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**Reproducing Stigma:
Narratives of Single Women's Pregnancy and
Motherhood in Ireland
1990–2010**

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Ph.D. 2013

**Reproducing Stigma:
Narratives of Single Women's Pregnancy and
Motherhood in Ireland
1990–2010**

**A thesis presented
in partial fulfilment of the requirements for the
degree of
Doctor of Philosophy
in
Sociology
National University of Ireland, Galway**

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December 2013

Declaration

I, the Candidate, certify that this thesis is all my own work and that I have not obtained a degree in this University or elsewhere on the basis of any of this work.

Signature: Ciara Bradley

Date: December 19th 2013

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Abstract

This is a study of single women's reproduction in Ireland, the investigation of a contemporary phenomenon in its real life context. The study is interested in the temporal nature of experience over an extended time period and in the narrative construction of this experience. I used the Biographic Narrative Interpretive Method (BNIM) to elicit self-biographising narratives from twelve research participants. Three of these were analysed in depth using clear auditable procedures focussing on both the historical context of the life and the told story to produce an analysis of the 'situated telling of a whole story' by an equally 'situated subjectivity'.

The culmination of this process is to produce narratives of 'lived experience' in a cultural-historical context. This analysis reveals that single women's experience of pregnancy and motherhood is located in the social milieu they inhabit both temporally and structurally. The stigma of 'single' motherhood in Ireland has shifted over the past three decades. The result of this is that in 2010, stigma exists in some socio-locations but not in others. Women negotiate the stigma they face in the personal, cultural and social levels of their lives drawing on material and symbolic resources where they can. Social class, ethnicity and time mediate the experience but can also intersect to create a more stigmatized identity. Stigma is the key social mechanism that allows inequality to be created and perpetuated for this group of women.

BNIM's attention to individual experiences and its consideration of the social context gives it considerable potential as a research method for investigating other aspects of social life and the impact of social policy in Ireland.

Chapter One

Introduction

1.1 Background and Context

Since the 1960s, there have been major social changes in Ireland and Europe, which have led to large shifts in gender role attitudes and behaviour including: an increase in women's labour force participation; a falling birth rate and delayed fertility; and changes in the patterns of family formation, such as an increase in the rate of cohabitation, postponement of marriage and an increased likelihood of women remaining single (Lunn et al. 2009). A recent study by the Family Support Agency and the Economic Social Research Institute, 'Households and Family: Structures in Ireland', found that one-in-three families in Ireland departs from the so-called 'traditional model' of a married couple, both of whom are in their first marriage. 'Never-married couples, cohabiting couples and lone mothers (both never-married and divorced or separated) dominate the 'alternative family' structures of modern Ireland' (Lunn and Fahey, 2011). These four family types, together with first-time marriages, now account for 92% of families.

A study by Trinity College Dublin on 'Attitudes to Family Formation in Ireland' also revealed changing attitudes towards family life. This study revealed that 84% of people now believe that it is better to live with someone before you marry them. As many as 85% of people interviewed feel that religious reasons for marriage have become less important than they were. A large proportion (69%) think that while marriage provides a solid family basis, cohabiting does too. The same proportion (69%) think that deciding to have a child together represents a far greater commitment than getting married. Almost half (49%) of the sample had cohabited at least once in their lives. Attitudes to family formation were also examined in the context of changing attitudes to gender roles, to ascertain whether or not changes in gender role attitudes and behaviour were affecting family

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formation. The study found strong support among both men and women for women's financial independence. Maternal employment is now seen as contributing to women's fulfilment and the economic well-being of the family unit, as well as to the well-being of children, reflecting significant change in people's perceptions of male and female roles (Fine-Davis, 2011).

Things have also changed with regard to the family formation of one-parent families in Ireland. In the past forty years, the incidence of one-parent families has risen from 0.3% to over 30%. As many as 88% of these are headed by women. About 60% are in receipt of social security support. However, this is disproportionately women. In 2010, almost 98% of the 92,326 persons in receipt of one-parent family payments were women (Lunn et al., 2009; CSO, 2012). Those living in lone parent households tend to have the lowest disposable income out of all households in the state (CSO, 2010). These households continue to experience the highest rates of deprivation, with almost 69% of individuals experiencing one or more forms of deprivation (CSO, 2010). Fine-Davis also found evidence of significantly poorer well-being and social isolation of lone mothers (Fine-Davis, 2011) in her study.

