The presence or absence of a husband was not a predictor for lower role strain. The two key correlates for role strain in this study were the lack of control over one's work schedule and the demands of the job.

Possible explanations for the finding are that historically, African American females have had to balance work and family, the majority of the participants worked less than full time, and many of the participants were the recipients of welfare (Katz & Piotrkowski, 1983; Morris & Coley, 2004).

Mother-Daughter Relationship

Looking primarily at the patriarchal nuclear family of upper-middle class Caucasian women, researchers have begun to empirically examine the impact that a mother's own attachment experiences have on maternal-infant attachment, a construct of MRA. Using the Adult Attachment Interview and other instruments that evaluate adults' recollection of childhood experiences, researchers suggest that representations of attachment from childhood may influence the way a woman understands the maternal role, which in turn may affect her maternal-infant attachment (Becker & Liddle, 2001;

Collins, Gergen, & Davis, 1997; Kretchmar & Jacobvitz, 2002; Mullings et al., 2001; Priel & Besser, 2001).

Very little research literature was found addressing the African American perspective on the mother-daughter relationship, its impact on maternal-infant attachment, and subsequent impact on MRA. Feminist scholars have begun to explore cultural diversity in their studies of African American mothers and daughters and the ways that mother-daughter relationships are viewed within the context of the extended Black family network (DeFrancisco & Chatham-Carpenter, 2000; Gichia, 2000; Pakizegi, 1990; Priel & Besser, 2001).

Impact of Race, Class and Gender on the Status of Mothering

Race, class and gender are now commonly identified as being significant factors in the ways that health care resources are allocated, contributing to the vulnerability of African American women and health disparities between Blacks and Whites (Hogan & Ferre, 2001b; Krieger et al., 1993). Poor birth outcomes, associated with vulnerability, are exacerbated in women of the urban underclass: poor, poorly educated, low-income individuals. Statistics show that more African American women are in the urban underclass which makes them more likely to have high risk pregnancies and higher maternal mortality than Caucasian women (Aday, 2001; Bryant, 2006). In this section, I address the ways in which race, class and gender have been found to affect the experiences of African American women and describe some of the ways that these factors can affect the experience of mothering in this population.

Race

Race is a powerful, socially constructed variable used to classify people based on their socioeconomic status, culture, and genetic make-up. Disentangling race from other variables that affect pregnancy outcomes is difficult because the effects of race and racism impact access to resources such as education, employment, safe housing, and quality health care (Battlesmith, 2007). Researchers have found that when they control for age, education and socioeconomic status, when African American women are compared to White women the rate of unintended pregnancies among African American adolescents is three times higher than for White adolescents, and preterm birth (delivery of an infant before completion of 37 weeks gestation) is twice as high in African American women compared to Whites (Bryant, 2006; CDC, 2002; Hogan & Ferre, 2001b). In 2000, the neonatal death rate for African American infants was 14.0 per 1,000 compared to 5.7 for White infants (Bryant, 2006; Center for Disease Control, 2002; Hogan & Ferre, 2001b). It is hypothesized that these race-associated differences in health outcomes are in fact due to the effects of racism (Krieger et al., 1993).

Citing racism and access to health care as possible factors contributing to low birth weight and preterm delivery, Murrell, Smith, Gill, & Oxley (1996) conducted a qualitative study of 14 African American women. Three themes that emerged were that overwhelmingly, the women felt they were being stereotyped as young, unmarried and on welfare; that the care they received was indifferent, inaccessible, and undignified; and the racist attitudes of the staff assumed that they did not take care of themselves or get proper prenatal care (Murrell et al., 1996). The authors suggest that perceptions of racism often influence how women choose health care providers, when they enter formal

prenatal care and the extent to which they embrace or reject the medicalization of pregnancy and birth.

A question rarely seen in the literature on access to prenatal care is whether the issue is diminished access to care or racial bias. Physicians, who are predominantly White, are the gatekeepers to information that is given to or withheld from patients (Brubaker, 2007). African American women report that in their prenatal visits, they are less likely to receive information on smoking cessation, alcohol or drug abuse, or breastfeeding (Harrison & Falco, 2005). Additionally, when marginalized women perceive that they are stereotyped as ‘bad mothers’ they are reluctant to seek care for fear of losing their children to an outside agency (Campbell-Grossman, Hudson, Keating-Lefler, & Fleck, 2005).

Class

Class distinctions are important considerations in health care since class status “confers privilege or scorn, invisibility or acceptance, assumed intelligence or assumed ignorance, and many other rewards or costs to an individual’s “quality of life” (Garrity, 2005). Within our society, classism is a vaguely defined intellectual concept. Many believe in a three-class model that is based on socioeconomic status (SES) and includes the ‘rich’, the ‘middle class’, and the ‘poor’. Two recognized categories of classism, individual classism and structural classism were identified by Garrity (2005) who suggested that individuals practice classism when their own prejudices and their personal discrimination lead to inequities in how people of low SES are perceived and treated. Structural classism, on the other hand, is passive and is expressed in the structures and common practices of institutions and policies that exclude or marginalize lower class

people. Current research on the effects of class on maternal identity and MRA is limited since, in the United States, we commonly believe that there is not a class system (Garrity, 2005).

In the past, researchers identified socioeconomic status (SES), which emphasizes status over resources, as a variable in the evaluation of maternal identity and maternal role attainment, but found no statistical correlation. A new approach in research on health disparities utilizes socioeconomic position (SEP) which views the social hierarchy in terms of both material and social resources as well as status (Health, 2007).

Multidisciplinary studies on the relationship between race and health disparities suggest that socioeconomic position, which includes such variables as standard of living, access to basic security, limited resources and inequalities based on race, class and gender, contributes to the disparities of vulnerable populations (Hogan & Ferre, 2001a; Krieger, 2001; Krieger et al., 1993).

Gender

A dominant feminist model that emerged in the 1980s was the concept of gender (Ferree, 1990). Gender is based on perceived differences between the sexes and defines how specific roles and behaviors are given gendered meanings, how labor is divided, and how social structures reward gender advantage (Ferree, 1990). Women experience the gendered dimensions of deprivation in many ways. Like race and class, gender is a hierarchal structure of opportunity and oppression that associates maleness with power and authority. Cultural norms support the idea that women and girls are entitled to less than their male counterparts; this includes resources such as money, food, land, credit, time, status, health care and physical security (Doyal, 2002). Vulnerability is heightened

in the reproductive years and some women struggle with the physical and psychological demands of motherhood along with the constant need to devise survival strategies in a hostile social environment.

In critiquing dominant ideologies of mothering, feminist theorists offer a counter-narrative of the empowered mother, where mothering is a site of power, allowing women to better care for and protect their children (O'Reilly, 2004). As with earlier studies of mothering, the populations of empowered mothers were upper-middle class, Caucasian women who had access to financial and human resources. The inverse is women who mother under duress, who do not have access to resources, who are in abusive relationships, are ill or addicted and find it difficult or impossible to achieve agency, authority, autonomy and authenticity (Middleton, 2006).

Women who mother under duress are susceptible to the gendered policies of external agencies or governmental bodies that they turn to for assistance. Living under the scrutiny of these agencies, women often feel overpowered and coerced into behaviors that are passive and subservient (Middleton, 2006). For example, the idealized family places the male in a position of dominance, but his feelings of inadequacy may lead to partner abuse. Gendered policies hold the woman responsible for placing her child in a violent environment; rather than expose the violence, women may choose silence as a way of protecting relationships with their children.

Including race, class and gender as variables in the study of the transition to motherhood may illuminate how the intersection of these variables contributes to experiences of oppression or privilege. Research that is sensitive to the diverse identities

found within cultural groups will help to minimize conclusions based on stereotypes and biases.

Media Representations of Motherhood

I believe that our ideas about motherhood and maternal role expectations are influenced by the media, and while an in-depth content analysis of all text regarding motherhood is beyond the scope of this review, I do feel I should include a brief review of how motherhood is portrayed in the print media. I have selected a literature review of three texts used in maternal-child nursing education and two literature reviews of the portrayal of mothers in mass market magazines.

Maternal-Child Nursing Texts

Runquist (2007) presented a feminist analysis of three maternal-infant texts. The first was a postpartum guide that can be used for discharge teaching in hospitals, the second was a postpartum care guide published by a professional organization as the authoritative guide for postpartum education, and the third was an undergraduate nursing text book. The structure and content of each publication upheld the definition of “normal;” that is, being white and married with financial and social resources that will ensure a smooth transition to the role of “good” mother. The text described the developmental tasks that a woman “must” complete and each text confirmed that “calm” and “secure” women transition into motherhood easier than mothers who are not calm and secure. Little attention was given to mothers who deviate from normal as evidenced by a 45 page overview of postpartum care with only two pages given to cover topics such as lack of social support, domestic abuse, adolescent mothering, adjustment to premature birth and inclusion of the father in parenting.

Mass Media Portrayal of Motherhood

Johnston & Swanson (2003) reviewed five general interest women's magazines (one issue per quarter) over a twelve month period and found that traditional representations of motherhood have changed little in the last half of the Twentieth Century. Cultural expectations of the maternal role are communicated through images and text that are highly seductive and reinforce that "normal" is middle- and upper-middle class White women who embrace domesticity, are beautiful and are avid consumers. In a review of 20 magazines, 88% of the advertising presented White women, while only 12% presented women of color. In advertisements, women of color were shown in context of their employment but disappeared in advertisements related to motherhood, which reinforces the myths and stereotypes that only White women value home, and family well-being. Mother-related text focused on stay-at-home mothers (88%) and working mothers (12%) and in general mothers were presented as happy (70%, n=416), proud (63%, n=377), not busy (82%, n=409), and not confused (69%, n=411). The authors suggested that preserving the dominant ideology of motherhood serves to undermine a woman's confidence in her ability to actively engage in the public sphere, thereby effectively limiting her influence where social change occurs.

Smith (2001) reviewed 75 articles from 1987 and 76 articles from 1997 (n=151) dealing with the topics of working mothers, children of working mothers, day care, and single mothers. Over a ten year period, the articles increased in general interest magazines from 15 to 38 and the pieces were uniformly positive. In this same time period, articles in women's magazines dropped from 27 to 15 and the articles primarily had a negative tone. *Jet* and *Essence*, magazines that target African Americans were

included in the magazines reviewed. In 1987, these two magazines published five articles on motherhood: one was related to single mothers, two addressed working mothers and two addressed child care. In 1997, the number of articles published in *Jet* and *Essence* on motherhood dropped to two.

Theoretical Context

Assumptions of the Researcher

Phenomenological inquiry seeks to come to a full understanding of the meaning that individuals give to the phenomenon. The dilemma that I have struggled with as I began the study of motherhood among African American women is that scientific knowledge, combined with everyday knowledge, contributes to my preconceived ideas about how women become mothers (van Manen, 1997). In order to make conscious my preconceived ideas that may influence the study of becoming a mother among African American women, I render the following assumptions that reflect my personal beliefs and values surrounding motherhood. Many of my attitudes and beliefs were influenced by the turbulent times of the 1960s and 1970s as the hippie movement, the feminist movement and the Civil Rights Movement challenged the status quo with regards to authority, gender equality and racism. My assumptions that have evolved from my experiences as a mother, my study of maternal-child nursing, my grounding in a midwifery-centered philosophy of care that places women at the center, feminism, and my sense of social justice are presented here:

1. Motherhood is a profound, life changing experience in a woman's life. How she perceives that transformation will have long term effects on her and her children.

2. In our Western culture, the normal lifecycles and roles of women (menarche, childbirth, motherhood, and menopause) have been sanitized and medicalized around the dominant discourse that upholds the White, patriarchal worldview with regards to male supremacy, religion, science, and a heterosexual lifestyle.
3. The transforming experience of becoming a mother goes beyond the empirical measurements of current research. While women may share experiences in the maternal role, the transition to motherhood is a uniquely individual process. The stories that African American women share about their real life experiences in the transition to motherhood will form the basis for a theory that evolves from shared meanings and patterns described in their storytelling.
4. This study, grounded in Heidegger's hermeneutic philosophy, will illuminate the meaning of motherhood across three generations of African American women. Additionally, the study will expand the clinical instruction in maternal-child nursing to include an awareness of how culture, politics and socioeconomic variables affect the lives of African American mothers.
5. Mass media has an important role in defining and perpetuating the beliefs and feelings within our society. Explicit representations of the ideal mother, in mass media outlets and in our professional media outlets, construct a specific portrait of reality and through repeated exposure, we adopt this reality as valid.

In addition to these explicitly stated assumptions, my horizons have been expanded by the philosophy of Heidegger, feminist theory and afrocentric theory. In describing these theoretical frameworks, a brief historical account of how they evolved is included.

From Husserl to Heidegger

Edmund Husserl, a German philosopher and mathematician, is known as the father of the phenomenological movement. Following World War I, he began to question the purely positivist orientation of science and philosophy of his day. He regarded the subjective experience as the source of all of our knowledge of objective phenomena. Husserl maintained that all humans have a conscious awareness, and that the world is constituted and experienced through this consciousness (van Manen, 1997; Draucher, 1999). He advocated that the researcher bracket his or her beliefs and assumptions in order to avoid bias in describing participants life-world, the world of lived-experiences (Draucher, 1999). Husserl's work maintained the Cartesian dualism of subject/object and is referred to as transcendental or objective phenomenology (Draucher, 1999).

Martin Heidegger, a student of Husserl, extended the phenomenological movement and suggested that we are inseparable from our world and therefore presuppositions cannot be suspended or bracketed (Heidegger, 1962; Thompson, 1990). Heidegger was critical of Husserl's definition of phenomenology and saw the idea of certainty and absolute clarity as burdensome (Fleming, Gaidys, & Robb, 2003). Heidegger's emphasis was the ontological-existential questions of experiencing, not the epistemological questions of knowing and relied on language and temporality, or historicity, as the medium through which we experience the world (Thompson, 1990). The turn from consciousness to existence was crucial in the development of hermeneutic phenomenology (Thompson, 1990).

Heidegger was concerned with the meaning of Being and defined the concept of Dasein (Being-there) as the way we are in our everyday, ordinary lives (Heidegger,

1962). From this perspective, Dasein is the starting point in answering the question of what it means to be (Heidegger, 1962; Draucker, 1999). Hermeneutics, the study of the interpretation of religious texts, was expanded by Heidegger to include interpreting the human experience of the world through the use of language to provide both understanding and knowledge (Thompson, 1990; Draucker, 1999). Hermeneutic inquiry, guided by Heidegger, allows for the interpretation of phenomena to uncover hidden meanings as a way of understanding the nature of ontology (Heidegger, 1962; Draucker, 1999; Dowling, 2004).

Heidegger connected the metaphor of the circle of understanding to ontology where the scientific theme of investigation is secured when the researcher is aware of fore-conceptions or presuppositions and how these are constantly revised as the researcher penetrates into the meaning of the phenomena (Annells, 1996; Heidegger, 1962, Gadamer, 1975, Draucker, 1999). Heidegger postulated that humans are always living hermeneutically and that to understand human experiences there needs to be an awareness of one's place in history and the social context of each experience (Draucker, 1999).

Feminist Philosophy

The progression of gender equality in the Twentieth Century has been described as first wave feminism, second wave feminism and third wave feminism. Each wave of the feminist movement is historically situated and is representative of an incident of social reform. The commonality of the feminist movements has been the search for progressive identities for women through social and political movements (Giarratano, 2000). First

wave feminism brought about social change with voting rights, contraception, welfare rights, and legislation that addressed women in the workplace (Giarratano, 2000).

Second wave feminism struggled for gender equality and began to use male generated theories such as Marxism and critical theory to articulate the experiences of women and gender. Over the last twenty years, feminists have been criticized for adhering to a white supremacist ideology and for their creation of a “universal woman” that ignored individual social and cultural differences (Taylor et. al., 1995).

Third wave feminism seeks to challenge the definition of the universal female identity and the over-emphasized experiences of upper-middle class white women. This generation of feminists tends to be less political than their predecessors and have challenged the second wave's paradigm as to what is, or is not, good for females (Ramazanoglu & Holland, 2002).

Throughout the Twentieth Century, the women’s movement has fought for the right to produce knowledge, to criticize accepted knowledge of the dominante culture, and to educate. Feminism covers diverse beliefs, practices, and politics that overlap and interact, but cannot be generalized to all women. By the end of the Twentieth Century, feminism was generally associated with advocacy for women’s rights, theories of male dominance, political struggles on behalf of women in general, and theories of power relations. Having no unified theory, feminists have drawn on a variety of ways of conceptualizing feminist ideology.

Despite the many feminist theoretical breakthroughs of the last two decades, critical issues of how changes in the social practice of reproduction, sexuality, and mothering have shaped the state, the economy, and the public institutions have been

ignored (Harding, 1987). Traditional social science inquiry has focused on questions about nature and social life that are problematic for the dominant group which is defined as White, Western, bourgeois men. Feminists have not found a shared theory of gender oppression or male dominance, a unified vision of justice or liberation, a common approach to the production of knowledge, the extent of women's differences, or a consensus of truths about gender (Ramazanoglu & Holland, 2002).

The challenge in research on mothering is to move beyond patriarchal motherhood.

O'Reilly (2006) makes a distinction between the meanings of mothering and motherhood:

“motherhood refers to the patriarchal institution of motherhood which is male-defined and controlled and is deeply oppressive to women, while the word mothering refers to women's experiences of mothering which are female-defined and centered and potentially empowering to women.” (O'Reilly, 2006, pg. 325).

Afrocentrism

The results of the African Diaspora was the unconscious adoption of the Western worldview which led to the marginalization of African Americans (Mazama, 2001).

Asante (2003, 1991) described Afrocentrism as a methodology that grounds observations and analyses in the historical and cultural experiences of participants. Concepts, paradigms, and theories can then be redefined to make them relevant and centered.

Using grounded theory, Baldwin (1996) developed and tested the Afrocentric Model among low-income African American women in cancer screening services. Baldwin's Afrocentric Model (1996) will be used as a lens through which data will be analyzed to provide a better understanding of the complexities of becoming a mother

among African American women. The three components of the Afrocentric Model are: 1. African American worldview which focuses on group behaviors as a collective whole; 2. lived experiences which describes awareness of the experience at the individual level; 3. decision-making practices which are the judgments made in relation to day-to-day living (Baldwin, 1996). Although this model has not been used with pregnant women, there is support in the literature that the centrality of the African experience is the organizing principle for understanding the African American perspective (Mazama, 2001).

These three theoretical frameworks will guide the study of becoming a mother among three generations of African American women. The primary goal of the study is to enrich our understanding of what it is to be a mother by expanding the definition of motherhood to reveal the experiences of African American women. Through storytelling, the person sharing the story becomes connected to the listener, to self, and to critical events that emerge as real life experiences are woven together (Liehr & Smith, 2007). As the researcher, I will synthesize these stories to reveal how the social construct of motherhood may have changed over three generations and to illuminate shared meanings. These findings will guide knowledge development for nurses.

