Copyright is owned by the Author of the thesis. Permission is given for a copy to be downloaded by an individual for the purpose of research and private study only. The thesis may not be reproduced elsewhere without the permission of the Author.
The Role of Mothers in Family Health

A thesis presented in partial fulfilment of the requirements for the degree of

Masters of Science
in
Psychology

at Massey University, Albany
New Zealand.

Kathryn McGuigan
2012
ABSTRACT

In many families the responsibility of family health falls mainly to the mother. There is a complex relationship between family health, care, and mothering practices that has not been fully investigated. The main aim of this research was to explore the complexity of the mother’s role across all areas of family health including: food, sleep, exercise, medications, hygiene, health prevention such as immunisation, and safety. Multiple methods were used to uncover the embedded aspects of family health and to get rich and detailed discourses from stay-at-home mothers. Two interviews, household mapping, timelines of illness events and health diaries were used. The main finding revealed by analysis was that while family health was overseen by mothers predominantly it was practiced as a family, within a family health philosophy. This philosophy was a set of beliefs, ideals and practices, unique to each household, which were developed overtime and continually negotiated as a family. This philosophy influenced how family health was practiced across all areas in family health. The analysis also revealed that the mother’s role as overseer of family health involved surveillance, provisioning and teaching. The mother positioned herself as the ‘mother expert’ in these processes based on her unique, embodied, historical and current knowledge of the family’s health history, genetics, and illnesses. This expert position worked alongside the family health philosophy and allowed her and the family to resist health promotion, medical advice and healthisms. The ‘mother expert’ position empowered the mother with family health knowledge but it also constrained her into the position of ‘expert’ carer of family health. Surveillance played a key role in family health impacting on all areas of health, acting as a form of social control and leading to uncertainty over mothering practices, but conversely also providing reassurance. Provision of family health was a conflicting task that required balance, care of the mother, love and risk assessment. Teaching and modelling good health was embedded into mothering but also required a more formal process in teaching children about health and how to care for their own body. In summary, the mother’s role in family health is complex, multifaceted and reflected in the family health philosophy.
ACKNOWLEDGEMENTS

I would like to thank my supervisor Kerry Chamberlain for his continual support, advice and encouragement. Your faith in me superseded my faith in myself at times but I was always fully aware of your underlying support and belief in my abilities. I would like to thank the women who participated in this study. Your willingness to share your mothering experiences and journey with me was much appreciated. Without you there would be no study! My husband and my children have been unfailingly supportive and understanding of the commitment and change that studying has bought to our family. Mike, thank you for your help with child minding, reading my work and everlasting encouragement. To my daughters Rachel, Emma and Nicola, I hope that I have inspired you and shown you that women can do anything they set their minds to. I would also like to acknowledge the help and encouragement of Helen Madden and Glenis Mark. You have listened, advised and read my work while ‘leading the way’. You have both been so inspirational. Thanks to the medication research group for their advice and support. Lastly, but not least, thanks to other friends and family members who have supported me through this journey with coffee, child minding, listening and laughter. Thank you everyone.
Table of Contents

ABSTRACT .................................................................................................................... II

ACKNOWLEDGEMENTS........................................................................................ III

LIST OF FIGURES AND TABLES........................................................................... VI

CHAPTER 1 - INTRODUCTION ................................................................................. 1

Mothering....................................................................................................................................................... 2

Dominant discourses for mothers caring for family health ................................................................. 4

Family health ................................................................................................................................................. 5

Morality.......................................................................................................................................................... 9

Medicalization ........................................................................................................................................... 11

Risk ............................................................................................................................................................. 13

Surveillance ............................................................................................................................................... 15

Social surveillance .................................................................................................................................... 17

Mothers and dealing with ill health........................................................................................................... 18

Mother’s as educators/modelling health care ......................................................................................... 22

Main aims of the research .......................................................................................................................... 23

CHAPTER 2 - METHODS .......................................................................................... 24

Theoretical Framework .............................................................................................................................. 24

Ethics............................................................................................................................................................. 26

Methods ........................................................................................................................................................ 26

Participant Recruitment ............................................................................................................................ 26

Data Collection Process ........................................................................................................................... 28

Arranging interviews .............................................................................................................................. 29

First interview ........................................................................................................................................... 29

Health Diaries ........................................................................................................................................... 31

Second Interview ....................................................................................................................................... 32

Data storage/Participant confidentiality ................................................................................................... 33

Participants.................................................................................................................................................. 33

Reflexivity...................................................................................................................................................... 34

Data analysis ............................................................................................................................................... 36

CHAPTER 3 – KEEPING THE FAMILY HEALTHY/PREVENTING ILL HEALTH .................................................................................................................................................................................. 39
LIST OF FIGURES AND TABLES

Table 1: Two main areas of family health ................................................................. 2

Table 2: Work involved in family health ................................................................... 7

Table 3: Demographics of households ..................................................................... 33

Table 4: Procedural guidelines used to base data analysis ....................................... 36

Figure 1: Data collection process ............................................................................ 28

Figure 2: Complexity of the mother's role in ill health ......................................... 69

Figure 3: Surveillance in everyday ailments ............................................................ 71