In 2007, I was part of a study undertaken in the Child and Family Research Centre, NUI Galway which investigated the barriers to those parenting alone, in receipt of the one-parent family payment in accessing training, education and the labour market. Poverty and social exclusion were the main issues which arose while undertaking the interviews with women as part of this study. Firstly, I was struck by the visibility of the poverty experienced by the women. Secondly, I was appalled at the level of social exclusion that they faced, particularly in families that had more than three children and those in rural areas. The way in which the women spoke about their social exclusion in their communities was moving and the lingering sense of stigma that they felt was palpable.

Although there is a much higher incidence of people currently parenting alone in Ireland than in the 1960s and a greater acceptance of single

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parenthood (Fine-Davis, 2011), one-parent families headed by women are the most marginalised family form in Ireland.

This study was carried out against a backdrop of major social change in family formation and gender roles in Ireland and focuses on the experience of women parenting alone in Irish society. Whilst the 2007, research focused on employment and social exclusion, I wanted to know more about how social life is structured and organized and how this affects the experiences of single women who become pregnant and mothers. I focused on the period 1990 to 2010 as this was a period of massive social changes for women in Ireland, as is outlined in Chapter Two.

1.2 Aims and Objectives

The central research question of this study seeks to explore how single women experience and negotiate pregnancy and motherhood in their lived lives and biographical narratives in the socio-historical context of Ireland from 1990 to 2010. The objectives of the research are to explore:

- how single women experience pregnancy and motherhood in Ireland
- how single women negotiate this social identity in their lived lives and account for this in their narratives as reflexive social actors in the context of social influences in their social milieu
- what we learn about the social and structural implications of this identity for women
- how the Biographical Narrative Interpretive Method (BNIM) used in this research contributes to an understanding of this phenomenon.

The aims of the thesis fall into three categories: one which is centred on developing an understanding of the experience of single women's pregnancy and motherhood in a changing Ireland; one which is based on developing an understanding of the structural forces which shape this experience; and one which is methodologically oriented – interested in developing an assessment of the Biographic Narrative Interpretive Method as a response to the above research questions.

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1.3 Theoretical Approaches

I will now outline some of the theoretical influences shaping this research.

1.3.1 Why sociology?

The focus of this research is to understand how social life is structured and organized and how this affects the experiences of single women who become pregnant and mothers. I chose to explore these issues from a sociological perspective as sociology is the discipline that gives the greatest attention to social organisation and the relevance of social power in everyday life. Sociology allows for consideration of things that are not immediately visible in our ordinary lives, and are often not neatly understandable. Sociology helps us to gain a better understanding of how people's social location influences their opportunities and constraints by looking beyond people's individual motivations or their psychological foundations.

1.3.2 A focus on gender

Gender relations are based on the understanding that men have greater economic, social and productive power than women and oppressive gender relations are both (re)created and maintained when we continue to observe these forms (Byrne and Leonard, 1997). Gender is an organising category in this research with an aim to explore 'women's experience of oppressive social relations' and 'make visible aspects of women's lives' (Byrne and Leonard, 1997, p. 1; O'Connor, 2000). This research does not simply add on woman as a category of analysis, as often happens in mainstream research projects. Rather it adopts a woman-centred research question, epistemology and methodology to examine and document the effect of gender relations through the stories and experiences of single women's pregnancies and motherhoods in a way that is counter to the gender hegemony. Through the research, I aim to make visible hidden aspects of women's lives and identify the strategies that women use to negotiate these gendered social relations. Gender is a social product and can be altered, and feminist theory and

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practice 'is about the social transformation of gender relations' (Butler, 2004, p. 204).