Summary

In this chapter, I have described the theories of maternal identity and maternal role attainment. Also included is a review of the literature that examines how key variables relate to the theories of maternal identity and maternal role attainment with respect to African American women, how race, class and gender may affect the experiences of mothering among African American women, and a brief review of professional and mass media portrayals of motherhood.

In the second part of the chapter, I have identified personal assumptions along with a discussion of three additional philosophies that have influenced the way in which I will approach this study.

Understanding the African American perspective of motherhood provides a foundation for health care providers to build upon existing protective behaviors, utilize existing support systems and to identify gaps in resources that are needed to promote optimal health for African American mothers and their infants. Understanding the perspectives of becoming a mother as described by African American women will help end negative stereotypes and institutional oppression that has been perpetuated in current research.

CHAPTER III

THE RESEARCH PLAN

Overview

Qualitative research methods, such as phenomenology and hermeneutics, are increasingly used in nursing research in order to enhance our understanding of individual experiences, a component that has been missing from traditional empirical research. Most of the research on becoming a mother has been quantitative, using tools that measure women's success or failure at caretaking tasks (Ahern & Ruland, 2003; Flanagan et al., 1995; Gaff-Smith, 2004; Koniak-Griffin, 1988; Mercer, 1981, 1985, 1986b; Rubin, 1975, 1984). Traditional theories and quantitative methods fail to explain the maternal experience from the perspective of the woman. This scientific stance has been challenged by feminist researchers who contend that understanding women's experiences in becoming a mother would provide data that could be utilized in theory development (Oakley, 1980; Banks-Wallace, 2000). Qualitative research from a feminist perspective is appropriate for this study where the goal is to reveal the meaning of becoming mother within the social and cultural context of three generations of African American women.

Hermeneutics is a research method that seeks to interpret the human experience of the world through the use of language to provide both understanding and knowledge (Draucher, 1999; Thompson, 1990). Hermeneutic inquiry, guided by Heidegger, allows for the interpretation of phenomena to uncover hidden meanings as a way of

understanding the nature of being in this world and is the appropriate method to answer the research question, “What is the meaning of motherhood across three generations of African American women?” (Dowling, 2004; Draucher, 1999; Heidegger, 1962).

Interviews will be audio-taped using an unstructured open-ended interview style. Once the stories are transcribed, the circular process of hermeneutic analysis will identify shared themes and patterns that will increase our understanding of the meaning of becoming a mother that has evolved over three generations of African American women.

This chapter begins with a review of the purpose of the study and a review of the research methodology. I will briefly review the philosophy of Heidegger, the seven stage approach to hermeneutic analysis as described by Diekelmann and feminist theory that includes Olsen’s four models of feminist research and Sigsworth’s seven fundamental conditions for feminist research. The planned research process is outlined, including participant selection criteria, setting, approaches to data collection and the procedures that will guide a hermeneutic analysis. Issues related to authenticity, trustworthiness, and protection of participants’ rights will be discussed.

Statement of Purpose

The Nineteenth Century idealized view of the ‘good mother’ continues to be the standard by which women’s real life experiences as mothers are judged. African American women, who do not fit the white, middle-class Western standard of motherhood, may find their experiences as mothers degraded. Societal norms, which influence our daily behaviors, perpetuates the ‘good mother-bad mother’ dichotomy and reinforces negative descriptions of motherhood among African American women. How

do African American women reconcile their individual experiences of motherhood to fit the ideology of the dominant social view?

As care providers, we have not been immune to the stereotypical representation of African American women as poor, single and uneducated. To fully understand how African American women conceptualize motherhood, research is needed that incorporates the ways in which race, class and gender may intersect and what this means in the transition to motherhood. The ultimate goal of the study is to re-orient the definition of motherhood among African American women in a positive constructive manner.

The purpose of this study is to bring forth the stories of African American women's unique experiences of becoming a mother. These stories have the potential to empower the storytellers and to change negative stereotypes that exist in our health care system and in our society. In analyzing these stories, I hope to illuminate the strength and resilience of African American mothers providing an alternate discourse of motherhood that may reconcile the 'good mother-bad mother' dichotomy.

Research Design

Hermeneutic Phenomenology

The study of phenomenology requires learning a new language and when terms are used interchangeably, the process of understanding is difficult. An example of this is the interchangeable usage of the terms phenomenology and hermeneutics, philosophies that provide an approach in which the knowledge embedded in a phenomena is expressed. Phenomenology refers to a research method, a philosophy and an approach that seeks to uncover the meanings of phenomena as experienced by individuals through

the analysis of their descriptions. Hermeneutics seeks to interpret the human experience of the world through the use of language to provide both understanding and knowledge (Thompson, 1990, Draucker, 1999).

Heidegger connected the metaphor of the circle of understanding where the researcher, research team and participants identify patterns and common meanings through the analysis of text. Diekelmann (1989) developed a seven stage approach meant to guide the hermeneutic circle of data analysis. The circular method of data analysis serves to increase our understanding of the phenomena by moving from the overall meaning of the text, to the details of the text, and returning once again to the larger meaning of the text. Once a verbatim transcript is obtained, it is read through as a whole in order gain an understanding of the overall meaning. The second reading extracts the details of the document by utilizing a line-by-line examination to summarize the data and create categories. Comparisons across the coded data set leads to the identification of themes and patterns. Prior to peer and participant critique, the researcher, along with input from the research team, describes themes and justifies labels. A research team approach is used for data analysis and when inconsistencies occur, they are resolved by returning to the transcript or by having the participant review the analysis. This approach will enhance the likelihood that the true meaning of the individual experience of becoming a mother is understood.

Feminism and Phenomenology

In the United States, the patriarchal, medical view of birth has become so ingrained in our society's thinking that at an unconscious level, women have ceased to believe they can give birth or mother without expert advice and intervention (Highsmith,

2006). Feminist argue that the voice of science is masculine and that women have been excluded as agents of knowledge. In trying to find an approach to research that is uniquely feminist, feminist researchers have altered traditional theories and methodologies producing results that may be incomplete or distorted (Harding, 1987). These instabilities can be used as a resource to expand thinking and practice to move beyond the patriarchal ideology of motherhood (Harding, 1987).

Olesen (2005) identifies four models of feminist research that reflect transitional epistemologies: standpoint theory stresses a particular view that builds on and from women's experiences, feminist empiricism adheres to the current standards for qualitative inquiry, postmodernism with a focus on narratives and the distinction between text and reality, and feminist cultural studies that stress representation and text. Critical to feminist research is applying these approaches in order to generate a society for, rather than about women.

Having no definitive feminist methodology, it is imperative that researchers are able to justify their choice of methodology or philosophical underpinnings.

Phenomenology offers an approach that is consistent with feminist research and meets the fundamental conditions of feminist research. Sigsworth (1995) describes these fundamental conditions as research that is focused on the experiences, perceptions, and truths of a specific population and challenges culturally created dichotomies, such as the 'good mother/bad mother' dichotomy found in the literature on mothering. When planning, conducting, analyzing and interpreting findings in both phenomenology and feminist research, value is placed on the historical context, concurrent events, and achieving a deeper understanding of the experience through the sharing of data between

the researcher and the participant. Including the participants as partners is a way to reduce hierarchy. Lastly, feminist researchers share the belief that the questions asked are as important as the answers, and that an integral part of the research is to identify researcher biases through reflexivity or autobiography (Ramazanoglu, 2002).

Methodology

Hermeneutic phenomenology from a feminist perspective is the methodological approach that will be used for this study. Using open-ended and semi-structured questions during individual interviews, women will be asked to describe how they experienced the transition to motherhood from their unique perspective. Current literature does not address the African American perspective of becoming a mother and in telling their stories, the participants of this study will be able to describe in detail their opinions, perceptions, feelings, and recollections. This study will add to our understanding of what it means to become a mother from the perspective of three generations of African American women.

Sample of Participants

Purposeful sampling will be used to identify information-rich cases that will provide an in-depth understanding of the phenomena of interest. The aim of the sample selection is to gain insight into the phenomena of becoming a mother among three generations of African American women. Sample selection will not lend itself to generalizations. Participants will be recruited by colleagues who have access to this population and by snowball sample techniques. Only those who identify themselves as African American women, between the ages of 20-85, able to speak English, have given birth to a living child three or more years ago, and willing to participate in the study will

be included. The projected study is on the experiences of African American women, therefore, Black women who identify themselves as other than African American will be excluded. Participants must be able to speak English. The age range of 20-85 was chosen in order to successfully recruit women who became mothers before the Civil Rights Movement, after the Civil Rights Movement and in the Twenty-First Century. Each cohort shares similar historical and political perspectives. Women who have given birth three or more years ago will have had time to internalize their stories and will be able to describe their experiences within the context of their worldview. It is anticipated that a minimum of 18 women will be recruited for this study, six from each of the three generations. Interviews will continue until saturation is achieved.

Setting

Once the sample has been identified and informed consent obtained, individual interviews will be scheduled. Mutually agreed upon places that are safe, convenient and provide a quiet, comfortable setting will be chosen, such as a home or a private conference room that can be reserved in a public location such as a library, university or hospital setting. The initial interview will be about one hour.

Establishing a non-hierarchical relationship between the researcher and research participants is critical to feminist research. During the interview, I will make every effort to establish a conversational interview technique that will engage women and encourage them to tell the stories of their experiences in becoming a mother. I will strive to create a relaxed environment that respects and honors the participants' views.

Data Generation Strategies

Once permission is obtained from the Georgia State University Institutional Review Board (IRB), I will ask colleagues to assist with recruiting by word of mouth. Interested participants will contact me by telephone or email. Once contact has been established, the study will be described and questions answered. If the potential participant continues to express interest in participating, a mutually agreed on time and location will be decided. Upon meeting, I will provide the participant with the IRB approved informed consent. Once the participant has read the consent, I will provide an opportunity for her to ask questions and will answer her questions. If she is willing to participate, I will have her sign the informed consent.

Before beginning the interview, I will remind the participant of the process that I will adhere to for the research. She will be told that I will be tape recording the interview and that during the interview; I may take notes that will aid in my recollection of the interview. She may read the field notes at any time, she may ask questions during the interview, she may decline to answer any question, and she may request to stop the interview at any time. The tape recorded interview and the field notes will be transcribed verbatim and the participant may have a copy if she wishes. A second interview may be requested to clarify themes that emerge from the interviews. To protect the privacy of the participants, all identifying information will be deleted from the tape recordings and a code book will be designed with a numerical identifier for each participant. The data and the code book will be locked in separate locations known only to the investigator. Transcripts will be reviewed by the investigator and the research team for analysis of the data. In addition to the tape recordings, detailed field notes will be kept that describe the

setting, what was heard, describes the verbal and non-verbal interaction, and records my thoughts and experiences. These notes will add richness to the data. Once a report has been generated, audio tapes will be erased. The code book, transcripts, and field notes will be housed in a locked cabinet.

. Examples of questions that will guide the data collection and analysis for this study are:

1. Can you tell me how you felt the first time you found out that you were pregnant and would become a mother?
2. Do you think motherhood is the same or different for women today?
 - a. Can you describe the differences?
3. What did you expect motherhood to be like?
4. How was motherhood different from your expectations?
5. What do you think was the most important thing you did as a mother?
6. Is there anything that you would do differently?
7. If you could tell other women about becoming a mother, what would you say?
8. What was hard about being a mother?
9. Who influenced your ideas about motherhood?
 - a. Was your idea of motherhood influenced by sources such as magazines, books, or television? If so, which ones?

Data Analysis

The interpretive framework of hermeneutic phenomenology will be used to identify relationships and meanings in the phenomena of becoming a mother among three generations of African American women. To gain a sense of the gestalt of the text, the

first step of analysis will consist of a through reading of the verbatim text as a whole. After reading the first three transcripts, I will evaluate whether or not the research questions and interview techniques are effective in soliciting a rich description of the phenomena.

The second step will be to identify themes, meanings and patterns through a line by line analysis of the text. Through discussions with my doctoral committee, research participants and with a research team of student peers, which will include African American women, I will seek validation of the analysis. In the final step, themes and patterns will be supported by exemplars and paradigm cases, stories that provide a thick description of the particular meaning. Consistent with the hermeneutical circle of interpretation, I will analyze the text through “conscious and committed reflexivity” by reading the transcripts multiple times, discussing ideas with my peers, looking to the literature to validate ideas and for further identification of meanings (Patton, 2002). Through a reflexive journal, I will evaluate how my perspectives interact with the perspectives of the participants.

Trustworthiness

Introduction

A critical component of qualitative research is rigor. To maintain rigor, Speziale & Carpenter (2007) describe how researchers must ensure trustworthiness of the data. An audit trail establishes clear connections of how the researcher moved from raw data to interpreted meanings and the final descriptions must reflect the researcher’s thoughts and interpretations. Participants are asked if the exhaustive descriptions reflect their

experiences. If the participant is able to recognize the descriptions as true, trustworthiness of the data is further established.

Researcher as Instrument

As the researcher, I am the instrument for the data collection and this requires attentive listening to the experiences described to me. Having attended women in birth for over ten years, I feel that I am respectful of women's stories and that I validate the power of their experiences. This assumption may lead to misinterpretation, but by journaling, I will be able to record my impressions for a more complete understanding of my conscious and unconscious biases. I need to be reflexive in my communication style so that information that I share will not seem accusatory or disrespectful of the participant's race and culture. A major limitation in this study is that I am Caucasian, and if participants do not understand and accept my interest in this study, they may decline participation. To minimize the effects of this limitation, I will provide each participant with a description of the study, allow a period of time for us to get to know each other, be honest in my intentions, and reassure participants that their stories are confidential. Additionally, each participant will have an opportunity to review their transcripts and will be offered a final copy of the study results.

Criteria of Trustworthiness

In qualitative research, the matter of trustworthiness is of importance and is the criteria used to judge if the elements of the inquiry, such as design, methodology and analysis, are sound. (Lincoln & Guba, 1985). The criteria for trustworthiness in phenomenological inquiry were operationalized by Lincoln & Guba (1985) as credibility, transferability, dependability, and confirmability. These elements serve as the standard

for establishing rigor in a phenomenological inquiry. In the following section, I will discuss each element of trustworthiness and describe methods that I will use in this study to meet the criteria.

Credibility

Credibility is met when the descriptions and meanings, derived from the interpretations of the researcher, capture the meaning of experiences as perceived by the individual. The first step that I will use in establishing credibility will be the audio tapes and verbatim transcriptions of women's personal stories of becoming a mother. The circular hermeneutic analysis of data adds to credibility as data is reviewed multiple times by the researcher and members of the formal and informal research team. Ultimately, the study will be judged credible if the results resonate an understanding of the experience that participants are able to recognize as true.

"Prolonged engagement" (Lincoln & Guba, 1985) enhances credibility and adds depth to the data through the investment time. It takes time to learn about the culture of the participants and it takes time to build trust. As a Caucasian woman, studying African American women, I have taken steps to improve my credibility by attending cultural competency workshops, immersing myself in African American literature and seeking college courses designed specifically to study women and minorities. An informal group of three doctoral students, all African American, provide invaluable insight and constructive criticism.

Throughout the research process, I will seek to build trust by allowing time for the participants and me to get to know each other, by assuring confidentiality and by being sensitive to our differences. "Member-checks" (Lincoln & Guba, 1985) engage

participants in the discussion and interpretation of their stories, allowing for deeper insights into the meaning of their experience. Finally, an “audit trail” (Lincoln & Guba, 1985) will be maintained that will consist of my reflexive journal that details how decisions were made and how events affect me personally or how they may change my perceptions. Also included in the audit trail are audio tapes and verbatim transcripts of each interview, field notes and computer files.

Transferability

In qualitative research, truth claims that can be generalized to other populations are not made. Instead, it is the researcher’s task to provide essential data to the consumers of research who will then determine if the study findings have meaning and are transferable to other contexts (Lincoln & Guba, 1985; Patton, 2002). The foundation for qualitative analysis and reporting is the use of “thick descriptions” that contain vivid, concrete descriptions capable of invoking feelings and images that extends our understanding of the meanings and significance of the phenomena (Lincoln & Guba, 1985; Patton, 2002).

Data that will enrich the context of the study will be collected in the form of participant demographic information and excerpts taken from the women’s stories that highlight recurrent patterns. My reflexive journal will provide descriptions of the setting, my interpretation of non-verbal cues that occur during the interview process, and will provide insight into the decision making process of the research team and myself.

Dependability and Confirmability

Dependability and confirmability can be determined simultaneously through the examination of the audit trail (Lincoln & Guba, 1985). In quantitative research, validity is

dependent upon the consistency or reliability of an instrument to replicate findings. The human instrument in qualitative research is fraught with inconsistencies that make replication impossible. In order to meet the criterion for dependability, a review of the audit trail allows the auditor to move through the research process and conclude that their findings closely resemble those of the researcher.

Confirmability seeks to ensure the objectivity of the research through the identification of assumptions and biases that may influence the research process. The audit trail again communicates to the auditor how the study was constructed, how and why decisions were reached, and confirms the credibility of interpretations and findings. The audit trail will illustrate the process that led to the development of themes and patterns; this meets the criterion of confirmability.

Protection of Human Participants

Prior to beginning the research, I will have the plan reviewed and approved by the Georgia State University Institutional Review Board (IRB). The research process will protect the confidentiality of the participants by labeling interviews with a corresponding number, rather than participant's names; audiotapes will be transcribed by the researcher and identities will be changed using a pseudonym selected by the researcher prior to circulating the transcripts for other members of the research team to read. Original transcripts and audiotapes will be stored in a locked file cabinet in the researchers' home office. No identities will be released in any reports, publications, or presentations generated from this study.

Details of the consent form and the research study will be discussed with each participant prior to the participant signing the form. It is not anticipated that telephone

interviews will be conducted, however, if that becomes necessary, the informed consent will be mailed to the participant, a telephone call will be made to answer questions and describe the study, and the signed consent form will be returned to the researcher prior to the interview.

Summary

In this chapter, I have described the research plan beginning with a brief overview of hermeneutic phenomenology and how this methodology dovetails with the fundamental conditions of feminist research. I described specific steps that I will implement for this study that includes participant recruitment, the setting, data generation strategies and data analysis. I reviewed the criteria for trustworthiness and described steps that I have taken and procedures that I will implement to ensure the rigor of this study.

CHAPTER IV

THE RESEARCH PROCESS

The purpose of this chapter is to describe how the research plan, presented in Chapter III, was implemented and to provide the reader with a written record, an audit trail, that can be used to evaluate the research process, the interpretations of the researcher, and the conclusions. As part of the audit trail, I kept a reflexive journal that describes steps taken to recruit and interview participants, impressions of the participants, a description of the settings where the interviews occurred and a collection of my personal thoughts and decisions that were made as I engaged in the hermeneutic process of analysis. Also included is a description of my research team along with discussions and impressions gathered from the members.