Gender and sex identities are only some of the pieces of single women's identities. In addition, feminist theory is also interested in examining how race, class, ability, marital status, family status, citizenship status, geographic location, spirituality, sexuality and age intersect and influence people's lives. Feminist theory and research is rooted in lived experience, which is necessarily diverse. Research which takes this view attempts to explore how gender and other social identities intersect with each other, without placing gender in a hierarchical lens of analysis.

This research is interested in the 'real structures [in society] which constrain and enable social action' (Silverman, 1997, p. 77). As Byrne (2000) acknowledges 'The impact of ideologies on individuals is a neglected area of empirical research' (Byrne, 2000).

1.4 Research Design and Methods

In 1959, C. Wright Mills defined sociological imagination as the ability to see the impact of social forces on individuals' private and public lives. One of feminist theory's strongest mantras is that 'the personal is political'. Problematizing individual experience is important. By politicizing the experiences of the individual and connecting these experiences with others, we can see patterns and practices of power that run throughout dominant structures in society, which uncover entire systems (both visible and invisible) of inclusion and exclusion in society.

The Biographic Narrative Interpretive Method (BNIM) uses a participant structured interview to illicit narratives of experience in the form of stories. These stories are then analysed to locate them in the socio-historical context in which they live. The aims are multifaceted and I wished in this study to explore both the lived experience and the structural forces in society that shape this experience. I do not prioritise an emphasis on structure over agency epistemologically – this study seeks to examine both. BNIM

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facilitates an understanding of how these social identities and meanings are viewed within a larger socio-economic context that explores how power is structured and exercised in society and how each interact with the other.

1.4.1 The principle of difference

This research is firmly based on the principle of difference.

Feminist action researchers {...} put women's diversity at the centre of the analysis
(Reid, 2004, p. 4)

Relating all women's experiences to one 'common oppression', is 'a false and corrupt platform disguising and mystifying the true nature of women's varied and complex social reality' (hooks, 2000, pp. 43–44). Differences between women are emphasised in this study to reveal the heterogeneity of the category of woman and to demonstrate a commitment to this heterogeneity. Mohanty (2003) warns of the importance of diversity in research on women:

My insistence on the specificity of difference is based on a vision of equality attentive to power differences within and among the various communities of women. I did not argue against all forms of generalization, nor was I privileging the local over the systemic, difference over commonalities, or the discursive over the material.
(Mohanty, 2003, p. 502)

Due to the nature of the BNIM methodology used (explained briefly in the following section and in more detail in Chapter Four) the sample is small in this study. This means that due attention cannot be given to all categories of difference, such as those associated with sexual orientation, ethnicity, ability and class. However from the outset this commitment meant attempting an inclusive design.

Twelve women were interviewed as part of this study using the techniques described in the previous section. Of these three interviews were analysed to produce three detailed cases. These three were selected on the basis of

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difference to each other and from the prevailing norms. The three cases are Mary, Brigid and Patricia. Mary was a thirty four year old employed teacher when she became pregnant in 1996. Brigid was a nineteen year old Traveller woman when she became a single mother and Patricia was a thirty seven year old woman in an abusive relationship.

Striving to include difference is not without challenges however. One such challenge for this study was how to appropriately include a Traveller woman in this study. When the opportunity arose, separately, through two different contacts during the recruitment of the sample for this research to interview two Traveller women separately, I took it. These interviews deepened my understanding of the issues facing women from a minority grouping. As a community worker, I have also worked with the Traveller community for many years. My experience highlighted to me the range of cultural contexts within this community, akin to that of the wider society. However, I was keenly aware that the story analysed as part of this study was not representative of the whole community, no more than those of the other participants were of theirs, and so I had to find a way of representing the story and later developing an analysis that captures this.

As part of the BNIM analytical procedures, I selected three interviews for inclusion and this issue of representativeness raised its head again. As I describe in Section 4.5.2, BNIM has very particular procedures for selecting cases for analyses. These are based on difference in the cases to avoid binary thinking and to widen the analytical interpretations. I chose to include Brigid for two reasons (for full details of the case, see Chapter Six). Firstly, I made a decision based on the BNIM principles of difference. Brigid's case was quite different in terms of her social location and her experience. In addition, I made a conscious decision to include a minority group, in however partial a way that I could, that is largely excluded in any analysis of Irish life and in academia. For more information on the Traveller community please Chapter Two see section 2.7.

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The exclusion of the Traveller community in Ireland is under theorised by academia and community organisations have led the development of the Irish anti-racist movement, social justice movement and significantly contributed to addressing gender inequality, linking global with local issues in this regard. There is a particular gap in the research on Traveller women (Crickley, 1992; McDonagh, 2000). Further research is required on the Traveller community as part of wider research projects. Research with the Traveller community in particular is important in order to address the continuing racism and exclusion and marginalisation experienced by this community.

In the development of my research and in the ways I constructed and analysed the stories, I strove to balance a focus on common experiences among women, while also acknowledging differences in experiences, sometimes even within the same commonalities. Individual, family, community, institutional and state levels affect the ways in which single women experience pregnancy and motherhood, and creates the conditions for the resources they can gain access to in order to negotiate these experiences. These different levels are interconnected, but sometimes during analysis it is useful to separate them. For a single woman who is parenting alone and identifies as disabled, and/or black or Traveller, the experiences of hetero-sexism, ableism and/or racism cannot be separated from sexism. All social identities intersect and create meaning for those involved but to understand any one of these phenomenon, it is important to distinguish them from one another.

This commitment to ‘difference’ also allows us to explore what is enduring about the stigma experienced by these women and to what extent this shifts in different contexts and over time.

1.5 Language

The term ‘single mother’ is used with caution in this study. The etymology of the term is part of the problem which affects in policy terms this group of

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women in particular. First of all, it defines the group in terms of their gender which has implications for how we define motherhood and fatherhood and which invokes ideologies about the role both have, together or separately, in raising children. This has implications for how policy is constructed with regard to social security supports during pregnancy and for new parents and for those parenting alone. In addition, the term single mother as opposed to parent suggests that there is no father, which is biologically impossible. The term ‘single mother’ and other gendered terminology in relation to parenthood, hold an ideology which in turn creates gendered legislation and policies which create the conditions for women to take full responsibility for their children and where men are not supported to take responsibility for their children.

Secondly, it defines women and indeed men, in terms of their marital status. This privileges marriage and a particular family form based on it at the expense of other family forms such as one-parent families and same-sex parents. The intersectionality of the use of these terms together results in placing the responsibility for her situation as pregnant or as a sole mother on the woman, rather than the man. It would also limit the focus of this investigation and ignores the effects of social and structural organisation and the impacts that this may have on women and families.

Throughout my research, I use the term ‘single women who experience pregnancy and motherhood’. ‘Women’ is used in this case as the study focuses on the experience of women. Single is used to express their current relationship status in legal terms, which is of interest in the study as they are parenting alone but not as a result of a marital breakdown, divorce or death. Pregnancy and motherhood are separated, as they are very different experiences for single women in terms of the visibility to the outside world and the temporality of the experience, this is borne out in the research findings and discussed further in Chapter Eight and Nine.

1.6 Dissertation Outline

This was the first of ten chapters in this dissertation. This chapter has briefly outlined the context and focus of this study and its aims and objectives as an

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introduction to the overall study. I outline the theoretical influences and provide an outline of the methodologies used. I also provide an introduction and a rationale for the language used in this study.

Chapter Two traces the socio-historical, demographic, political and policy developments in Ireland as they relate to women and families in general, and to single women in particular.

Chapter Three introduces the literature related to the research topic in order to respond to the overarching aim of this study, and its objectives. Firstly, I present the research to date on single women's motherhood in Ireland in the context of the literature on motherhood in Ireland. Secondly, I introduce the reader to some of the concepts that are relevant to the analysis of the data in this study.

Chapter Four considers my philosophical assumptions and explains my rationale for using the BNIM. It outlines the procedures used throughout the study and provides information about the participants, their recruitment and data collection and analysis.

In Chapters Five, Six and Seven, the three cases of the research are presented. Each case is first contextualised in the socio-historical time period and is then followed by a presentation of the individual case account developed using BNIM analytical procedures.