Participant Recruitment

As described in Chapter III, research participants were sought from three distinct cohorts. The first cohort was women who became mothers from 1950 to 1970, prior to the Civil Rights Movement (1960-1980). The second cohort was from 1971-1990, the years following the Civil Rights Movement and the third cohort became mothers from 1991-2005. Once approval of the IRB was received, I contacted peers and colleagues regarding the study asking if they knew of women that met the inclusion criteria. Twenty-one women were contacted for the study. Due to scheduling conflicts, one woman chose not to participate and a second participant did not meet the inclusion criteria. Using a snowball technique, eighteen women were recruited, seven in the first cohort,

five in the second and six in the third. Of the eighteen participants, the only woman that I knew personally was someone with whom I worked. She was familiar with my research and asked if she could participate. All other participants were referred from friends, colleagues and other participants. The most difficult cohort to recruit was women who became mothers prior to the Civil Rights Movement. My first interview was to be with Ms. V., who is 82 years old. Due to her busy schedule, she rescheduled our first interview, then forgot about our second interview and took her neighbor to the doctor. The evening before our third scheduled interview, she called to say that she had yet another schedule conflict, then stated, “this is too complicated” and decided not to participate.

A second referral in this age group was recruited but in the initial assessment stage, I neglected to ask her how she described her racial identity. Because she was recruited by an African American colleague, I assumed that she too was African American. She began the interview by saying, “my first six children were born in Jamaica.” I did not stop the interview since several women that I work with were born in Jamaica and identify themselves as African American. As the interview progressed, it became evident that she did not identify herself as African American; I felt compelled to ask her how she identified herself to which she answered, “Me and my children are ‘Jamerican,’ you know, Jamaican- Americans.” At that point, I felt that I would be unable to include the interview. Following these two exclusions, it was four weeks before I was contacted by a student colleague with a list of twelve women, all over the age of seventy, who were interested in participating in the study. From this group, seven women were contacted by telephone and each of them agreed to be interviewed.

Towards the end of the data collection, I was approached by a woman who was interested in participating in the study; she had adopted twins eight years ago. By this time, I had conducted several interviews in which the participants repeatedly described how women could be mothers without giving birth. Although I had not excluded mothers who had adopted, my IRB specified those women who had given birth and therefore, she had to be excluded from the study.

Early on, I found that participants were reluctant to contact me. After consulting with my research team, it was decided that I could call participants that had agreed to participate as long as they were not being recruited by someone who worked with them in a supervisory position. After being given a potential participant's name and phone number, I called her with a more detailed description of the study. With the exception of Ms. V., the participant described above, all of the potential participants seemed interested in the study and we set up a date and time for the interview that was convenient for her. All interviews were conducted in person. Prior to beginning an interview, a detailed description of the informed consent was reviewed. All participants agreed that I could make an audio recording. A copy of the consent was sent with their copy of the transcript and my first level analysis. One participant asked for a copy of the audio recording and I recorded her story on a compact disk.

The most frequently asked question was how long the interview would take. Several participants had specific time constraints and I found this stressful since I wanted to be respectful of their time but worried that I might not adequately gather their story. Most often, once women began their stories, we continued long past the projected period.

At the conclusion of the interviews, most women thanked me for providing an opportunity for her to tell her story and they hugged me goodbye.

During the early interviews, I felt my whiteness. By this, I mean I felt the need to justify why a White woman was conducting a study of African American motherhood. As time went by, the women's warm reception released me from my need to justify my interest and I felt more comfortable engaging with them in topics that are difficult to discuss, such as racism and stereotyping.

In qualitative research, there is no power analysis to guide the researcher on the number of participants to include. With this in mind, I followed up on every lead that was offered. I began to recognize redundancy or saturation of the data from groups two and three after analysis of nine interviews. Since I did not have an adequate data set for the first group, I continued to recruit and interview participants in all three cohorts. After eighteen interviews, the second group had only five participants. My research team and I discussed the preliminary analysis of the data and were able to recognize redundancy in the text, which confirmed saturation of the data within this cohort.

Setting

During the initial telephone contact, I would ask participants where they would like to meet for the interview. I would offer suggestions such as meeting in their home, at the local library or offered to meet in my home. Eleven interviews were done in the participants' homes, usually in their living room or in the family room. One of the younger participants asked to meet at Starbucks. When we arrived, the coffee shop was crowded and the overhead music made taping impossible. I bought each of us a coffee and we conducted the interview in the front seat of my car. Two interviews were

scheduled at their local library. For both of these interviews, I called the library in advance to reserve a conference room, and then notified the participant. When I went to the first of these interviews, unbeknownst to us, there were two libraries in the county. She waited in one, while I was at the other. When I called and realized the confusion, I rushed to the library where she was waiting. Because she had allowed a narrow period for the interview, I felt that the mix-up had a negative effect on the interview. She called her husband prior to beginning to assure him that she would be home at a certain time and during the interview, her cell phone rang three times.

The second library interview was no less complicated. I arrived at the appointed time and place and after a forty-five minute wait, I contacted her only to find that she had forgotten about our meeting. We rescheduled for the next week. On the appointed date, I again arrived at the library at the agreed upon time. She called me to say that her mother was going to babysit for her and she would be late. When she arrived, the library was closing. She suggested that we conduct the interview in my car. Just as we began the interview, the librarian knocked on the car window to inform us that the parking lot was not safe after the library closed and that we should be careful. We immediately left and moved to the parking lot of a well-lit gas station. We concluded the interview there.

Of the remaining interviews, one participant agreed to meet after work in the hospital cafeteria and four interviews were done in my home. I was concerned that the participants who chose my home for the interview would feel uncomfortable in unfamiliar surroundings. I tried to create a comfortable atmosphere by having coffee brewing with cookies or pastry for them to enjoy. We sat in my dining room and each

woman seemed relaxed. Two of them kicked off their shoes in order to be more comfortable.

Prior to beginning an interview, I allowed time for us to get acquainted. This time was valuable since it provided us an opportunity to explore our commonalities, such as mutual friends, our jobs, or our children. I took this opportunity to re-emphasize the steps I would take to protect their confidentiality, since referrals were from mutual acquaintances and in three instances; the participants were related. Two participants were mother and daughter, three participants represented three generations, the grandmother, mother and daughter and the third related set of participants were sisters.

As I mentioned earlier, the first question most of the participants asked was “how long will this take?” They would then tell me they would be happy to participate but invariably, would mention that they had to be somewhere at a specific time. I reassured them that they were in control of the interview and we would stop whenever they felt they needed. It was difficult to stay engaged when a time limit was in place but I learned to relax and let the women tell their story in their own way. Often when the women began their stories, they would ignore their time limit and the story would wind on for two or more hours. This too was problematic for me since I was trying to transcribe the tapes myself and I would begin to fret about the amount of time that it would take me to type up the transcripts. After the fourth interview, I found two transcriptionists who were interested in working with me.

As I prepared for the interview by setting up the digital and analog recorders, participants read the consent. We discussed the interview process and I answered any questions concerning the study. Although the recording devices were small, most of the

older women seemed wary in the beginning but soon settled into their story and forgot that the recorders were on. Two recording mishaps occurred. The first was when the batteries on the analog recorder ran low and the second was when I hit the stop button, instead of the record button, on the digital recorder. Fortunately, at each interview, the backup recorder was able to capture the story. There was only one participant who talked until both recorders were depleted.

Immediately after the interview, I listened to the digital recording and made field notes of our final comments, my impressions and a description of the setting. Audio tapes were given to the transcriptionist and when I received the typed transcript, I reviewed it with the audio tape for corrections and additional notes. All identifying data were removed from the transcription. Data from the tapes were validated by members of my peer review committee, which included three African American women, two are maternal child health care providers and the third is an educator. I sent participants a thank you note with their copy of the transcript, my first level analysis and a copy of the consent. In the note, I asked them to contact me if there were any additions or corrections.

Generation of Data

The Interview Process

Having a mutual acquaintance helped pave the way for my interviews. Participants had agreed to the interview because they were approached by someone they knew and trusted. When I arrived, the fact that I was Caucasian did not seem to be an issue with the women in this study. At the end of my first interview, the participant said to me, “When I agreed to participate, I thought that the researcher was a Black woman. After I spoke to you, I called my friend and asked her if she knew that you were white!”

She was curious about why I was conducting this study and this provided an opportunity to explain how I became interested in African American motherhood. As our conversation progressed, we were able to delve into issues surrounding race and stereotyping that helped me as I interviewed other participants. As I left, she thanked me for bringing these issues forward and referred two of her friends to participate in the study.

Prior to beginning the interview, I spent time letting the participant know more about me, and my interest in motherhood among African American women. I outlined my nursing career, my career as a certified nurse-midwife and hopes for incorporating my study into future practice. Two women had family members who were ‘granny midwives’ and one participant had her first two babies at home with the community midwife. One participant commented that today, contemporary Black women “do not use midwives anymore.”

When reviewing the consent form, several of the older women wanted me to summarize the information. I did not consider literacy to be a problem as six of the seven participants completed high school, one finished her eleventh grade year and four are college graduates. I described the purpose and reiterated that the interview was confidential and they could decline to participate or answer any question. One participant was impressed with the contact information at the end of the consent. Before beginning the interview, I asked the participant for a pseudonym and the date their first child was born. Once the recorders were in place and turned on, I introduced the participant by her chosen pseudonym, gave the date, and asked, “Tell me the story of what it was like when you discovered that you were pregnant and would become a mother.” Younger mothers

began their stories by describing the pregnancy and their birth experience. One participant had made notes of things that she wanted to remember to tell me and one participant was unable to give concrete details of motherhood. Her story involved describing two important male figures in her life and her job in an automobile factory. Early on I realized that the concept of motherhood is such a taken for granted role that many women have not thought conceptually of how they transitioned to motherhood. The questions that I had prepared were useful in helping women describe their experiences. Often, the women would share pictures of their mothers, children and grandchildren. Two women suggested books and videos that I should read in order to have a better understanding of African American families. By sharing photographs and offering their suggestions for books and videos, I was able to have a stronger connection to their stories and a more personal understanding.

I had anticipated that women who had been a mother for at least three years would have a better understanding of motherhood and would be able to articulate what that experience was like for them. Only two women told their stories without me having to prompt them with the interview questions. Throughout each interview, I tried to remain engaged and ask probing questions to clarify comments that were made. I was then able to use this new information or idea in other interviews.

With the exception of the first two transcripts, all of the tapes were sent to one of the two transcriptionists. Upon receipt of the transcript, I reviewed the typed copy with the audio tape of the interview and if changes were necessary, I made them. I tried to keep the typed copy true to the actual conversation by inserting pauses, laughter, and gestures that the women might make during their stories. This created a visual picture

that was important in the analysis of the transcripts. Once the transcripts and first level analysis were complete, I sent each participant a copy along with a thank you note. In my note, I asked for comments or corrections and offered a follow up interview either in person or by telephone. None of the participants indicated that they had any information to add to their original story.

In keeping with the hermeneutic circular analysis, I tried to analyze the transcripts as I received them. Immersing myself in the data as it was collected, illuminated ideas that I could explore with new participants. For example, women in the second generation frequently stated that African American mothers had to work; being a stay-at-home mom was not an option for them. This became an assumption that was soon challenged by both the older group and the younger group and I began to explore why there might be a difference. In another instance, all of the women told stories about being taught at an early age not to rely on a man. I began to explore this with each participant and their answers brought forth a common theme among these African American mothers. This theme was confirmed by the participants, and by the two African American women on my research team.

Data Analysis

The circular method of data analysis, described in Chapter Three, was used in order to increase my understanding of the phenomena. I began the circular method of analysis with the first interview by recording my overall impressions of the meaning of the text as a whole. I then moved to a line-by-line analysis of the details of the text, and finally returned once again to the larger meaning of the text. I used this same process with subsequent interviews. Once the audio tape was transcribed, I combined listening to

the recording with reading the text in order to assure accuracy and to make notes about the context of the interview. The second step was to write a one or two page summary of my first impression of the interview. Participants received a copy of their transcript along with my initial first level analysis. I then conducted a line-by-line analysis of each transcript identifying themes and coding the data using the computer program NVivo 8. Additionally, my peer research team and members of my dissertation committee were given transcripts and first level analysis for review and feedback. After several interviews, larger patterns began to emerge and I sought validation from participants and committee members. In most cases, meetings with my dissertation committee and my research team were audio taped and a summary of every meeting was included in my reflexive journal.

Prior to beginning data collection, I attended a nursing conference on Heideggerian hermeneutic methodology at Indiana State University. This conference provided me with a better understanding of this methodology and allowed me the opportunity to discuss specific research strategies with other nurse researchers familiar with phenomenology. Additionally, I enlisted the advice from two respected nurse-midwife researchers who provided valuable insight during the analysis and writing process. I also attended two workshops on the use of NVivo 8, a qualitative software program that I used to help analyze the data.

Following the completion of Chapter Five, I sent each participant a letter informing them that the draft was available for their review. I expressed my concerns about maintaining their anonymity since several of the participants are either friends or relatives, and may be familiar with each other's story. I assured them that because each of

them chose a pseudonym, I was not concerned that any other readers of this research will be able to identify them. I went on to say that, each participant was sent a copy of their interview and I assured them that their families and other identifying information were not mentioned in the paper. I included a self addressed post card asking each woman to check the appropriate box to indicate yes, she wanted a copy of the chapter or no, she did not want a copy of the chapter. Any participant who objected to having the paper distributed was asked to contact me. I concluded the letter saying, “Your stories were powerful and it has been an honor to share your experiences through this research.” In order to give participants time to respond, I allowed 6 weeks before I mailed copies. Of the eighteen participants in this study, only six requested a copy of Chapter Five, no one objected to having the chapter distributed.

Trustworthiness

Elements of Trustworthiness

In Chapter Three, I discussed rigor, a critical component of qualitative research that ensures trustworthiness of the data. In this section, I will describe how I met the criteria for trustworthiness as described by Lincoln & Guba (1985).

Credibility

When the descriptions and meanings, derived from the interpretations of the researcher, capture the meaning of experiences as perceived by the individual, credibility is created. I sought to establish credibility by using several techniques. The first technique used was collecting data using audio tapes and verbatim transcriptions of women’s personal stories of becoming a mother. Copies of the transcripts and my first level analysis were sent to each participant with a cover letter asking them to contact me

if there were additions or corrections that needed to be made. To add to the credibility of the study, the circular hermeneutic analysis of data were used where data was reviewed multiple times by the researcher and members of the formal and informal research team. Ultimately, the study was judged credible when participants and research peers found that the analysis resonated an understanding of the experience of becoming a mother.

In qualitative research, the researcher is the instrument. As a Caucasian woman, it was important that the participants of this study viewed me as a credible researcher of African American motherhood. As described previously, I attended cultural competency workshops, immersed myself in African American literature and sought college courses designed specifically to study women and minorities. Several participants recommended books and movies they thought I should investigate for a greater insight into African American motherhood. Throughout the study, I was fortunate to have the trust and counsel from a group of friends and peers, all African American, who provided invaluable insight, constructive criticism and validation of the emerging themes.

An essential component of qualitative research is the audit trail (Lincoln & Guba, 1985) which consists of my reflexive journal, audio tapes, transcripts of the interviews, committee notes and feedback, field notes and computer data. My reflexive journal details how decisions were made, how events affected me personally and how my perceptions changed over time. Field notes describing the scenarios surrounding the interviews were incorporated into the journal. Transcripts and summaries of committee meetings are also part of the journaling process.

As interviews were scheduled, I kept a record of the participant's name, phone number and address in my calendar along with the directions to their home that I usually

retrieved from the computer program *MapQuest*. I made field notes before and after interviews that described the setting and my impressions. I used two tape recorders for each interview. The digital recorder was easier to use since I did not have to worry about turning the tape over. I needed the analog recorder because that was the mechanism one of my transcriptionists used for transcribing the audio tapes. The quality of the recording was much better with the digital recorder and once, I forgot to push the record button and had to rely on the analog recording, which was of poor quality. As I finished an interview, a file was made using the participant's pseudonym and copies of that participant interviews, demographics and field notes were kept together in my home office. The digital recordings were downloaded onto my personal home computer and the digital recorder was erased.

I have never been successful at keeping a journal and found that it was difficult to remember to write my thoughts and feelings. I came to realize that journaling is extremely valuable in capturing ideas and concepts that, through time, are forgotten. Once I received a transcription, I used my notes as I listened to each tape and read the typed transcript. I was able to make notes within the transcript that clarified the nonverbal communication that was lost in the recording. The journal also helped in refining questions or exploring ideas that participants identified. Each of these techniques documented how the research process evolved and how themes and patterns emerged from the stories of motherhood.

Transferability

Unlike quantitative research, where truth claims can be generalized to other populations, the qualitative researcher's task is to provide essential data so that

consumers of research can determine if the study findings have meaning and are transferable to other contexts (Lincoln & Guba, 1985; Patton, 2002). Anecdotes and stories that contain vivid, concrete descriptions of how African American women conceptualize motherhood were used. The words of the participants are able to invoke feelings and images that extends our understanding of the meanings and significance of the motherhood among this population (Lincoln & Guba, 1985; Patton, 2002).

In addition to the verbatim transcripts, field notes and my reflexive journal, demographic data was collected. This data further describes the participants with regard to age, education, economic status and intention to become pregnant. Combined, the data provides a more complete picture of each woman and how the research was conducted.

Dependability and Confirmability

In qualitative research, the goal is not to replicate, it is to arrive at conclusions that are compatible, not contradictory to other researchers (Lincoln & Guba, 1985). Since the instrument of qualitative research is the researcher, human inconsistencies make replication impossible and it is the audit trail that assures the criterion for dependability is met. A review of the audit trail allows the auditor to move through the research process and conclude that their findings closely resemble those of the researcher. Because the concept of motherhood among African American women is poorly researched, I relied on input from my formal and informal research team that the themes we identified were compatible.

Throughout the research process, I attempted to identify personal assumptions and biases that may influence the research process. Through prolonged engagement with the participants and the data, I feel that the conclusions are grounded in the data and are

consistent with the meanings of the concept of motherhood that was presented by the women in this study. The audit trail again communicates how the study was constructed, how and why a decision was reached, and confirms the credibility of interpretations and findings.

Protection of Human Participants

Prior to beginning data collection for this study, approval was obtained through the Georgia State University Institutional Review Board (IRB). As described above, a snowball technique was used and participants were contacted by telephone. During our telephone conversation, I gave each participant a detailed description of the study and if she agreed to participate a date and time for the interview was arranged. Of the twenty-one potential participants, only one decided that she did not want to participate, one was excluded from the study since she described herself as Jamaican-American and one was excluded because she had adopted her children, not given birth.

Prior to beginning the interview, the consent was reviewed and all questions answered. Each participant was asked to choose a pseudonym and that name was used throughout the interview. Within the study population, there were participants that were related. The first was three generations of women, the second was a mother/daughter dyad and the third were sisters. Provisions for protection of their identity and confidentiality were stressed along with assurances that each participant would have the opportunity to review and edit their transcript. Only one participant called me wanting me to omit any information pertaining to her grown children. I assured her that the focus of the research was on her story of motherhood and not on the lives of her children. She was

satisfied but kept the option open to review and edit Chapter Five when she received it. I agreed to her request.

The majority of women who agreed to meet for an interview stressed that they had time limitations. I assured them that the interview would be about an hour but found that once they began to tell their stories, the time would often stretch from two to three hours. Early on I realized that the concept of motherhood is somewhat abstract and participants were unsure of what I wanted them to say. Using the interview questions as guidelines was beneficial to the process. Generally, I felt that the women were very open and frank in their stories of motherhood and in their discussion of race, as it pertains to motherhood and the media. Following the interview, several women thanked me and told me how much it meant to relive those years and to think about what they had accomplished as mothers. As I left, most of the women hugged me goodbye. One participant sent me a thank-you note and a Christmas card.

I was able to enlist the services of two transcriptionists. Neither of these women was likely to know the participants of this study; one lives in Birmingham, AL. As mentioned above, each tape was made using the self-selected pseudonym, which further assured confidentiality. Once the transcripts were received, I reviewed them and removed any identifying information before sending them to members of the research team. One member of the research team enlisted her mother as a participant. That transcript was never sent to her for review and was never discussed in a group setting. All data that was collected was kept in locked files in my home office and the computer data files were password protected. Women were given the option of having their transcripts mailed to them but most wanted me to send their copy via email. No identities are detectable on the

transcripts and all identities will be protected in reports and publications, which emanate from the study.

Summary

In this chapter, I have discussed how the research plan was executed. Deviations from the plan along with human follies have been discussed. In order to maintain the rigor of the study, I presented the techniques used to ensure trustworthiness. I have described the interview process; the steps used in the data analysis and described the steps taken to ensure the protection of the human subjects.

CHAPTER V

FINDINGS

In this chapter, I will present demographic information that will describe the women who participated in this study. I will begin by describing each generation at the time they became mothers then present demographic data that describes them today. I describe the constitutive patterns and themes that emerged through the hermeneutic process of analysis and discuss these findings. The rich voices of the women's stories will be used to illustrate my understanding of motherhood among African American women and to support my analysis of the findings.

Description of Participants

Eighteen African American women from three cohorts agreed to participate in this study. Friends and colleagues recruited women using the snowball technique. In order to help the reader follow each storyteller, I have created a table for each generation. The tables describe each woman at the time of her first birth. To protect individual identities, at the end of each table, I offer a summary of each cohort at the time of our interview. I interviewed seven women who became mothers between 1950-1970, prior to the Civil Rights Movement (Table 1). I will call them Generation One. Five women became mothers between 1971-1990, after the Civil Rights Movement (Table 2). This group will be called Generation Two. The remaining six women became mothers between 1991-2003 (Table 3); I refer to them as Generation Three. Although the stories are presented as discreet themes, the reality is that many of the themes are interwoven

across generations. To denote which generation each participant belongs to, I have chosen to use a superscript after the participants name as shown in this example: Trudy¹, Geno², and Bessie³.

All of the women currently reside in a large Southeastern city. Fourteen women are from the Southeast; four of them grew up in rural communities. Three women migrated to the Southeast from Northeastern states and one was originally from the Midwest. The women ranged in age from 30 to 83 years. In Generation 1, the women were aged 65-83; Generation 2, aged 51-58; and Generation 3 were 30-42. All of the women in this study describe themselves as African Americans. The diversity of the women in this study, both within groups and across generational lines, provides rich descriptions of motherhood.

Demographics

Table 1

Generation One

	Trudy ¹	Leigh ¹	Lena ¹	Yvonne ¹	Betty ¹	Pie ¹	Traci ¹
AGE at First Birth	20	19	31	20	18	21	20
Marital Status at First Birth	married	married	married	married	single	married	single
First Pregnancy Intent	unplanned	unplanned	planned	planned	unplanned	unplanned	unplanned
Number of Children	8	6	5	3	1	4	2

Today, the seven women in the first generation of mothers are between the ages of 65-83. Since the birth of their first child, all of the women that were married are now widows.

Three of the women attended at least some high school, two obtained their bachelors and two received their masters. At some point, all seven of the women worked outside of the home when their children were young. Today, all seven are retired. Three participants reside in the homes of unmarried children, two are sisters and live together and the remaining two live alone, in their own homes. Most of the women in this cohort reported an annual income of less than \$16,000/Yr when their first child was born. Today, six of the women report an income between \$16,000 to 30,000/Yr and one participant reports an income of over \$30,000/Yr.

Table 2

Generation Two

	Maria ²	Lily ²	Geno ²	Fatima ²	Shay ²
AGE: First Birth	22	20	23	23	29
Marital Status: First Birth	married	married	married	married	married
First Pregnancy Intent	planned	unplanned	planned	planned	unplanned
Number of Children	2	4	3	2	2

The five women of the second generation are between the ages of 51-58. Four of the women are married; one is divorced. Three of the women have college degrees and the other two have technical training. All of the women in this generation worked outside of the home while their children were small. Only one woman in this group is retired; all of the others work full time. Annual income reported by this cohort at the time their first

child was born was between \$16,000-30,000/Yr. Today, all of the women in the second generation report an annual income between \$30,000-75,000/Yr.

Table 3

Generation Three

	Louise ³	Desiree ³	Bessie ³	Monique ³	Sarah ³	Stevi ³
AGE: First Birth	31	29	27	22	26	25
Marital Status: First Birth	married	married	married	married	single	married
First Pregnancy Intent	planned	unplanned	unplanned	unplanned	unplanned	unplanned
Number of Children	2	3	3	5	3	3

The women in the third generation range in age from 30-42. Their marital status has not changed since the birth of their first child. Two women in this generation have college degrees, one has an associate degree and one is in graduate school. Two of the women have chosen to leave the workforce to be stay-at-home mothers. Similar to generation two, the annual income for this cohort at the time of their first birth was between \$16,000-30,000/Yr. Today, three of the women report that their income is unchanged; three report earnings of \$30,000-75,000/Yr.

Patterns and Themes

Constitutive Pattern: It Took Me a Minute

Finding out

Realizing What Mothers Do

Way Tricked!

Constitutive Pattern: Preserving Our Home

Mothering within the –isms: racism, classism, sexism

I Did the Best I Could

Mothers and Others

Spiritual Mothering

Constitutive Pattern: Eat the Meat; Throw Away the Bone

The Ways in Which We Learn

Someone Who Looks Like Me

As I analyzed the data through the circular hermeneutic process, the three constitutive patterns described above emerged. These patterns are not presented in a hierarchal arrangement; rather, they follow the course of most of the interviews. The majority of women in this study began their stories by describing their first pregnancy, the birth and how the role of motherhood transformed them. For some, infertility plagued their intention to become pregnant while others described their pregnancies as unintentional. Intertwined with the stories of motherhood were stories of African American men and fatherhood. Women also expressed deep concerns that African American mothers have in raising their sons and how that differs from raising daughters. The women described African motherhood from many different perspectives. Another

point of inquiry was the media impact on their lives and the lives of their children. In naming and defining the patterns and themes that emerged, I have tried to use the words and stories of the participants that best describe how these African American women understand motherhood. The themes that emerged in the constitutive pattern It Took Me a Minute are: Finding out, Realizing What Mothers Do, and Way tricked.

Constitutive Pattern: It Took Me a Minute

“It was a lot to come into...the delivery and the new baby....
so; it took me a minute to get there!”

Desiree³

Although each woman’s journey was unique, there were commonalities they shared such as unintended pregnancies, losing their identity, altered dreams and of continually being astounded at the responsibilities of motherhood they had never thought of before. It Took Me a Minute captures the three themes that emerged from the data where women describe the different ways in which they transitioned into the role of motherhood. These themes are, Finding out, Realizing What Mothers Do and Way Tricked!

Finding out

I began the interviews by asking women to tell me the story of how they felt the first time they found out that they were pregnant and would become a mother. Most of the women provided a detailed description of their initial feelings and the wide range of emotions that they experienced. As the stories of motherhood began to unfold, twelve women shared that their pregnancy was unplanned. Regardless of intentionality, the stories revealed that the transition to motherhood was a process that occurred over time.

Additionally, the stories from within each generation dealt with their education or lack of education regarding motherhood.

For the women of this study, the stories of becoming a mother began with finding out they were pregnant, prenatal care, birth stories, and finally, how they internalized the concept of motherhood. Trudy¹ and Leigh¹ were two of the oldest participants in the study and their stories describe the cloak of secrecy around sexual relations, pregnancy and childbirth. Newly married, Trudy¹ was living away from her family when she had her first child in 1946. When I asked her what it was like to find out that she was pregnant, she replied.

It was hard because I hadn't been taught about having babies. When I got pregnant, I didn't even realize I was pregnant until I started changing in my size. But, it went hard because I didn't know...My mother wasn't around to tell me. My pregnancy was very hard.

Leigh¹'s story begins in 1948 when she got married and she shares a similar story of innocence. Leigh¹ admitted that growing up, she was never taught about sex and for her, finding out that she was pregnant was scary.

It was tough, I had the morning sickness and I just wanted to jump off the roof of the house and get rid of it, because that's all I could think of. I didn't want to go through with this.... I just thought I could have a miscarriage, and I didn't even know what a miscarriage was along then, but I thought I could just do something to get rid of that baby. I did not want no baby! I just thought I could go without having a baby.

Geno², who had her first baby in 1973, almost twenty-seven years after Trudy¹ and Leigh¹, describes her innocence about babies, even though she was the oldest of eight children. In her story, she describes her lack of knowledge about the biology of motherhood.

[My mother] she was the black matriarch of the family. But the thing is, she didn't talk about becoming a mom! I was almost 16 years old before I found out

that the stork didn't bring the baby (laughter) It was a challenge because I was never taught how to be a mother. So, a lot of my motherhood first events were on my own, learning day by day how to become a mother.

Pie¹ and Traci¹, found their unplanned pregnancies stressful because both were in college and having a baby would require them to alter their plans for a career. With the support of their families, both women graduated. They described the sacrifices they made for their child. Pie¹ found out that she was pregnant during her last year in college and was unsure that she would be able to graduate.

When I found out I was really shocked because I was in college and I hadn't planned to get pregnant right away you know, so it was like a shock, but after we accepted the fact that we were going to have a baby, of course it was exciting. I had enormous sickness....I didn't know how I was gonna finish school. We knew it would be a change in our lives from what we had planned, you know. We had all these dreams.....God just paved a way for us, you know. After she was born, my sister came and kept her so I could finish school...basically, that was it.

Traci¹ faced a similar situation when she found out that she was pregnant, she describes that first year.

1964 that was my first child, born before I was ready to be a mother, because I was still in school. When you are pregnant, they are kicking and going on, but you have no idea how it feels when they put the baby in your arms or on you. It is like your whole life changes, your outlook starts to change as you go along.

Only two members of the second generation described their stress related to an unplanned pregnancy. Shay²'s first reaction was, "guess who's coming to dinner....for life!" She went on to say that with the support of her husband, she was able to complete her degree. Lily² was single when she discovered that she was pregnant. In her story, she said, "the pregnancy came before the marriage." In trying to put things right, by marrying before the baby was born, she said that she really did not have time to think about the pregnancy. Once the baby was born, her husband and mother's support made it possible for her to stay at home.

Bessie³ and Stevi³ also describe the stress they felt when they found out they were pregnant. Bessie was born in 1968 to a single teen mother and was raised in foster care. She describes herself as “a product of what I see all the time, [a child of] a low income, low educated, teen mother.” Like her mother, Bessie was single when she found out that she was pregnant. She describes her initial reaction this way.

That was pretty significant! I actually remember the day that I found out I was pregnant, which was on New Year’s Eve, 1995. I was not married to my husband....This is the biggest stress.... and he said, whatever it is you want to do, that is what we are gonna do. I’m gonna support you in whatever it is that you want to do. Which is the smartest thing he could have ever said in his whole entire life. Despite what he may have thought, he never told me what to do. And so I decided well, I guess we’re going to be parents.

Although Stevi³ was married, she and her husband had talked about the possibility of not having children. When she found out that she was pregnant, she says,

I was ridiculously overwhelmed. We hadn’t, we had talked about not having children.... I just, that definitely was not in our game plan at all. And so eight months in, of marriage, and being pregnant....We moved so I was alone, I didn’t have family, it was just his family. He didn’t want to tell anybody so we hid it for maybe two months.

Several women sought medical care for symptoms that they associated with illness. They describe being “shocked” when they were diagnosed as pregnant. Many of their symptoms, nausea, vomiting and fatigue lasted several months leaving them unable to share in the excitement that their families felt. Desiree³ summed it up stating, “by the fourth month, I was still sick...I really did not start feeling the joy of pregnancy until probably the seventh or eighth month.”

With the exception of one participant, each of these women described how, over time, they came to accept the pregnancy and were able to transition into their maternal identity. Some women do not desire to become mothers and are unable to successfully

transition into the maternal role; Betty¹ was in this category. She became pregnant when she was nineteen and her story is very different from the other women.

I was very unhappy...Because I wasn't married...I said "oh my goodness, what am I gonna do!" cause I was planning to go to...school, secretarial school and so I wasn't very pleased. No, it wasn't in my plans. So, I guess, probably about the 5th or 6th month, I said okay. I wanted to go to school. Like I said, that interfered with my plans. So, I just tried to be the best mother I could...

When Betty's daughter was about 6 years old, she went to live with Betty's sister. Betty recounts that her sister "didn't have any children then and she was always taking my daughter to the city and the movies....so she took my daughter down to live with her." Betty then applied to college.

As women told their stories of becoming a mother, many of them shared stories about their prenatal care and about their birth experience. While the majority of the stories reflected the current medical model of care that centers on technology and authoritative knowledge, there were references to "old wives tales" that are still part of the oral history of childbirth. In listening to the narratives, it was easy to trace how prenatal care, patient education and childbirth have changed over time.

Leigh¹, who is 80 years old, recalls growing up in a rural Southern community where the only instruction that she received about pregnancy was that you had better be married before you had children. Without any education or explanation about childbirth, Leigh was surprised that she had to go through labor. For the 24 hours that she labored, she says, "I was pure wild!" Following the birth of her second child, she and her husband moved to a large Southern city and it was there that Leigh first saw a doctor for pregnancy.

Many of the women in the first generation described the paucity of prenatal care or the availability of physician care. Yvonne¹, aged 77, felt that she had good prenatal care from her grandmother, her mother and her mother-in-law. She said that they emphasized what foods she could eat and what she needed to avoid. Laughingly, she recalls, “I did love potato pie, they said just leave that alone!” A familiar account also shared by this generation was of having their abdomens bound with strips of cloth in order to regain their figure. One mandate common among all three generations was the notion of staying indoors for 4-6 weeks following birth.

The second generation of storytellers was able to take advantage of private prenatal care because they had health insurance. Although this generation still valued the lessons they learned from their mothers, their stories indicated the beginning shift to the authoritative knowledge found in physician care and in the media.

My first interview for this study was with Bessie.³ She is a labor and delivery nurse who has just begun her studies to become a certified-nurse midwife. Her story reflects how her perspective on childbirth education and women’s role in childbirth has changed. Bessie was 27 when she became pregnant with her first child and described her first birth as traumatic. Despite taking childbirth classes, Bessie felt unprepared for the reality of labor and birth. She felt better prepared for her subsequent pregnancies and births but felt that the reality of birth in the hospital is that “doctors manage *their* time not the patients.” To illustrate this Bessie recalls that with all three of her labors, the doctor “caught me at a ripe time” and through interventions such as breaking the bag of water and augmenting the labor with Pitocin was able to get Bessie delivered based on her needs, not Bessie’s. Bessie is pragmatic about her labor management but goes on to say

that she wished that she had “known some things” so that she could have had a voice in her labor decisions.

Like Bessie, the stories of the women in the third generation mirrored just how entrenched pregnancy and birth has become in authoritative knowledge and the medical model of care. Each woman described reading the book *What to Expect When you Are Expecting*, (Eisenberg, Murkoff, & Hathaway, 1984) to attending childbirth education classes and their unquestioning faith in the physicians that cared for them. Sarah³ describes what it was like for her.

I read everything, went to every doctor visit, made him [her partner] go to doctor visits so...I was a big advocate of going to the doctor and things like that. So that was really important to me, knowing family history and stuff like that. I was big on that and wanted to know everything and possibly anything that could occur.

The majority of the women in the third generation chose an epidural and went on to describe other interventions used by their doctors. Ironically, Stevi³, who had thought that she might never have children and described how difficult it was to accept the initial diagnosis of pregnancy, had a different story.

So it was just a lot all at once. It was very... ridiculously overwhelming, but then just exciting. I loved being pregnant. I loved the thought of having his baby and something going on inside of me and by the time I really got into the pregnancy and really... trying to be sure that I was healthy and just wanting [it]. What really did it, I think, was the labor and delivery class. I loved it. I fell in love our doula. I fell in love with that way of childbirth...natural and all of that. I was excited just the whole labor and delivery process I loved it. I ended up just becoming really natural.

Two women in the study described the ways in which infertility impinged on their desire to become mothers. Stories of infertility did not appear in the narratives of the women in the first generation. The first story of infertility was from Maria.² Growing up, becoming a mother was very important to Maria but the journey to motherhood would

prove difficult for her. She described a history of having multiple miscarriages and how these experiences increased her desire to be a mother. The second story, told by Louise³ describes her difficulty in conceiving. Louise was married for seven years before she conceived a child. She talks about those years when she and her husband were “trying to make a baby” and how she just stopped trying and left it up to God.

Realizing What Mothers Do

The second theme in this pattern was Realizing What Mothers Do. As the women shared their stories of becoming a mother, there was a point in almost every story where someone described the moment that she realized she had to make decisions about things that had never thought about or had taken for granted. A common theme that resonated in the women’s stories of raising their children was realizing that the values they had learned as a child were the foundation they wanted to provide for their own children. Trudy¹ and Yolanda¹ realized the importance of teaching their children about God and of instilling the values that were taught by their mothers, such as good manners, respect for others, and ethical behavior. Both women agreed that the most important thing that they could do as a mother was to raise their children up in “the admiration of the Lord.”

Traci¹ was seven years old when her father died. Traci remembers her mother working long hours, “we didn’t have a lot of money and so she [her mother] was struggling.” It was through the family struggles that Traci saw her mother and the neighboring women model the values that would be important foundations in raising her own two children.

My mother could cook real good, so she did a lot of cooking, like for the neighbor next door, who in turn would sew for us....no money was exchanged. ...People helped each other...she said that you needed to respect others, be concerned about others, try to share...that is basically the thing that she taught us.

She went on to say,

Your children pay attention to how you live and what you do. You can't tell them, but you can show them by the way you do. Because they are paying attention to what you are doing, what you are implementing every day, rather than just coming outta your mouth.

The importance of education received high priority with the women of this study.

In each story, the women realized that through education, their children would be able to obtain a better life. Maria² described how surprised she was when she realized that as a mother; you would have to make decisions not only about the physical needs of your child, but also about their psychosocial needs.