Chapter Eight presents a collective analysis of the three cases in relation to the study aims. This chapter illustrates relationships between the personal stories contained in Chapters Five, Six and Seven and broader cultural and social narratives evident within these life stories¹.

Chapter Nine presents a discussion of the findings in relation to the objectives outlined in Section 1.3 of this chapter.

¹ This chapter should be read in conjunction with Chapters Five, Six and Seven which present the case accounts for each of the three cases. Findings referred to in this chapter are explored in more detail there.

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In the final chapter, I consider the significance and contribution of the study as well as its ‘quality’ and limitations. I also identify recommendation for policy and practice and directions for future research.

1.7 Conclusion

This chapter has briefly outlined the focus of this study, its aims, objectives and research questions as an introduction. In outlining these key elements of the study, a brief representation of the research methodology used in conducting this study, including a brief rationale for same was provided. The subsequent chapter provides an overview of the policy context in Ireland.

Chapter Two

Background, Context and Policy

2.1 Introduction

No one approaching the theme of single parenthood [in Ireland] can be unaware of the history of social exclusion, which has accompanied it and the ostracism, which awaited women who got pregnant outside marriage as well as the stigma, which descended on their children and stayed with them into adult life.

(McKeown, 2000, p. 1)

Within the hierarchy of identities in Irish society, national statistics clearly show that the single mother family type is marginalised, both economically (CSO, 2009; CSO, 2011) and socially (Millar et al., 2007; Millar et al., 2012). This chapter traces the socio-historical, demographic and policy developments in Ireland as they relate to women and families in general and to ‘single’ mothers in particular. I argue that the response to ‘single’ motherhood in Ireland is framed within a specific cultural treatment of all women in Ireland. In this chapter, I provide some background to the development of social policy in Ireland. I then provide a summary of historical social policy developments in relation to women in Ireland. I explore policies as they have evolved specifically in relation to single women who are mothers in Ireland, in the context of family and social security policy. The final section introduces the Irish Traveller community, a minority indigenous group in Ireland. This is an introduction to the community from which one of the cases analysed in this study comes.

Chapter Two: Background, Context and Policy

2.2 Social Policy in Ireland

In a seminal National Economic and Social Council (NESC) Report, ‘An Approach to Social Policy’ (NESC, 1975), Donnison defined social policy in Ireland as:

Those actions of government which deliberately or accidentally affect the distribution of resources, status, opportunities and life chances among social groups and categories of people within the country and thus help to shape the general character and equity of its social relations

(NESC, 1975, p. 30)

This report was an attempt to define the nature of Ireland’s social policy, as far back as 1975. There has been much analysis as to where Ireland is located in terms of social policy, compared to other European countries. Any analysis of this type must take into consideration socio-demographic, economic and ideological factors (Curry, 2005).

It is argued by many analysts that historically Ireland embodied a ‘Catholic corporatist’ model (Epsing-Andersen, 1990; Cochrane and Clarke, 1993; Adshead and Millar, 2004). However, more recently, an increased number of commentators are portraying Ireland’s welfare regime as following a neo-liberal mode, closer to Boston than Berlin (see Millar, 2008). It is well established that the Catholic Church had a strong influence on the development of social policy in Ireland, particularly until it joined the European Economic Community in 1973. This influence is discussed further in Section 2.3.6.

Daly and Yeates (2003) describe the formalised social partnership agreements that dominated social and public policy in the late 1990s and 2000s as a ‘new corporatism’ (Daly and Yeates, 2003, p. 94). Moran (2009) argues that social partnership placed economic policy to the forefront. He outlines that ‘Partnership 2000’ firmly established the principle where it

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states that ‘the competitiveness of the Irish economy is a precondition for the pursuit of all other economic and social goals’ (Government of Ireland, 1996, p. 37).

In the mid 2000s, the structure for Ireland’s welfare state was outlined by National Economic and Social Council’s (NESC’s) ‘Developmental Welfare State’ report (NESC, 2005). This contains three overlapping areas of welfare state activity: core services, income supports and activist responses. For Murphy and Millar (2007), this outlines ‘the presumption of social inclusion as being grounded in participation in the labour force and education’ (Murphy and Millar, 2007, p. 84). This report argues for redistribution opportunities through education, training and paid employment, with an emphasis on the latter as the basic pathway to promoting equality and social inclusion for government policy.

The primary role accorded government as regulator or guarantor of a diversified, high quality and equitable regime...with... contributions of direct public provision, non-profit organisations and the commercial sector
(NESC, 2005, p. 170).

This further supports Moran’s (2009) argument that social policy was prioritising the economy as the main achiever of social goals. Murphy and Millar (2007) argue there is an under-emphasis on ‘need’ from a citizen’s perspective and an under-analysis of gender as a factor that affected participation in this model across the life cycle. Murphy (2009) also contends that this document ‘left open the way for a positive social democratic interpretation or a more negative neo-liberal variation of welfare reform’. Murphy reports that the life cycle framework and the agenda for more conditional income support for ‘working aged’ social welfare claimants became embedded and the ‘policy objective of ‘activation’ featured in key policy statements in this period. She is referring to ‘Towards 2016’, published in 2006 (the most recent social partnership agreement) and

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‘Proposals to Support Lone Parents’ published in 2007 but enacted in Budget 2013. This policy is discussed further in Section 2.5.

Fanning (2004) argues that a neo-liberal narrative which emphasised individualism and agency, at the expense of an emphasis on structural barriers and inequalities was emerging throughout this period (Fanning, 2004). Fanning (2004) argues that this has resuscitated the old Poor Law emphasis on poverty as a moral problem of individual failing. Murphy-Lawless and Quin (2004) agree that a significant feature of the 1980s and 1990s was a shift from the Keynesian model of welfare, grounded in egalitarian and collectivist values, ‘to the dominance of economic models of welfare which emphasised the values of pluralism, individualism and self-reliance’ (Murphy-Lawless and Quin, 2004, p. 131).

According to Moran (2009), since 1922, the development of Irish social policy has been inextricably linked to the relationship between the state and internal partners – the Catholic Church and for the late 1990s–2000s, social partnership. Moran (2009) argues that with the collapse of social partnership, the state turned to external institutions – the international markets, the European Commission, the European Central Bank, the debt ratings agencies, the international money lenders, the Organisation for Economic Cooperation and Development, and the International Monetary Fund – for its legitimacy on social policy. This pushes Irish social policy more firmly in the direction of the neo-liberal policy agenda. More recently, Millar and Crosse (forthcoming) suggest that although Ireland was traditionally regarded as lying in the ‘corporatist’ world of Epsing-Andersen’s classification, Ireland’s welfare regime is increasingly positioned more closely with a neo-liberal model. Murphy (2009) argues that ‘The main features of Irish social welfare remain intact, a highly gendered male breadwinner structure, divided between relatively modest social insurance and social assistance payments’. Thus, as Cousins (2002) surmises, although the development of the welfare state in Ireland from the Poor Law system has brought some changes, many of the original paternalistic overtones have survived, which have had a particular effect on

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the lives of women. The following section examines policy development in relation to women in Ireland.

2.3 Women and Social Policy in Ireland

There have been significant changes in women's position in Irish society since the 1960s, yet policy development in relation to equality for women in Ireland has been slow. In spite of economic and social changes, women and men in Ireland continue to differ in the extent of their involvement in paid employment, the types of jobs they hold and the wages they earn (McGuinness et al, 2003). A recent study on 'Time Use in Ireland 2005' revealed that women still do the majority of the care work and housework in Irish families. Men, on the other hand, spend substantially more time than women on travel and employment (McGinnity et al., 2005).