... just thinking about their education, like all the choices that I had for their education....I had to think of those things because you just figure when you grow up, you know you have children, you send them to school. But when I got older and I realized that I had to make choices about their education, I had to make choices... to even help them make good choices about friends. That kind of surprised me that you did have to do those things when you became a mother. It was not just changing diapers and making sure they got to school, that you really did have to decide...because you were putting them on a certain path.

Desiree³ and her husband began their family in 1997. Like Maria, Desiree realized that the decisions she made today would have a long-term effect on their children.

Desiree described how she and her husband made their decision to purchase a home in new community based on the education needs of their three children.

When we moved here, we came not to look for homes first, we would look for school districts and we said this is where we want to live. I would definitely have liked to live in the city, it was a much easier commute, but we would have to put our kids in private school there. So...it was easier to come here, this is where I want our kids to grow up. We chose this area because of the commute and we thought it would be perfect for the kids...it's all about them right now. No, they do not dictate to us what we should be doing or not be doing, but we have to think about things in the long term now.

Way Tricked!

Gathering stories of motherhood from women who have been mothers for at least three years allowed time for them to process what the role of mother meant to them. A prevalent theme described by the women in the third generation was the feeling of being tricked when their fantasy of motherhood did not match the reality of the role. They talked about their misconceptions of motherhood and of losing their identities to the consuming role of mother. For these women, it took them a minute to unravel their expectations of motherhood from the reality of their experiences.

It was during my interview with Bessie³ that the phenomenon of expectations versus real life experiences first surfaced. Abused as a child, Bessie was placed in foster care. During her teen years, a time that she describes herself as “buck wild,” Bessie recalls wanting to have children in order to show that she could be a better mother and that she could do things differently. Now, the mother of three, Bessie recounts her idealized vision of motherhood.

So, I really had a picket fence type of image of what mothering and wifedom and family was. I'd have a white picket fence, a nice husband and everything would be all la-la-la... And it's nothing like that! I was way tricked! (Laugh) Sometimes I'm upset about it (Laugh).... I thought that it was going to be this great thing, that was going to be so wonderful and it's hard as hell. It is really hard to be a mom.

Several women in this study described how the reality of motherhood differed from their expectations but most agreed, that in the end, it was rewarding. Interestingly, each generation had one storyteller that expressed feelings of motherhood that are often not verbalized for fear of being perceived as a “bad mother.” Traci¹ said that when you have children, “you are no longer first; you are at the end of the line.” Fatima² is the mother of two grown children. Now in her fifties, she is questioning her role as a mother. Fatima described herself as a “smother mother” and had this to say.

I've had this month of some kind of anger thing of motherhood. I don't know if I liked it. I don't know if I was happy with it. I don't know because I look at them and I say, "I gave you all I could. I gave you my heart and my soul and you don't even know what my favorite color is." So where's the reward? This is really strange you would ask me about being a mother right now, because these tears are pouring out. I'm angry, I'm happy, I'm sad.... I'm just, it's just every emotion has been going around and around for about a month. It's because I really felt that, here it is at fifty five, I thought I would be much farther along at this point in my life and I am blaming them. Why don't I have that little doggie and the Porsche and the paid for condo?

This was echoed by Sarah³ who said, "I'm at a point in my life where it's all beatin' down on me.... I'm going through that moment in life where I'm not feeling appreciated."

As the stories of motherhood unfolded, the themes that rose to the surface, Finding Out, Realizing What Mothers Do and Way Tricked!, wove a pattern of the women's transition to motherhood. While there were similarities in the themes, these women described their transition as an individual process that occurred over time. Furthermore, they indicated that the transition to motherhood is not static; as the children mature, so does the maternal role.

Constitutive Pattern: Preserving Our Home

"Home is the site of the construction and reconstruction of one's self. Crucial to that process is the activity of safeguarding the meaningful things in which one sees the stories of one's self embodied, and rituals of remembrance that reiterate those stories....preservation in this sense is an important aspect to both individual and collective identity."

Iris Marion Young, (2001)

As I continued the circular process of analysis, I struggled with the complexity of the emerging themes related to homemaking and family. When describing their maternal role within the context of their families, the stories the women of this study told dealt

with the ways in which these women created a home, a dwelling that offered a refuge, a place that was safe and secure.

Four themes emerged within the constitutive pattern Preserving Our Home. The first, Mothering Within the –isms brings forth how sexism, racism and classism intersect within the everyday lives of their families. I Did the Best I Could was a phrase that each woman used when asked if, as a mother, they would have done anything differently in raising their children. Mothers and Others describe women in each participant's life who influenced their ideas of motherhood. Finally, Spiritual Mothering is about the faith these women have and how that is translated to their children.

As the women talked about their maternal role, they often discussed meaningful relationships with the men in their lives, with their children and with other women who were instrumental in shaping their ideas of maternal identity. Each relationship was a significant strand in the tapestry of these women's lives and in how they came to describe their families and their role as mother.

Mothering within the –isms: racism, classism, sexism

The stories of the African American mothers in this study reflect both subtle and overt messages of prejudice and discrimination they have encountered. In these stories, the intersection of race and class within the health care arena placed these women in healthcare situations they felt provided inferior care.

As a certified nurse-midwife, I was interested in the stories that Leigh¹ and Shay² shared about midwives. In both stories, the assumption was that physician care was preferable to midwifery care and poor Black women, who could not afford prenatal care with a physician, had to rely on the midwife. Leigh¹ recounts that growing up in a rural

community, you had to choose a midwife, she said, “I am sure they had them (doctors), but I guess Black people just didn’t go. They didn’t have the money to go.” In describing her prenatal care, Shay² speculated that as a nurse-midwife, I did not care for many Black women since “Blacks don’t use midwives anymore.” She went on to say, “if you go back and look at the history of African-American women, they had midwives because they could not afford doctors and the doctors did not deal with them.”

Geno² became pregnant with her first child in 1973. By then, this self-described tomboy had moved from her sheltered life in a rural community to the city. Although she had prenatal care, when her water broke at 27 weeks, Geno thought that the fluid was from eating too much watermelon. When she did not go into spontaneous labor, her labor was induced. Geno’s son was premature and she thought that he might not survive. She recounts those first few weeks.

...when I was growing up, we had black hospitals to go to and I had to go to a predominately white hospital which was a change. When my baby was born, they figured that because we were black that we couldn’t afford the hospital to take care of him...and essentially, they said that they could send my baby to another hospital, a charity hospital. I didn’t want them to take my baby out in the middle of the night and cross over to another hospital so I told them that we could afford it, that we were both working and we could afford them...we really couldn’t but I was afraid that my baby would be hurt in transportation....so, I would do anything for my baby at that time.

Maintaining family solidarity in the face of social injustices is a key survival strategy of African American mothers (Bernard, 2000). As the participants talked about their role as mothers, included in their narratives were their relationships with the men in their lives. Several participants offered their explanation of the interplay between our social system and the ways in which opportunities for African American men are often restricted. The stories from the women in the first generation reflect the patriarchal view

of the traditional nuclear family where the husband assumes the role of primary breadwinner and, in their words, “did not want his wife to work outside of the home.” In each story, the women described how their husbands worked two and three jobs in order to support the family. Leigh¹, the mother of six children, lived in the projects, she said she and her husband “never had a dime from nowhere raising our children...we never asked for nothing.” Both Trudy¹ and Yvonne¹ were stay-at-home mothers until their children were in school and both agreed that their husband’s decision for them to remain in the home during those early years was the right decision.

When her youngest child was five years old, Trudy¹ said “something happened in my life and my husband sort of lost everything and I had to go to work.” She described how difficult it was to leave her children and how her husband tried to make her stop working. She persevered because that was the only way her family would survive. Prior to his death, her husband told her how proud he was of her and of their children. She recounts that conversation.

Before he died he said, “I wish I knew then what I know now about you.” He said, “You’re a real woman, a tough woman.” He realized who I was and what I was about. He realized that. So, that was a good thing.

An assumption that I had going into this study was that White women of this generation primarily stayed in the home while African American women predominately worked outside of the home. When I asked Trudy¹ about this, she replied this way.

For my generation it wasn’t necessarily the truth because my husband didn’t want me to work. Back in the day, when I was like this small (uses her hand to indicate a little girl), it was hard. In 1939, mother was the only one who could get a job. The black men could not get a job. They were compelled but they couldn’t get good jobs. My mother worked as a presser in a cleaners and my father was the stay home parent.

It was stories from the second generation that I began to hear women describe not having an option to stay at home. All of the women in the second generation worked outside of the home following the birth of their children. Of the five participants of this generation, all of the women were married and three of the women, Fatima, Maria and Shay are college graduates. It is from this generation that I began to hear women describe themselves as very independent and self-reliant.

Fatima² described growing up as a child of the sixties where “peace and love” were taught at home by her activist mother. From her mother she learned to have self pride, high self esteem, and was admonished that as a woman, “you’re a Black woman first and foremost so you’re going to have to learn harder to get what White women already have.” In her story, she says that her mother taught her to “make sure that you can take care of yourself and your children because you may have a husband, but you might not have a man.”

What does it mean to ‘not have a man?’ Geno² had made a similar inference and in an effort to better understand this statement, I asked Fatima and Geno what it meant to have a husband but not have a man. Geno explained it this way.

....a lot of time in Black families there is no man, and that's the reason why women...a Black woman has to learn her strength early. She has to find out which way she's going. Which way she's got to go. If she's got a good husband, fine. A lot of Black men...in slavery time... a man, a Black man didn't have responsibility, all he was supposed to do was go and make babies, have women get pregnant. He never saw the children and oftentimes, those children were sold off, so, a Black man sometimes didn't learn that he had responsibility for a family. So now, Black women are having to teach their men that this is your responsibility, this is your child. And sometimes they didn't know they had children or where they were....Black families are so broke up.

Reflecting on her childhood, Maria² remembers being the center of her mother's life while her father was excluded from that circle. Maria describes wanting to do things

differently. She wanted to be sure that her husband was important and she vowed to make him feel this way. Maria made a conscious decision to include her husband in parenting their children. Desiree³, who is from the third generation, was raised by her mother and grandmother and like Maria; she too made a conscious decision to include her husband in parenting. Because she is so independent, she often finds it difficult to include him. She said, “You still have to be strong and independent without pushing the male figure away, you have to be accepting of him being in the home.”

Several of the stories told by the women of this study recounted examples of the poverty and racism they experienced. Some women told poignant stories of how their families were helped by Whites. As the women talked about their children, there were hints of the reality of classism and racism that were a part of their everyday life. The women of the first generation stressed the importance of seeing that their children had a hot breakfast before they went to school and placed emphasis on cleanliness. Stories from Trudy¹, Yvonne¹, and Leigh¹ were very similar.

At eighty three, Trudy¹ remembers what it was like to live in a segregated society. In her stories, she talked about the White families that helped her and her family. This story illustrates Trudy¹'s faith and her appreciation for the help that she and her family received. Her story was told without rancor, it was with gentleness and graciousness that she shared the story of the help she received from people she described to me as “your kind of people.”

Everything started in the morning, we got up and we prayed. [My children] never sat at the table without saying grace. They would have to make up their beds before they went to school. I always gave them a hot meal because I was told that they could think better and get their studies much better. But in caring for them, I always try to keep them clean. They didn't have a lot of clothes, I knew how to wash, starch and send them to school presentable. We didn't have money and

stuff, but we had good people.... like your kind of people....who had confidence in me and my husband. They would bring us food, clothing, and stuff to help us out....they would teach us, because we were young at the time; twenty-three, twenty-four is very young.

Like Trudy¹, Yvonne¹ started each day by ensuring that her children had a wholesome breakfast. She also describes laying their school clothes out before bedtime, being sure that her children always went to school “nice and clean.”

As I analyzed the data, cleanliness and how one presented oneself was an important concept to the women of the first generation. I explored this with two participants and with my peer committee members. Geno² felt that this referred to the Biblical saying, “cleanliness is next to Godliness,” while a second participant, Sarah³, and two of my committee members felt that in stressing cleanliness and hygiene, these mothers were contradicting stereotypes of Blacks as poor and dirty. Sarah³ said, “this was back in the time before civil rights and I think, personally, that it was the mentality that White people thought Blacks were dirty and nasty. Black mothers made sure that their children did not go outside looking crazy because you are representing the entire Black community. I even do that today with my kids. My kids are representing the Black community and they will not dress or act sloppy or like some juvenile.”

Stories from Fatima² and Bessie³ highlight that Blacks still perceive they are held to a different set of expectations and that stereotyping is still prevalent, although, the public’s perceptions have changed over time. As a young woman during the turbulent times of the 1960s, Fatima² describes her struggles to meet her mother’s expectations of being Black and being a woman.

I was a sixties child so love peace and everything was pretty much taught in our home, self pride, high self esteem, if you’re a woman, you’re Black woman first and foremost so you’re going to have to learn harder to get what White women

already have. I was taught that you.... don't you disgrace your race. Don't disgrace your womanhood.

Bessie³ described how she is raising her children to project themselves as individuals that contradict stereotypes of Blacks.

I have very independent children; they're independent and self assured. They each have their own personality that is distinct and separate from me. I think that's most important. I am trying to instill a sense of self. So they know who they are and they're individuals, they don't have to conform to anybody else, you're an individual. And I think that's hard in this world because first of all they're black, and I don't care where you're starting if you're black, you've already got one strike against you. So, a strike is insane, you have you to.... I am expecting more of you. I don't want to see you on TV with bad grammar, with the clothes hanging off your butt... looking like you're going to jail.

Lily² is the oldest of eight children. From an early age, Lily was taught by her mother how to organize a home and care for children. To her, motherhood felt natural. Unfortunately, fatherhood did not come naturally to her husband. He was raised by alcoholic parents and is himself an alcoholic. Lily admits that she did not understand alcoholism in the early years of their marriage and after about 10 years, she began to realize the negative effects that alcohol was having on her husband and their family. Lily said she became both father and mother for her children. Lily, who has four sons and ten nephews, acknowledges that is harder sometimes to bring up "Black American boys." She says discrimination and black-on-black violence is very real and because of this reality, she "fears for their lives." In teaching her sons and nephews, Lily encourages them to be respectful when approached by authority figures, especially if they are from a different race. She tells her sons and nephews they do not have to be treated "less than human," but by showing respect, they can stand up and be a man. Lily has harsh words for single women who claim that a woman cannot raise a man and then allows their young boys to essentially raise themselves. Lily knows firsthand that a woman can raise

her boys to manhood and that, there are resources within families and churches that can help.

You hear people saying, “A woman can’t raise a man. You know, you cannot raise a boy. You cannot make a boy into a man. A man has to do that.” Well, excuse me! There are a lot of boys who don’t have fathers, and they have to grow up to be a man. Somebody’s got to push, head them in that direction and it’s more than likely going to be a woman.

Fatima² has a similar story. Twice divorced, Fatima has remained on friendly terms with her second husband who she says was financially involved in their lives but was not a “hands on father.” Of her husband, she says, “he wasn’t able to teach my son to be a man because he didn’t know how to be one himself.” As she talked about the challenges that African American men face, she said that she refused to allow her son to fall victim to internal racism.

...that’s gonna always be your problem. You never gonna not be black! That ain’t gonna change! So, since that’s not gonna change, how do you deal with that? What do you want from that? Are you going to walk around and let that control your life or are you going to step aside from that and let you control your life?

She went on to say how proud she is of the man that her son has become. She described him as a great father who has achieved more than she thought possible.

Louise³ and Monique³ shared similar stories about raising their sons. Both stressed the importance of the father-son relationship. In Louise’s home, her husband is a “homebody” who enjoys spending a lot of time with their two boys. Louise is teaching her boys to be respectful of people and encourages them to stand up for their beliefs while her husband teaches them how to treat their mother and women as “Queens.” Monique, the mother of five, feels that she is harder on her three boys. She is teaching them to be respectful and to accept responsibility for their actions. She said that her boys

have chores and are expected to help around the house because she is raising them to be somebody's husband.

These stories illustrate how African American women understand the current social system and how they work within this system to strengthen and support their families.

I Did the Best I Could

As the stories of motherhood continued to unfold, the women reminisced about raising their children. Their stories tell of how they saw their maternal role as it related to their children, their grandchildren, community children, and for some, in their relationship with their own mothers. Most of the participants talked about the importance of religion, education, and teaching their children to respect others. When asked if, as a mother, they would have done anything differently, each woman said no, she had done the best she could.

Trudy¹, from the first generation said that parenting doesn't come with a guidebook; she relied on prayer and her faith in God to help her raise her children. She describes her children as obedient and said they learned to be responsible doing chores around the house. Trudy¹ taught her children to honor the elderly, be respectful, and be polite. Leigh¹ reminisced about living in a government project where there were all kinds of children, both good and bad. She felt that she had to watch her children to be sure that they did not fall in with the wrong group of children. She went on to say, "...the Lord has been so good to us. I'm just proud of them being able to finish school and get good jobs. None of them ever had to ask for help in the Welfare or nothing like that."

Maria², a member of the second generation has two children and is very involved in helping raise her six grandchildren. She described her role as mother and grandmother this way.

“...you are really just the vessel that your children come through. You know, you set them on the path and you are just there to help them become good citizens and all that. You really are just there to put them on a path to become whoever they are and whatever they are meant to be.”

Lily² was the only mother of the second generation that was able to stay at home. Of those early years as a mother she said, “I wasn’t working so all I did was do my duties. I wanted everything to be just perfect, you know; being a wife and mother. It was like everything I had seen on TV. You know, mother at home taking care of the baby and the husband goes to work.” As Lily’s story continued, she shared that the ideal life she had dreamed of was shattered by her husband’s alcoholism. Feeling that she had to fulfill the role of both mother and father she said, “I made sure that I was there for everything because otherwise there would have been no one.” She went on to say that, her goal was to raise her children to be productive, “to give society something that they could appreciate.”

Shay² is proud of her three daughters but acknowledged that for her, one of the hardest things about motherhood was losing her identity and her independence. She said, “there is no me anymore!” A graduate from an historic Black college where part of the mission statement was “enter to learn, depart to serve,” Shay models this behavior for her girls. For example, as a public school educator, she started the Parent Saturday Academy, which helps parents and their children with skills such as reading and computer technology. Her personal motto is “each one, teach one” and she sees this same sense of

community and giving in her three daughters, a natural attribute that they “do not even realize a lot of times, they indirectly go back and give.”

The stories from the women in the third generation echoed the challenges faced by the mothers of the two previous generations. Desiree³, the mother of three young children, was surprised by the isolation and loneliness that she experienced as a new mother. She said, “you cannot even imagine the demands of motherhood until it is actually happening to you.” As a mother, she feels it is important to “be there for your child.” Desiree is an active member in the school PTA and joins her daughters weekly at their elementary school for lunch. Desiree feels strongly that her children need to understand how the decisions that are made today have consequences that may affect the future. As an example, she described watching a documentary on poverty and homelessness with her daughters and using this as a vehicle for conversations about how important education is in preventing poverty. She said, “These conversations would not have come up if we hadn’t seen it on TV, it was an eye-opener for all of us.”

Many of the stories stressed the importance of providing their children with a good education. Common to all three generations of women was active involvement in the PTA programs at their children’s schools. In all, five of the participants taught school. Three participants from the first generation are retired educators and two of the participants from the second generation are middle school teachers.