The treatment of women in Irish social policy has always been intrinsically linked with the response to the family in Irish social policy (Yeates, 1997). Until recently, women's responsibility for childcare was seen as unproblematic in Irish social policy and family life. It concerned analysis based on 'a heavy biological commitment rather than a social or cultural arrangement' (Smyth, 1997, p. 64). According to Yeates (1997) 'the state has pursued strategies of division, differentiation, categorisation and exclusion with regard to women' (Yeates, 1997, p. 161). Women are not given full citizenship rights within the confines of the Irish social welfare system: 'women in the main are not regarded as individuals within the welfare system, but are regarded as wives, mothers, daughters' (Yeates, 1997, p. 141). It was assumed that women would be provided for, and protected by, the family and would support the male breadwinner to achieve that goal. This approach to social policy obscures power and labour inequalities within the household by assuming that a household is a harmonious unit in which welfare can be maximised for all. It is important to note, not just in terms of women's participation in the labour market and women's position in terms of welfare, but in terms of how social policy is constructed in relation to one-parent families, that the focus is entirely on

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the ‘rights’ and ‘responsibilities’ of the mother and the role of fathers is ignored.

Yeates (1997) describes this as the ‘institutionalisation of gender inequality in Ireland’ through Irish social policy (Yeates, 1997, p. 145). She maintains that ‘gender inequality has been an organising concept of the system from the foundation of the social welfare system in the nineteenth century to the present day’ (Yeates, 1997, p. 145). This can be found in the model of statehood founded on the 1937 constitution but the origins can be traced back to the foundations of the English social welfare system, according to Yeates (1997). The English Poor Law 1834 was transposed to Ireland in 1838 as the Poor Law (Ireland) Act. ‘Irish poor law made distinctions in providing relief from hunger and destitution on the basis of gender’ (Yeates, 1997, p. 142). The ‘National Insurance Act 1911 established different contribution and benefit rates for men and women and men and girls and boys’ (Yeates, 1997, p. 142). This act formalised social security based on participation in the formal economy (Yeates, 1997, p. 149). There were also differentiated rates depending on whether they were men/women and boys/girls.

Single women contributed the same as single men but received less, married women were automatically defined as dependents of their husbands and not entitled to their own payment

(Yeates, 1997, p. 149).

Women were thus ‘excluded from full citizenship rights’ from the start (Yeates, 1997, p. 152). This is reiterated by Coakley, 1997; Cook and McCashin, 1997 and Byrne and Leonard, 1997. The following subsections explore some key policy and other changes that have affected the equality of women in Ireland since the inception of the state.

2.3.1 The Irish constitution, 1937

The Irish constitution is the general law in Ireland, which sets out the basic tenets of the social contract between the state and its citizens. Ireland has

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had two constitutions. The present constitution was passed by a referendum in 1937, replacing the original 1922 constitution (which was set up when Ireland gained independence from the UK in 1922). Laws cannot be passed if the law does not agree with the constitution. The constitution can only be changed by a referendum in which every citizen of Ireland, over the age of 18, is entitled to vote. To date there have been 33 amendments to the constitution.

The constitution placed a strong emphasis on the role of the family in society and women in the home. As discussed in Chapter Two, Article 41 recognises the family as:

the natural primary and fundamental unit group of Society,
and as a moral institution possessing inalienable and
imprescriptible rights, antecedent and superior to all
positive law.

(Bunreacht na hEireann, 1937, Article 42.1).

through her life within the home, woman gives to the State
a support without which the common good cannot be
achieved

(Bunreacht na hEireann, 1937, Article 41.2.1).

and that the state therefore:

shall endeavour to ensure that mothers shall not be obliged
by economic necessity to engage in labour to the neglect of
their duties in the home

(Bunreacht na hEireann, 1937, Article 41.2.2).

Byrne and Leonard (1997) argue that the development of Irish identity was closely aligned to the importance of the family as a fundamental unit in society. The role of married women as homemakers, economically dependent on their spouses was essential to the maintenance of this unit

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...In order to legitimate the newly independent state in 1937 women's social rights were provided for in the context of a dependence within the family

(Yeates, 1997, p. 142).

As outlined in the previous section, women are not conceptualised as independent citizens with social rights in their own right, rather as dependents of the male breadwinner. Dependence is assumed, which creates inequalities for women and places them more at risk of unequal relationship in the family and in society in general. According to Yeates (1997) 'marginalisation and exclusion has been the price paid by women as the State has sought to affirm its legitimacy' (Yeates, 1997, p. 161).