One of the most unique stories of providing an education for her children was from generation one’s Yvonne¹, the mother of three, two boys and a girl. When her sons were young, she and fifteen mothers formed The Y Wives Club through the YWCA.

Yvonne told of how the YMCA had planned activities that provided opportunities to low income Black children.

about fifteen mothers, Black mothers, formed what we call “*Y Wives Club*” with the YMCA. We planned activities for our children....we planned activities and we would carry them to television stations [to] see how the televisions operate. We carried them to the science museum. We just did a lot of things. We used to take them bowling. Once a week we would do something with all of those children. In the summertime, we would have an outing at the park so the children could swim and all that. So that went on until the children got in high school. So, that helped a lot....these mothers all came from a background similar to what I have. You love your family. See, you love your family. And your family will love you.

As the stories from the women of each generation unfolded, they described an evolution in the maternal role that was often different from their expectations. Stevi³'s summary best described the overarching theme these women expressed, when she said, “life is chaotic!” Although each woman struggles to do the best she can as a mother, they enjoy-even love the chaos of their lives.

Mothers and Others

Central to the African American definition of motherhood is the idea that the well being of all children is a group activity; maternal work is not necessarily restricted to one's own children (Collins et al., 1997). Studies of African American families have demonstrated that there is often strong social support that includes an extended view of family; central is the “othermother” a term used to identity surrogate mothers, and the church (Collins et al., 1997).

The women storytellers described ways in which they were supported and how they influence or were influenced by strong women. In several stories, the women relate how family members assumed a parental role so that they could finish school or find work. Pie¹ remembers living with her grandmother for almost two years while her

parents traveled during her father's tour of duty in the armed services. In a second story, Pie describes how her sister was an integral part in her life and in the lives of her children. Pie and her husband were in college when she became pregnant. Following the birth of her child, Pie's sister came to live with her so that she could finish her last semester of college. Five years later, Pie's husband died and again, her sister came to live with her so that Pie could work to support her family.

In a similar situation, Traci¹ describes having to leave her daughter with her mother in order to finish school and begin her first job. It was 1964, when Traci, who was single and in college, discovered she, was pregnant. The father of her child was in Viet Nam and later killed; leaving Traci alone, in a society that was not charitable toward unwed mothers. Following the birth of her child, Traci decided to return to school. She describes how it felt to have to leave her child while she was in school and again when she got her first job.

I just hated having to leave her and go back to school, but I knew I had to go back and finish because I needed it more than ever. The other hard part was, after I got a job. I had to actually go to another state for the job. I had lots of offers out of town but none close to home. So, I accepted a job..... It was amazing, my mother just kicked right in.

Also included were stories where the women described how they serve as advocates and role models within their churches and communities. As the women told their stories of mothering, they frequently included stories of what they had learned from their own mothers. Yvonne¹ and Traci¹ shared stories of how important it was to model behavior. Yvonne said her self esteem came from her mother, whom she describes as a Christian woman. Yvonne related that her mother worked in the homes of "rich, White folks" and though her mother saw the best and worst in both Whites and Blacks, she

always sought the best in people. From her mother, Yvonne learned that “nobody is better than you, you can be whatever you want to be, but you gotta work for it.” Yvonne says this was “embedded” in her and she, in turn, “embedded” this in her children.

Traci¹, who was seven years old when her father died, remembers her mother struggling to raise her and her siblings. With her first child, she remembers thinking about the things her mother had said to her and was amazed to find herself repeating those same things to her own child. As a single parent, Traci was often overwhelmed with the responsibilities of working and raising two girls. She told me, “your children pay attention to how you live and what you do. You can’t always tell them, but you can sure show them by the way you do. Because they are paying more attention to what you are doing, what you are implementing every day, rather than what’s just coming outta your mouth.”

Bessie³ entered into the foster care system when she was eleven years old and at the age of seventeen, she emancipated herself. During those six years, she remembers being placed in seven different homes. She said, “There’s a lot that you think about when you come from a home where you weren’t really cared for. I’m very happy that I did have one single set of foster parents, who I still call Mom and Dad. They are my children's grandparents.” Bessie told me that her beloved grandmother had a significant role in her life but that her foster mother, whom she calls Mom, was also influential.

I didn’t have traditions and some of the things that I do in my house were done in her house. As much as we could, we always ate a dinner together or ate something together, breakfast, lunch...something. We all did it together. We always had birthday cakes. For every single birthday, we had a birthday cake. I do that, we always have a birthday cake, every birthday is marked. My mom was real easy going and I really learned from her. I'm not quite like her, but I'd like to grow up and be like her, because I think she's pretty cool.

The mother/daughter relationship permeated the stories of motherhood for each woman in this study is a mother and a daughter. The mother/daughter relationships described by these women storytellers are as diverse as the participants of the study are. The stories of the mother daughter relationships reveal ways in which the context of their lives was enriched through the preservation and teaching of traditions, practices and celebrations. Other stories reveal conflict as each generation struggles to understand changing identities. Bessie³'s story illustrates how, through neglect, her ideas of what it meant to be a mother was strengthened.

I am quite a different parent from what I saw and I'm very proud that I don't model what I learned..All that stuff that happened as a child, no matter how much you want to forget it or make it go away, it doesn't. You have to incorporate into your life; you have to realize that some of the things you do, like how protective I am of my children stems from my childhood.... I'm proud that it didn't beat me.

Stevi³'s story exposes how she is struggling with a conflict in her relationship with her mother. Stevi grew up in what she describes as an upper middle class family living in the Midwest. Her parents moved to the Southeast several years ago and are now retired. When Stevi married, she and her husband relocated to be closer to her family. Despite warnings from her sisters, Stevi believed that her mother would be more active in helping with child-care.

I feel torn, there are parts of me that are angry....there I was at home, alone with a new baby and why weren't you around to help me? My girlfriend said, "I would be so angry if my mother did not come to help when I moved!"

Stevi struggled to find a story to describe her relationship with her mother. She confided that she is beginning to see where her mother is coming from, "she was stuck at home for years with her own children and today is doing other things that are important in her life. I have to flip the negative part of it...." She said that she is really trying to understand

that her parents' involvement in their ministry work comes first and that grandparenting is secondary to them.

Integral to many of the stories was the idea that you did not have to give birth to be a mother. For Geno², motherhood is not just about mothering her three children; she is now actively involved in raising her three grandchildren and is a spiritual mother within her church community. She said, "mothering is a gift, it's not just being married or having a bunch of babies. Even women who can't have babies....if you reach out to other children.... you're a mother. They may not be from *you*, but you take care of them and you nurture them, and you love them."

Family dynamics are complex and while women do not have the exclusive task of providing cohesiveness, in our culture, it is women who generally attend to the everyday activities that preserve cultural identity and family continuity (Young, 2001). From Geno², we hear how, in her family, each generation of women came together to preserve the integrity of the family.

I had to pick up the slack when my parents died. Each generation, someone has to become the mom, the mother that keeps the family going.... Everybody knows who they are. That's all we've got....we've only got each other. We don't have no grandparents, we don't have no parents and it's like I say, we....we....can't divide. We have to stay strong. This is how it is in my family. I'm not sure it's like this in every Black family, but in my family, this is how we are....that's the only way I know Black women to ever be... is to just be there.

For Bessie³, the complexity of family materialized in a much different way. Growing up in foster care, Bessie did not form strong family bonds with her siblings. While she acknowledges the importance of the foster parents that she calls Mom and Dad, she has created a family for her children. In her story, Bessie has this to say.

I don't have siblings...I would like to have had a closer family circle. I'm close to my foster mother, and my half-brother, but I would like for my kids to have a

closer family circle. I have been very good at making them a family. I have three friends that I went to high school with, my three closest friends are not related to me by blood but my kids call them “auntie” and they were raised to think that my friend’s kids are their cousins. That part is hard; they are not going to know their blood very well. They are not going to know their true biology, their biological family, they aren’t gonna know. I hope it’s enough.

The fundamental lesson passed from mother to daughter was that hard work and education were the vehicles for advancement and upward mobility. Each generation wanted more for their daughters and granddaughters and as a result, these African American mothers were socialized and now socialize their daughters and granddaughters to be independent, strong, self confident and self-reliant. These stories also highlight the value that is placed on family and community and how the role of mother may be fulfilled as grandmothers, aunts, sisters, and ‘other mothers.’

Spiritual Mothering

With few exceptions, the women in this study seemed to have deep religious or spiritual connections and felt this was significant in their roles as mothers. Like many of the women from the first generation, Pie¹ felt her faith was the cornerstone in raising her family. She was widowed when her children were young and said one of the most gratifying things that she experienced as a mother was that all three of her children were saved in the church. Trudy¹, the oldest participant and mother of eight, often used scripture to validate her parenting decisions. She felt that as a mother, “the most important thing was to bring my children up in the fear and admiration of the Lord, teach them how to respect others and how to forgive when they are hurt.”

Lily², who told of her husband’s alcoholism said that after about ten years of marriage, she began to realize the negative effects that alcohol was having on her husband and their family. During this time, Lily hinted at feelings of guilt and blame that

left her with low self-esteem. Through her faith and Bible study, Lily said she realized that she was a child of God and she needed to live as His child and raise her children believing they too were children of God. She described how her spiritual mother, who led a Bible study group, was instrumental in helping Lily fully understand her value. They still share a strong, loving bond.

Geno², a member of the second generation, says that from the time she was five years old, she has relied on God's strength in her life, "He's been there for me when nobody else was there for me." In describing herself, she says,

I'm not a quick thinker like a lot of people and when people find out that you're not a quick thinker, they tend to put you down. I have overcome a lot of this; my pastor taught me that I am somebody and when you find out that you are truly somebody, that you are anointed...people can't do things to you.

From this life-lesson, Geno crafted a story of God's love to illustrate to her grandson how he is loved and should therefore, love himself.

God loved my mama so much that he kissed me on the top of my head and gave me to my mama.
 My mama loved me so that she brought me on into this world. When I got here, she loved me so that she taught me how to love what God did.
 So, when I got married, God kissed your mama and put her into me and with that love, I brought her on.
 When she got grown, God kissed you on your head and gave you to your mama.
 God is nothing but pure love.
 God is pure love and He loved all of us through all of these generations.
 You know you're loved!

A common theme among their stories was of faith and how their belief in God was an important part of their lives and the lives of their children. Several of the women from each generation spoke of their involvement within their churches. Louise³ is the mother of two young boys and is very involved in a large church that she says, "has lots and lots of babies." Within her church, she described the support and encouragement she

gives to young mothers regarding childcare and parenting. As Geno² aptly says, “When you’re a spiritual mom, you’re a mom for everybody.”

Constitutive Pattern: Eat the Meat; Throw Away the Bone

We take in those things that are relevant and we discard the rest
Gloria

An assumption I had was that the beliefs, customs, practices and social behavior of our Western culture is shaped by media representations of what the dominant ideology defines as normal. Prolonged exposure to media representations, whether in print or television and movies, blurs reality and often leads to the formation of a reality that is consistent with the pervasive images and values that are projected (Shanahan & Morgan, 1999). The media provides a centralized system for storytelling that contributes to a shared national culture where “they,” everyone and no one, define the world and legitimize a particular social order (Gerbner, Gross, Morgan, Signorielli, & Shanahan, 2002; Inwood, 1997). Nowhere is this more apparent than in the media’s obsession with motherhood where the role of the good mother versus the bad mother are defined and consequently celebrated or vilified (Douglas & Michaels, 2000). The stories of the women in this study highlight the progressive influence of the media through three generations and reflect the historical context of the times in which they were raised.

The Ways in Which We Learn

One activity of preservation is the telling and re-telling of stories to each new generation in order to keep alive those things that have meaning and value (Young, 2001). As the women of the first generation told their stories of motherhood, some alluded to the wit and wisdom passed down from their mothers and grandmothers regarding pregnancy and parenting while others described receiving no information. As

the stories progressed through the generations of storytellers, there was a noticeable shift in how information was disseminated and the value that was placed on expert knowledge.

Leigh¹, who is eighty years old, recounts that when she was growing up, no one talked about pregnancy. She recalls that if her family visited the home of someone who was pregnant, the pregnant woman would be “confined to a back room until company left.” Consequently, when she became pregnant, she felt she had no knowledge of what to expect. Her first two children were born at home with a local granny midwife. It was not until her third pregnancy that Leigh went to a doctor but in her description, Leigh does not talk about what she learned from the doctor or nurses, she talks about the value of seeing and talking to other women.

I enjoyed going to the doctor and seeing other pregnant women at the doctor and talking to them, you know, talking to them and to hear what they had to say, because I never was taught nothing but you get married before you have any children.

Yvonne¹ described prenatal care as the things she learned from the women in her family.

I had good prenatal care with my children because I had a grandmother, I had a momma, and I had a mother-in-law. They emphasized what I was supposed to eat and what I needed to just leave alone. Which.... I did love potato pie, but they said leave that alone. (Laughter)

Their advice continued after the baby was born.

I have to tell you this because they don't do this much now. When the baby was born, I wanted to get out of the bed and do what I wanted to do [but] my mother-in-law and my mother said no. It was in August and they had all the windows closed, I was about to faint without a fan. My mother-in-law came in there one day with a sheet; she split it and put it around my waist. I had to wear that. I guess that's why I still have little a figure, still have something to look at right now. That's what they emphasized; you got to get your body back in shape. Pie¹ said that the care she received during her pregnancy “wasn't as modern as it

is now, but it was pretty good.” As she told the story of being in labor and going to the hospital, she admitted that she did not feel that she had been prepared for the birth.

I don't remember anybody talking to me. They didn't prepare me because in the next room, I could hear the lady just screaming and I was saying, "Lord what is going on?" You know, not knowing she was having a baby too. I knew it was going to hurt, but when I heard her, I think that put me into shock where I couldn't feel too much pain. But, they did put me to sleep, but they didn't prepare me until I got there to let me know what they were going to do.

Traci¹, who is the youngest of the first generation of women storytellers, was the first to describe prenatal care within the framework of the medical model of care.

The care now is much better. It seems to me that there is more concern....you get to talk with the nurse, there are meetings, there is information now. As before, the information was not there where you could pick it up, take it home and read it. It just wasn't there. The doctors were so busy. When you went to the doctor, they did not have time to give the one-on-one that you needed, but now, you get more of that. The information is more readily available now.

The narratives of these women reflected an era of innocence, where young girls were shielded from the adult world, leaving them unprepared for the experiences of birth and motherhood. Although innocent of the biology of motherhood, their stories consistently told of the wisdom and the values that were shared through generations of women regarding what was important in the teaching of children. In earlier stories, these women described education and respect as principal values instilled in them and subsequently, in their children and grandchildren.

In contrast to the older women of this study, women in the second and third generation described an increased reliance on books, magazines and their health care providers. Consistent with the history of the medicalization of motherhood, the stories shared by the women in the second and third generation revolved around prenatal visits with a physician, childbirth education and most notably, the book, that Stevi³ and Louise³ describe as their "bible," *What to Expect When You Are Expecting* (Eisenberg, Murkoff, & Hathaway, 1984).

Stevi³ is 30 years old and is the youngest participant in this study. She was raised in an upper middle class family and says that as a young girl, she was “spoiled, but not rich.” Living in suburbia, Stevi had many girlfriends, both black and white, and is comfortable with her views and with who she is. Stevi garnered information about motherhood from books and magazines but also listened to other women’s stories.

You have to do some reading and weed out what you like, what you don’t like. Read some parenting magazines. Whatever you can get your hands on, take in different viewpoints and then figure out what’s going to work best for you. I just, I don’t think there’s any one way because all children are different. All mothers are different.I took from it what I needed and what I didn’t... just kind of discarded and really didn’t put a lot of thought into it. I guess...I think a lot of it is, you just kind of learn, it’s such an everyday part of life with everything. I guess I’ve just taken a lot from a lot of different people and their views on life and their views on their children and kind of shaped my own crazy way of doing things...

Louise³ was 31 and had been married for seven years before becoming pregnant. While she talked about the value of the oral traditions of storytelling as a way of learning, she relied heavily on formal classes and books for confirmation that her pregnancy was normal.

Someone Who Looks Like Me

In the past two decades there has been an increase in the media’s fixation with motherhood (Douglas & Michaels, 2000). In many of the stories, the women described depictions of African American mothers as extreme. The best description of media representation was from Fatima², a self-described child of the sixties where “love, peace and everything was pretty much taught in our home.”

I don’t think that the average everyday mother is portrayed. It’s the celebrity mom...if you’re not **that** mom, if you’re just some everyday momma; you’re not portrayed at all. You’re either portrayed as that mother that’s falling down in the damn street or you’re the mother that is so high up on the hog, you’re not real....You’re just not real. But the mother that just gets out there and does her

best everyday and just raises children....the day-to-day people that you don't even pay attention to walking down the street, where is she in there?

Stevi³ agreed that the underrepresentation of African American women in the media is a part of 'everyday life.' She too felt that nowhere in the media was there a mother that looked like her.

I don't think that there's a big portrayal of someone that looks like me, lower middle class, working family. It seems as if, as far as African Americans go, starting back with the Cosby's, they were doctors and lawyers...everyone has high paying degrees, really high paying jobs and that's not anything that looks like what I see.... I don't really see a big portrayal of working parents who look like me in movies or TV.

Bessie³ and Desiree³ described how the 1980's television sitcom, The Cosby Show, shaped their views. Both agreed that the fictitious Claire Huxtable was a role model of what motherhood could be, but more importantly, this fictional family affirmed for them that a middle class lifestyle was attainable for African American families. Bessie went on to describe how she is able to separate fact from fiction but worries about how media representations affect her children.

Everything in the media is targeted to the middle to upper middle class White people. There are very limited images of nonwhite people in the ads, in print, in commercials, in the movies. It's difficult to be a person of color... of any color....I'm not impressed by what I see in the media or in the print commercials and in the movies because I know it's all fake. It's all smoke and mirrors. The challenge that I have is my children and what they see in the media. It doesn't affect me as much. It definitely affects them...I think that I'm always trying to teach them about themselves....about their hair ...it's not like that White girl you see on television and the Black girls on television who have hair like that....It's FAKE! So, I think that's the challenge. I see the images affect my children more than they affect me.

Across the generations, the women described ways of learning that universally encompassed the value of oral histories in keeping alive the core values that sustained their families. There was a general feeling that a significant challenge to today's mothers

is the influence that television, the internet and more graphic movies has on their children. When discussing other media outlets for information about motherhood, it was the younger women who relied on the advice from experts found in books, magazines and the health care system. Because the women did not see images who represented them, they described how they self monitor the information they receive by taking what they feel applies to them and ignoring the rest; in the words of Gloria, a peer reviewer, they eat the meat and throw away the bone.

Summary

In this chapter, I have presented the three constitutive patterns and their relational themes that emerged as I progressed through the hermeneutic circle of analysis. These patterns and themes describe how the eighteen African American women in this study experience motherhood. The three patterns: It Took Me a Minute, Preserving Our Home, and Eat the Meat, Throw Away the Bone capture the themes that emerged from the women's narratives.

The first constitutive pattern, It Took Me a Minute, is derived from a phrase used by several of the participants. These women described how it took them time to adjust to the idea of an unintended pregnancy and how, over time, they were able to reconcile their expectations with the real life experiences of motherhood. They also described how it took time to fully realize the enormous tasks required in the role of mother. The themes, Finding out, Realizing What Mothers Do and Way Tricked! clearly describe the ways in which the women came understand what the role of mother meant to them.

The second pattern, Preserving Our Home, has four relational themes: Mothering within the -isms: sexism, racism, and classism, I Did the Best I Could, Mothers and

Others and Spiritual Mothering. This complex pattern captures the themes that describe how these women created and maintain their home and family. The stories within the theme, Mothering Within the –isms, wove together historical and present day events that have shaped and continue to shape their families. As the women shared stories of what was important and what was hard, overall they agreed that ‘I did the best I could’ as a mother. Mothers and Others, describes the many ways in which these women mother and were mothered. The final theme, Spiritual Mothering describes the importance of God and faith in each woman’s life. The role of group mothering, a hallmark of afrocentrism, was woven through the narratives of each generation of storytellers. In the first generation, group mothering was described within individual neighborhoods. The women in the second and third generation have become more urbanized and their stories of group mothering centered on schools and churches.

The final pattern, Eat the Meat and Throw Away the Bone briefly examines how these women perceive media representation of African American mothers in books, television and movies. In the first theme, The Ways in Which We Learn, the stories trace how knowledge progressed from the oral tradition, which often included folklore, to reliance on books and classes in which experts provide knowledge of pregnancy, birth and parenting. The final theme, Someone Who Looks Like Me, includes stories, primarily from the third generation, where women describe how African American mothers are depicted in the media as extremes, extremely poor or extremely wealthy. They asked the question, “where am I, where is the middle class mother in media representations?”

The women of this study described motherhood as an evolving process that changes with both their age and that of their children. For several women, their mother work continues since they play a pivotal role in raising their grandchildren. While each woman has a unique story of motherhood, there are shared commonalities that stem from a shared history. In the process of telling their stories, the women were able to clearly articulate the customs, values and rituals they feel are important in preserving both the individual and collective identity of African American families.

CHAPTER VI

DISCUSSION AND RECOMMENDATIONS

In this study, I have described the shared practices and common meanings from the narratives on motherhood. Eighteen African American women from three generations were interviewed using open ended and semi-structured questions designed to reveal their understanding of motherhood. All interviews were analyzed using the Heideggerian hermeneutic methodology described by Diekelmann and Allen (1989) and filtered through the lenses of feminist and afrocentric theories. In Chapter V, I described the three constitutive patterns and the relational themes that emerged from this analysis. The three constitutive patterns were: It Took Me a Minute, Preserving Our Home, and Eat the Meat; Throw Away the Bone.

In this chapter, I offer a critique of becoming a mother which includes the theories of maternal identity and maternal role attainment. I also discuss my interpretations of the data related to the patterns and relational themes. In conclusion, I will discuss implications for nursing practice and offer recommendations for nursing education, practice, and research.

Becoming a Mother

As the women of this study began to describe their transition to motherhood, many of the stories reflected themes that have appeared in the literature on maternal identity and maternal role attainment. In describing maternal identity, Rubin's (1975) naturalistic field studies laid the foundation for research aimed at assisting maternal

nurses as they supported women in the transition to motherhood. Based on her observations, she described four maternal tasks that had to be accomplished in order for a woman to assume a maternal identity: 1. seeking safe passage for herself and her child, 2. ensuring acceptance of the child by significant others, 3. binding-in (attachment) to the unborn child which required the grief work of letting go of a former identity, and 4. learning to give of herself (Gay et al., 1988; Rubin, 1984). Strategies the women in this study described for seeking safe passage was the use of books, childbirth education, physician advice and in the first generation, the reliance on advice from other women in the family. Similar to the findings of Sawyer (1999) the women in this study were not concerned that their families would not accept their child. This is consistent with the afrocentric view that children are highly prized and strong value is placed on women's roles as childbearer and childrearer (Collins, 1991; Greene, 1990). The women in this study did express concern that their child, especially a son, would not be accepted by society. Twelve of the eighteen participants described their pregnancies as unintended and told of being stressed and overwhelmed when they found out they were pregnant. For them, the developmental task of binding-in or attaching to their unborn child did not happen immediately but was a process that occurred over time. As the women talked about their transition to motherhood, giving of oneself was reflected in nurturing behaviors such as instilling values, customs and habits that had been taught through the generations.

Mercer's extensive research on maternal role attainment led to the following assumptions (Mercer, 1986). The first assumption is, the mother's self-system is made up of the ideal self, the self-image, and the body image, which determines how she defines and perceives life situations. In the stories that the women shared, there were no

references to an ideal self or to body image, therefore, this assumption was not fully supported by the data of this study. A strong sense of self, or self image, was a major source of resilience for the women in this study and as mothers, self-esteem was a value they tried to instill in their children. The second assumption is that there is a reciprocal interplay between the mother's self-system and the infant. This places the focus on the mother-child dyad and does not allow for the pivotal role of group mothering or othermothers that was evident in the stories of motherhood. Role strain, the third assumption, was defined as the conflict felt in fulfilling the obligations of the maternal role. This was evident in the descriptions by several women who described how hard motherhood was but was in the context of being overwhelmed, not conflicted, by the magnitude of the maternal role. The final assumption, mother's perceived quality of role performance, was best described by Sawyer (1999) who identified "settling-in" as a strategy used by the African American women in her study to describe their perception of role competence where caring for the baby meant more than meeting their physical needs.

Mercer went on to describe maternal role attainment as a process that involved four stages: anticipatory, formal, informal, and personal (Mercer, 1985). As the woman progresses through these four stages she moves from learning the expectations of the role to following the rules and directives of others and mimicking the mothering behaviors of role models, to finally developing her own unique set of maternal behaviors and gaining confidence and competence in her decisions and performance of her mothering skills (Mercer, 1985). These stages could be seen in the stories that these women told about their transition to motherhood. Participants described feelings of excitement once they had accepted the diagnosis of pregnancy, particularly those that experienced unplanned

pregnancies. The formal stage was primarily seen in the second and third generations. The women referred to books on birth and parenting, taking childbirth education classes and the importance of prenatal care appointments. During the informal stage, women begin to intergrate information into their own unique style. For example, Stevi³ described listening to different views on parenting and shaping her own “crazy way of doing things.” During the final stage, the maternal role is internalized and women view themselves as competent mothers. Competence was illustrated by the women in this study when I asked “as a mother, would you do anything differently?” They replied, “No, I did the best I could.”

In many ways, the stories of these eighteen African American women were congruent with the theories of maternal identity and maternal role attainment. The overarching theme described within the stories of the constitutive pattern, *It Took Me a Minute*, was that the transition to the maternal role occurred over time and that the role changed as the women reconciled their expectations of motherhood with their real life experiences. The theories do not address the effects on women who are unable to reconcile their idealized expectations. The positive portrayal of motherhood makes it difficult for these women to express dissatisfaction or negative feelings about their experiences. Also missing from the theory of becoming a mother is the impact that living in an antagonistic society has African American mothers and the emotional toll of teaching children skills to successfully negotiate racial socialization. The transition to the maternal role is extremely complex and elusive because many variables influence the process. It is this complexity that motivates researchers to seek information and refine theories of motherhood so they are relevant.

Constitutive Pattern: It Took Me a Minute

The pattern, It Took Me a Minute, refers to time. This phrase was used in the stories of two participants as they described how it took them time to adjust to their new identity as mothers. As the stories were analyzed, the notion of time was often alluded to. Two women described their struggles with infertility while others revealed that it took them time to accept an unplanned pregnancy. Also included in the stories were the ways in which, over time, the women reconciled their real life experiences with their idealized expectations of the maternal role. Within this pattern, the three relational themes I identified are: Finding out, Realizing What Mothers Do, and Way Tricked.

Finding Out

An assumption that I presented in Chapter II was that motherhood is a profound, life changing experience in a woman's life. How she perceives that transformation will have long term effects on her and her children. This assumption was supported by the women in this study. Several women began their stories of motherhood by describing their pregnancies and birth experiences. As they talked about these events, it was evident that even though they had given birth years ago, certain aspects were recalled in vivid detail. Marie² describes her painful experiences with multiple miscarriages and how with each loss, the desire to be a mother became greater. In Bessie³'s story, the locus of power is with her doctor while Stevi³ describes the power she felt at having a birth experience that she wanted.

Twelve women in this study confided that their pregnancies were unintended and they found the diagnosis stressful. Pie¹, Traci¹ and Shay² were in school and were unsure if they would be able to graduate. Lily² was single and worried about getting married

before the baby was born. Two participants, Betty¹ and Stevi³ admitted that they had not planned to have children. While Stevi³ embraced motherhood, Betty¹ never accepted the maternal role and subsequently her daughter went to live with Betty's sister.

This theme offers the first glimpse of how themes within the stories of motherhood overlapped. As each woman described the stress they felt when they found out they were pregnant, they went on to describe how the support of their mothers, sisters, or husbands allowed them to either finish school, or in Betty's case, return to school. The ways in which families engage in "child-taking" or "informal adoption" is congruent with the afrocentric philosophy of communal mothering (Ugarriza, 2006).

Finding out also addresses being unprepared for childbirth and motherhood. In overlapping themes, the women described the ways in which they learned and went on to describe how their expectations of motherhood differed from their real life experiences. As these women transitioned to the maternal role, they found out that what they thought was true of childbirth and motherhood, was often quite different.

Realizing What Mothers Do

As the women described their transition to motherhood, their descriptions ranged from being unprepared for birth to their surprise at the decisions they would have to make with regard to their children. Their stories illustrated how they were caught up in what Heidegger (1962) describes as the "everydayness" or the taken for granted role of motherhood. Maria talked about how she had to "think about things," such as education and their friend selection. As the women began to fully comprehend what the maternal role encompassed, they described being surprised or overwhelmed with the realization that mothering was about more than meeting the physical needs of their children; it also

included the emotional and spiritual needs. Desiree³ was surprised by the loneliness she felt, Stevi³ said she was ‘ridiculously overwhelmed’ but acknowledged that as a stay-at-home mom, with three young boys, she was “loving the chaos.” Common to all stories was how each woman realized that her role as a mother changes as her children and in some cases grandchildren, mature.

Way Tricked!

The disconnect between expectations and real life experiences of motherhood were expressed in this theme. Bessie’s description of the “white picket-fence” is an example of the romanticized notion of motherhood expressed by several women in this study. Their expectations were influenced by the popular, romantic ideology of motherhood and when they realized that the ideology was a myth, they were left with feelings of anger. Fatima² asked, “Where is the reward?” There were admissions that motherhood was hard, several felt unappreciated and others admitted to losing their identities. Although there were admissions of a conflict between their expectations and the reality of motherhood, they were followed by positive affirmations indicating that it is difficult for women to express negative feelings for fear of being considered a bad mother (Choi, et al., 2005)

Constitutive Pattern: Preserving Our Home

The four themes that emerged in the constitutive pattern of Preserving Our Home are, Mothering Within the –isms: racism, classism, sexism, I Did the Best I Could, Mothers and Others, and Spiritual Mothering. These themes describe the ways in which these women cherish, protect, care for and preserve their culture and their families, which include blood and fictive kin (Young, 2001).

In Young's (2001) essay on *House and Home*, she presents a feminist variation on the theme of homemaking using Heidegger's (1971) discussion that man's mode of being is dwelling; we attain dwelling through building. "Dwelling is the manner in which mortals are on earth" writes Heidegger (1971). We attain dwelling through building and constructing structures such as homes, bridges, and governments that serve man's dwelling. Heidegger goes on to say that dwelling also means to preserve and care for; however, in this sense, preserving and nurturing is not making anything (Heidegger, 1971). Though Heidegger maintains that preservation, keeping meaningful things that are important to our individual and collective identity, is fundamental to dwelling, the focus of his discussion is on the ways in which men construct the world and his place in the world, the contributions of women are ignored (Young, 2001). These two thematic threads, preservation and construction, connect the ways in which these African American mothers experience opportunity and oppression within the framework of African American motherhood.

Mothering Within the -isms: racism, classism, sexism

Home, as described by the women in the first generation was in a segregated community where strong, women-centered networks shared child-care responsibilities. Many of them described how difficult it was for African American men to find good paying jobs and how their husbands had to work two and three jobs in order to provide for their families. Despite their poverty, their husband's wanted them to stay home with their children. Several women shared that, for a while, they did stay at home with their children, but in order to help sustain their families, they sought employment as domestic workers for White families.

Their stories contradicted the findings of Collins (1991) study of Black women's activism, where Black domestic workers reported they would appear as deferential, contented servants who were grateful for handouts from their White employers; only to dispose of the handouts later. The stories told by these women were more closely aligned with survival stories where domestic workers described how they used their exposure to different ideas within their employment in White families to promote their own children's upward mobility (Collins, 1991). Stories told by these women described how they combined the ideas and mannerisms of their White employers with the customs and habits they were taught by their own mothers and grandmothers.

I had expected the stories of the second generation to reflect the turbulence of the 1960s and 1970s as the Civil Rights Movement and the Women's Rights Movement sought to interrupt social practices of oppression and inequality. Although each woman felt that the Civil Rights Movement opened the doors of opportunity in education and employment, they said they were not affected by the feminist movement. Indeed, a criticism of the feminist movement was that the major focus was on White, middle class women's issues (Collins, 1991). When referring to the lifestyle of the 60s and 70s where women "burned their bras and fought for freedom in the workplace," (this myth was created by the media, Brownmiller, 1984, pg 45-46) Geno² humorously said, "Black women didn't do that! Black women always had to work, there wasn't no such thing as not working!" Paradoxically, while some white women were rebelling against the patriarchal view of motherhood and demanding the right to "have it all" which included a career and a family, Black women had been juggling these roles for generations.

In many of the stories, the women described a strong sense of independence born from an understanding that in our society, African American males are not always able to find sustainable employment while there are greater opportunities for African American women. While they acknowledged that they wanted their male partners to be a vital part of the family, they felt the economic survival of their family rested on them. It was the stories from the third generation where I began to hear the mothers describe staying at home as an option. For Desiree³ and Stevi³, the decision to leave their outside employment, to stay at home with their children, was a choice they made though it meant making significant financial sacrifices.

I Did the Best I Could

A recurring theme embedded in the narratives were that limited education and employment options, racial profiling and escalating black-on-black violence among African American males was a source of fear and anxiety felt by these African American mothers for their sons. In our society, there is a belief that desegregation cured inequality but the stories that were told illustrate that even as we enter the Twenty-First Century, African American males still face limited opportunities in education and employment, which restricts their opportunities to participate in the construction of society (Jhally & Lewis, 1992). Men, more so than women, are judged on who they are, what they do and how much income they make. If African American men are excluded in the construction of our society, and preservation, the activity of safeguarding meaningful things, is primarily the role of women, then what options are open to African American males? Lily talked about how the times have changed and feels that today; we live in a “terrible, terrible world.” She described how she struggles not to be an overbearing mother but felt

that her sons (and nephews) do not have a true understanding of the dangers and traps they could fall into. A common theme expressed by each generation of women was their fear and anxiety for the safety of African American males who are at risk in our racist society.

Stories of the mother-daughter relationship reveal that the ways in which African American mothers socialize their daughters is different from the ways in which they socialize their sons. Important to these mothers was that their daughters be self-reliant, independent and self-assured. Although there was value placed on men as husbands and fathers, the women in this study understood that the viability of their family might rest on them due to the social restrictions African American men often face. The women disclosed survival strategies used to teach their children how to survive in a society that devalues their existence. Strategies they identified include a strong belief in God, education, self respect and respect for others, and a strong extended family.

Where the women in this study differed from Caucasian women, was in their perception of motherhood. Absent from their stories were expressions of guilt or oppression that often permeates the stories of Caucasian women. These women saw motherhood as a source of power and described themselves as competent and successful mothers. Although the stories told included disappointments and challenges these women faced in raising their children, when asked if there was anything that they would have done differently, they replied, "No, I did the best I could." The strength of these African American women was in their perceptions of how they mothered and how they were mothered.

Mothers and Others

A common thread in the stories of each generation was the support they received from their community of women, their mother, mother-in-law, aunts, or women from their neighborhood. Many of the women described ways in which they offer support through community networks such as their churches and schools. This is congruent with previous studies where strong social support was found in church affiliation and in an extended family networks that included “othermothers,” a term used to identify surrogate mothers (DeFrancisco & Chatham-Carpenter, 2000; Gichia, 2000; Priel & Besser, 2001).

Community remained important in the stories of the second generation but the definition of community moved from neighborhoods to schools and churches. Marie² and Shay², both educators gave examples of the ways in which they reach out to their middle school students and to young families. Shay², a graduate of an historic black college says that she was taught you “enter to learn, depart to serve,” and her favorite quote is “each one, teach one.”

The stories from the women of the third generation differed in two ways. Their stories seemed to reflect a greater shift from a culture of community to one that more closely mirrored the dominant cultural values of individualism. There were also fewer stories that described the importance of religion or community. Only one participant in this group described her involvement with mentoring younger women through her work in the church. Community, as described by this generation was centered around immediate family, or in the case of Bessie³, in the family that she had crafted for her children. Although each story reflected involvement in the school activities of their

children, with the exception of Louise³, they did not describe specific community or church involvement.

Spiritual Mothers

Having faith in God and instilling Christian values in their children was an intertwining theme among the stories told by each generation of women in this study. Although religious preference was not included in the demographic information, the beliefs expressed were consistent with Protestant Christians. A significant number of storytellers described how they draw upon their faith and trust in God to help them and their families in practical ways. Spirituality was the cornerstone of their daily lives. Geno², who is very active in her church, describes herself as a spiritual mother. She feels that as an elder mother in church, she has both the obligation and the opportunity to influence younger mothers and their families. For many of the women in this study, faith and church affiliation was described as a source of their strength and renewal.

In this study, each generation of women described the struggles that they endured keeping their families together. Some faced poverty with little opportunity for advancement within the job force. For others, the struggle was in reconciling their self-reliance with their desire to weave together a family unit where both parents were present in their children's lives. The stories of these women reflect how opportunities for education, employment and income were limited by the intersection of race, class and gender with the social and political ideology of their generation. The stories told by the women incorporated a sociohistorical perspective in their description of their maternal role within the context of their family and their homes. This is congruent with Heidegger's (1962) philosophy that individuals are formed by their traditions and

communities; that individuals develop within the context into which they are “thrown.”

In previous studies on maternal identity and becoming a mother, it is this African American perspective that has often been ignored.

Constitutive Pattern: Eat the Meat, Throw Away the Bone

Motherhood is dichotomized into either a ‘good’ mother or ‘bad’ mother; these meanings are used to judge and to regulate women’s capacity to mother.

O’Reilly, 2004

In 1995, while working on my masters in nursing and my certification in midwifery, I became interested in the concept of motherhood. In an increasingly mobile and highly technological society, I wondered how these changes, along with media representations of the ideal mother, affected women’s transition into motherhood. As the women in this study talked about their transition and the media, two themes emerged, *The Ways in Which We Learn* and *Someone Who Looks Like Me*.

During the defense of my dissertation proposal, I would reference a point with, “They said...” and was asked, “Who are *they* and who gets to decide who is a good mother and who is a bad mother?” This thought provoking question became critical to the analysis of motherhood among African American women and I found my answer in Inwood’s (1997) interpretation of Heidegger’s philosophical writings on inauthenticity and the “They.” She writes, *They* is not “definite named others, it is everyone and no one” (Inwood, pg 27). Within society, human beings (Dasein) often emulate the beliefs and feelings of the group with which they associate. According to Heidegger (1962), when we conform to the ‘they’ we lose our authenticity and become inauthentic; we are no longer our individual-self but the ‘they-self.’ Clinging to the dominant, patriarchal

ideology of motherhood renders us inauthentic, by challenging the status quo, Dasein becomes authentic. We become true to our own selves.

Mass media has an important role in defining and perpetuating the beliefs and feelings within our society. Explicit representations of the ideal mother, in mass media outlets and in our professional media outlets, construct a specific portrait of reality and through repeated exposure; we adopt this reality as valid. The stories within the two themes of this pattern describe the impact of the media on the African American women in this study.

The Ways in Which We Learn

The narratives of the women from the first generation reflected an era of innocence, where young girls were shielded from the adult world, leaving them unprepared for the experiences of birth and motherhood. Although innocent of the biology of motherhood, their stories consistently told of the wisdom and the values that were shared through generations of women. For the women of this generation, the media was not as pervasive as it is today. Additionally, this generation described themselves as poor, and their financial status may have restricted their access to books, magazines and private physician care.

Women from the second and particularly, the third generation sought their information in books, classes and prenatal visits to their physicians. They viewed these forms of education as an essential and necessary component in their preparation for labor, birth and parenting. The most frequently mentioned book for information on childbirth and parenting was Eisenberg, et al.'s (1984) *What to Expect When you Are Expecting*. Dobris & White-Mills (2006) feminist analysis of the What to Expect series concluded

that the rhetorical vision of motherhood presented in the text was congruent with the dominant ideology of middle income, heterosexual, married, educated, relatively young White women who are well insured. In this series, fathers are assumed to be employed full time in white collar professions; their role in childbirth is marginal. Marginalization extends to parents who do not fit the idealized fantasy presented in the text; a sentiment expressed by Stevi³ when she responded “underrepresentation becomes something that you don’t even always notice...” She went on to say that, she took what she needed from the book and discarded what didn’t seem to apply to her. Dobris & White-Mills (2006) stated that women in the margins may construct themselves as invisible to the dominant culture and in doing so, reject much of the information as not intended for them.

Someone Who Looks Like Me

Media discourse employs seductive images and text to communicate the cultural expectations of the ideal or “perfect mother,” who is White, married, unemployed and finds fulfillment in the selfless sacrifice in the private world of home and children (Johnston & Swanson, 2003). While this cultural representation of motherhood is detrimental to all women, failure to acknowledge African American women as mothers perpetuates the White privileged ideology of motherhood and renders women who mother outside of this ideology invisible. The controlling image of African American women in this generation has morphed from mammy, the “good” Black mother who served White families, to the matriarch, the “bad” Black mother whose work outside of the home defied traditional roles (Collins, 1991). Portraying African American women as defiant and emasculating, does not acknowledge the socioeconomic inequality that these families face (Collins, 1991).

The constitutive pattern, *Eat the Meat and Throw Away the Bone* illuminates how the pervasive images and values, projected in the media, contributes to a shared national culture that defines the world and legitimizes a particular social order. With an increase in technology and communication, the oral tradition of intergenerational storytelling, which has been a fundamental vehicle for providing memories steeped in African American culture has been lost (Banks-Wallace & Parks, 2001). Compounding the loss of a cultural identity is the pervasive racist themes and stereotypical representations presented in the media. Several women described the images of African American motherhood as extremes, extremely poor or extremely wealthy, and noted that they did not see themselves represented in the media. These images continue to have a strong influence on the attitudes and practices of health care providers who consciously or unconsciously adopt this reality as valid.

Significance

As I listened to the stories of motherhood, I found many similarities to the stories of White women such as the shock of an unintended pregnancy, unrealistic expectations of the mother role, and the desire to instill morals and values in their children. The most striking difference in motherhood among Whites and African Americans is the complex task that African American mothers face in communicating the insidious effects of racism to their children while simultaneously integrating a legacy of pride along with the values, culture and traditions of the Black community. African American mothers have the monumental task of teaching their children to successfully negotiate racial discrimination and prejudice without damaging their self esteem or racial identity. The pressure to minimize the damaging effects of racism can be a major source of stress not shared by

White mothers. Our cultural inability to adequately describe and measure the stressors associated with oppression and racism hinders our understanding of the effects of stress on pregnancy outcomes and other chronic conditions among African American women and their families (Banks-Wallace & Parks, 2001; Greene, 1990; Jackson, et al., 2001).

Analysis of the stories in this study adds to the current literature on maternal role attainment and Black feminist descriptions of motherhood. This study adds to our understanding of how negative portrayals of African American mothers or the lack of representation in the media perpetuates negative stereotypes of African American motherhood. Motherhood, as described by the eighteen women in this study who were mostly middle-class, partnered, educated African American women, provides a positive description of African American motherhood.

Recommendations for Nursing Education, Practice, and Research

This hermeneutic analysis of motherhood among specific groups of African American women from three different generations adds to our understanding of the theory of becoming a mother. This study incorporates how African American women experience the maternal role with respect to the cultural, historical, political, and economic constraints that affect their daily lives. The results of this study add a positive description of African American motherhood and provide data that can be utilized in nursing education, practice and research.

Implications for Education

This study, grounded in Heidegger's hermeneutic philosophy, will provide support for expanding the clinical instruction in maternal-child nursing to include an awareness of how culture, politics and socioeconomic variables affect the lives of African

American mothers. Heidegger posits that we are formed by our traditions and communications, the past being intertwined with the present (Johnson, 2000). To illustrate his point, I will use professional education as an example. Professional education, such as textbooks, class instruction, and patient education materials tend to be fact oriented and stem from a White ethnic perspective that produces racialized relationships between caregivers and clients (Allen, 2006). Current research on motherhood fails to recognize how African American women and their families have been disadvantaged by White privilege and control. Ignoring the cultural, political and socioeconomic variables that affect the lives of African American mothers allows researchers and health care providers to make ‘culturally competent’ recommendations that ignores differences while seeking ways to incorporate these mothers into the accepted mainstream ideology of motherhood (Allen, 2006). Research that broadens our understanding of how African American women experience motherhood will lead to the production of professional literature such as textbooks and education materials that acknowledges the legitimacy of the African American perspective.

As caregivers, we must move toward a critical analysis of how representations of African American mothers are constructed. This is a difficult task that requires us to first look at how racism is perpetuated in the health care education and training of professional nurses. Barbee’s (1993) study of racism in nursing cites denial of racism, the view that racism is irrelevant, and the egalitarian value system of nursing, as three forms of racism that make nursing, as a profession, complicit in perpetuating health care disparities. In the classroom, case studies can be utilized as a method for acknowledging and confronting prejudices and stereotypes associated with race. As researchers and authors, nurses can

take the leadership role by confronting the effects of racism on both consumers and providers of health care.

The rich history of storytelling can be used by nurses to enhance both teaching and learning. In clinical practice, storytelling can be used as a method for uncovering what matters to women as they transition to the maternal role. As part of nursing curriculum, students can be taught to collect stories during the physical examination, to reconstruct the story within the existing literature and finally, develop a scholarly narrative that can be communicated through papers, posters and manuscripts (Smith & Liehr, 2005). Used this way, storytelling develops critical thinking skills and knowledge synthesis, which is vital to the development of clinical practice scholarship (Smith & Liehr, 2005). As educators, students and clinicians share their experiences, they enact hermeneutic phenomenology and develop a new language to describe the phenomena (Diekelmann & Diekelmann, 2009).

Implications for Practice

Participants' views on the importance of childbirth education classes were ambiguous. Several participants from generation two and three acknowledged that in preparation for motherhood, they attended childbirth education classes, read books and magazines specific to motherhood, and utilized mother-baby websites. Despite all of their preparations, about half of the participants from these two cohorts felt they were not adequately prepared for childbirth or for motherhood. In childbirth, they described forgetting everything they were taught in their childbirth education class as they dealt with the intensity of labor and birth. Bessie³ felt unprepared for her lack of control in the decision making process. As she described the decisions her doctor made she said

“They're (physicians) not managing their patients, they're managing their time.” As the women began their journey to motherhood, they described being unprepared for the loneliness, isolation, loss of identity and the enormity of choices you had to make as a mother.

Childbirth education had its inception in the 1950s and although the class structure, philosophies and content have changed through the years, the core curriculum places physiological birth at its center. In a study on contemporary perceptions of childbirth education, Koehn (2008) reported that while the women in her study acknowledged that the process of birth was extraordinary, “its magnitude diminishes next to the task of becoming a mother.” In many instances, nurses are the providers of childbirth education classes in either a hospital based setting or through a private agency. Strategies for designing culturally appropriate childbirth education classes that are congruent with contemporary perceptions of birth and mothering should be considered. For example, in addition to providing information on pregnancy and birth, topics on parenting and the transitional role of mothering would be beneficial. Nurses could use innovative ways to engage in technology, such as using public chat rooms like Facebook or establishing an electronic list serve where stories could be exchanged between group members. Although this strategy could be used with all pregnant patients, establishing homogenous African American groups would foster a sense of community that could provide support and encouragement.

Developing and implementing group care can restore the power of storytelling as group members describe how experiences are understood, challenge presuppositions and

open group participants to possibilities that might not have been considered (Klima, 2009; Massey, Rising, & Ickovics, 2006).

CenteringPregnancy, an example of group prenatal care, is designed to improve the quality of care and perinatal outcomes. In our current system, individual appointments range from ten to fifteen minutes, making the high quality of care received through group interaction difficult to achieve. Klima (2009) described a study in which African American women, who participated in CenteringPregnancy, showed a 40% reduction in preterm birth. The premise of this model of care is that learning and support is enhanced through group interaction under the guidance of a professional care provider, such as certified nurse-midwives or women's health nurse practitioners (Massey et al., 2006; Walker & Worrell, 2008). The group model provides a learning environment that encourages the free exchange of ideas, develops mutual support among the members and boosts knowledge and skill development through member participation (Massey et al., 2006).

Group care, which is congruent with the Afrocentric concept of community, is relationship centered, nurturing, and can provide transforming relationships among women, their families, and health care professionals. As nurses, we should support health care policies that focus on the development and implementation of group models of care which offers effective and efficient care that is sustainable and can enhance the health of women, their families, health care providers, and communities (Massey et al., 2006).

In areas where group care is not feasible, this study highlights resources where providers might collaborate. The women in this study told of their involvement in their churches and in the parent-teacher associations (PTA) in their children's schools. Health

care providers might work within churches to provide childbirth and parenting classes, identifying othermothers and spiritual mothers to serve as mentors. Community health and public health nurses might collaborate with schools and school nurses to provide parenting classes or support groups. As our country moves toward reshaping our health care system, opportunities to collaborate with disciplines such as social services, educators and public health will generate innovative ideas that seek to improve the everyday lives of women and their families.

Implications for Research

This study was conducted in the Southeastern region of the United States, with a specific group of African American from three generations. Further research on motherhood needs to be conducted cross culturally in other geographic locations. Follow up studies on motherhood need to describe the maternal role as it evolves throughout the lifespan, to include mothering older children, mothering adults and grandmothering.

Collaborative research, that is interdisciplinary, is needed to identify and describe how social determinants of health, such as racial discrimination, family structure, poverty and limited access to resources, influence African American motherhood at all economic and education levels. Developing a better understanding of the impact of social determinants of health on pregnancy and birth is critical to reducing health disparities and to developing public health policies to meet the needs of vulnerable families.

The Family Health and Birth Center (FHBC) offers a blue print for interdisciplinary research on a model of care (R. Lubic, personal communication, November 19, 2008). Participatory action research, with African American families from within the community, was used to design a health care delivery system that is sensitive

to the needs of African American women and their families (R. Lubic, personal communication, November 19, 2008). FHBC, a free standing birth center located among low income African American families in the District of Columbia, USA, has demonstrated that birth outcomes, such as preterm birth, low birth weight and cesarean birth, among African American families are significantly lower than those in the DC area and in the United States (R. Lubic, personal communication, November 19, 2008). Certified nurse-midwives and nurse practitioners provide prenatal care (the group model is used), labor and birth, postpartum, interconceptional and gynecological care and well baby/pediatric care. Additional services provided on site include nutritional counseling, WIC, GED assistance, job counseling, parenting classes, including classes for fathers, and a day care center. In 2006, Dr. Hogan, clinical associate professor in the Department of Maternal and Child Health at The University of North Carolina at Chapel Hill provided statistical testing on data reported by HFBC on outcomes achieved by the facility (R.Lubic, personal communication, November 20, 2008). Findings from the analysis supported that the African American women who received the interventions of the birth center had statistically significant improvement in birth outcomes compared to all births in the District of Columbia (Lubic, 2008). Dr. Lubic estimates that in 2007, the improved outcomes provided a cost savings of \$1,153,051 per year to the District of Columbia (Knowlton, 2007). As our nation faces a critical debate on the provision of health care in the United States, this model of care warrants further research and investigation as an option for the provision of maternity and family care.

Current research on motherhood fails to include remnants of African culture such as the significance of spirituality, storytelling, family structure and community that has

equipped African American women with cultural mechanisms and the coping and adaptive strategies that help them navigate within a racist society. Predominantly, behavioral theories and paradigms were developed without regard for the historic reality of African Americans. Likewise, current analytical tools used to assess the psychosocial facets in our society are based on the experiences of Whites. Theories must be developed that are anchored in an historic understanding of the African American experience and of the African influence on family and cultural knowledge. Research, within the context of the African American motherhood, should include studies on the concepts of “other mothers” and spiritual mothering and on methods to describe and measure stressors associated with racism.

Future research on motherhood among African American women needs to focus on racial socialization. Little is understood about the emotional toll on African American mothers in preparing their children to cope with racism and discrimination. Stories from this study indicate that these mothers were aware of racial stereotypes and describe strategies they used to contradict these negative ideas.

While there is ongoing disagreement regarding the existence of a social class system in the United States, the strong influence that wealth, education and income has on our everyday lives cannot be ignored. Although race and class are independent constructs, the ways in which they intersect has a deep impact on the lives of African American mothers and their families. Class with regards to motherhood has not been studied.

Conducting research within a framework that acknowledges the psychosocial factors of African American families will assist in shaping professional and mass media

representations of African American motherhood. Additional research is needed to explore how cultural ideologies and myths of African American motherhood are perpetuated, how African American mothers internalize or resist these images, and how negative images affect the construction of their own maternal identity.

Personal Implications

As I began research on African American motherhood, I realized that my personal perceptions and prejudices were informed by my privileged White norm, a standpoint that permeates the professional literature and the mass media. As a White American, not African American, it was critical that I explore my assumptions and background in order to present findings that were authentic. More than once, I was confronted with the question of why a White researcher was conducting a study on African American women. At one point, an African American co-worker angrily stormed off telling me that I should stick to White women since they had many problems too! There were times, when I too questioned the wisdom of this study. Ironically, the participants of the study were the ones who encouraged me to continue. Many of the women thanked me for the opportunity to tell their story and went on to express their gratitude that together, we might be able to help young African American mothers. Participants provided articles for me to read along with suggestions for movies, such as Tyler Perry's *Madea's Family Reunion*, and CNN's *I AM: Black in America*, they felt would provide insight into the African American community.

I began this study in July of 2008, the year of the presidential election. In November, as I finished the last of my interviews, Barack Obama, an African American, was elected President of the United States. The participants that I interviewed during this

time were hopeful that with this election, our country would move past its racist heritage. Our First Lady, Michelle Obama, announced that her major role would be as “First Mom” to their two daughters. This announcement was greeted with a flurry of news articles on African American families. A participant sent a blog from trinidadtabagonews.com titled “Why White America perhaps fears Michelle more than Barack” (2009), this was an excerpt from a newsletter published on the website, Jack & Jill Politics: A Black Bourgeoisie Perspective on U.S. Politics (2009). In this excerpt, the author (who is unidentified) writes “America is not ready to accept a Black woman as the epitome of the American mother/wife. Michelle Obama defies the Black Pathologies of the welfare mother, fatherless child, or drug-addicted mother; instead, she represents the Black motherhood that has been invisible in this country. Raised in a two-parent home, where she was loved and protected, she represents everything that Black women want for their daughters.” Reading this article encouraged me in my research because the African American motherhood described by the women in this study would make the invisible, visible.

Conclusion

This Heideggerian hermeneutic analysis, from within a critical feminist and afrocentric perspective, described motherhood for eighteen African American women representing three generations. The results of this study reveal some consistency with current descriptions of maternal identity and maternal role attainment and add to our understanding of the complexities that racism, classism and gender play in the lives of African American mothers and their families. The data from this study also suggests that future development of theoretical frameworks and analytical tools, used to assess the

effects of stress and other psychosocial factors on health, need to be grounded in an historic understanding of the African American experience and of the African influence on family and cultural knowledge.

The description of motherhood for this group of African American women illustrates that motherhood is a source of power and provides significant meaning, satisfaction and respect within the family and the larger community. It also highlighted the communal role that “othermothers” and spiritual mothers have in facilitating the transition to motherhood and providing strong social support.

In Hyde’s (2009) monograph on the relationship between Heidegger’s call to conscience/Being and acknowledgement, he describes the essential difference between the phenomena of acknowledgement and simple recognition. He writes, acknowledgement is a communicative behavior that grants attention to others and provides a space for them in our lives; it requires a sustained openness to others even when we find that to be troublesome. Conversely, recognition gives the impression that one is being noticed but stops short of attuning one’s consciousness toward another. Recognition, without acknowledgment, creates a space for the possibility of being isolated, marginalized, ignored and forgotten. As an example, current research recognizes the health care disparities that African American mothers and their families face but does not acknowledge how the dominant ideology perpetuates the status quo, making institutional forms of racism, sexism and classism possible.

Hyde (2009) writes, “acknowledgement lies at the heart of phenomenological inquiry” and herein lies the strength of this study. In telling their stories of motherhood, these women were able to voice their feelings and to reflect on the meaning of

motherhood. Their stories provide a more authentic understanding of motherhood among African American women. As nurses and health care providers, when we confront common assumptions and negative stereotypes of African American motherhood, we create a place for recognition, the prelude to the life-giving gift of acknowledgment (Hyde, 2009).

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APPENDIX A

Institutional Review Board Approval

APPENDIX B

Consent Form