2.3.2 The Succession Act, 1965

Women in Ireland were not entitled to an automatic share of the land if their husbands died until the Succession Act in 1965 was passed. Therefore, a man could leave his estate to a male relative, making no provision for his widow. The Succession Act entitled the widow to at least a third of the estate. There was huge 'resistance' to this legislation among the 'dominant male political elite' when it was introduced (Ferriter, 2008, p. 182).

2.3.3 The first Commission on the Status of Women

The First Commission on the Status of Women was established in 1970 following the report of an ad-hoc group to investigate discrimination against women in Ireland. They found that women in Ireland faced inequality in many spheres of their lives. In 1973, the Council on the Status for Women was established to monitor the implementation of these recommendations.

2.3.4 Joining the European Economic Community

Daly and Clavero (2003) identify two important periods in Irish equality policy – joining the European Economic Community in 1973 and the period of the early 1990s. On joining the European Economic Community, a number of policy changes involving women and equality in relation to the

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family, employment and social welfare were introduced. The ban on married women working in the civil service was lifted in 1974 with the Civil Service (Employment of Married Women) Act of 1973 (Ferriter, 2008, p. 190). In the 1974 Social Welfare Act, payment of the children's allowance was transferred from fathers to mothers. The Maintenance Orders Act (1974) and the Family Law Act (1976) gave protective directives for non-maintained families. In March 1976, the European Commission made its directive on equal pay, binding on the Irish government, which had requested to be exempt from its provision and forced the government to enact The Anti-Discrimination Pay Act (1976) (Ferriter, 2008). The Employment Equality Act 1977 made it illegal to discriminate on grounds of sex or marital status for the purpose of access to employment, promotion and working conditions. This act also established a state agency with a specific brief on gender equality, the 'Employment Equality Agency' (1977). Ireland also acceded to the UN Convention for the Elimination of Discrimination against Women that year.

However, as welcome as these changes were Yeates (1997) argues that the:

moves towards the equalisation through the eradication of a limited aspect of sex discrimination for single women did not counterbalance the overriding commitment to perpetuate women's inequality through developing the male breadwinner model. To argue otherwise is to perceive absolute legislative and procedural changes as evidence of a narrowing of gender inequality and to focus on isolated changes rather than the perpetuation in inequality

(Yeates, 1997, p. 156).

2.3.5 Further policy developments in the 1990s

The 1990s saw a number of policies that changed the legal status of women in many regards, which were influenced by pressures at a national and

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international level². These included pressure from the report of the Second Commission on the Status of Women (1993), women's groups in general; the National Economic and Social Forum; and the UN Platform for Action in Beijing (1995) which led to a national plan for women and a monitoring process. Adoption of gender mainstreaming by the EU following Beijing was also an important influence.

Some of the policy changes at this time included: The Criminal Law (Rape) (Amendment) Act (1990) which extended the definition of rape to include marital rape; the Matrimonial Home Bill (1993) which clarified that the family home was owned jointly by both spouses; and the 'Family Law (Divorce) Act (1996) which legalised divorce in Ireland. However, the grounds for divorce were tightly drawn. The married couple must live apart for at least four out of five years before the proceedings. Also in 1996, the Domestic Violence Act extended safety, barring and protection orders to non-spouses. The 1997 Non-Fatal Offences against the Person Act replaced the 1996 Domestic Violence Act and brings together all crimes against the person under one act. The act also covers harassment and stalking. The 1997 EU Directive on Burden of Proof shifted the burden of proof in sex discrimination cases.

The 1998 Parental Leave Act enacted to give effect to 1996 EU Directive on Parental Leave. In 1998, the Employment Equality Act prohibited discrimination in employment on the grounds of gender, marital status, family status, sexual orientation, religion, age, disability, race and membership of the Traveller community. The act covers more grounds than EU legislation required. However, it provides for exemptions for institutions with a religious ethos. This still allowed institutions with a religious ethos to make employment decisions based on their religious values. This meant that a woman who worked in an institution with a religious ethos and who had

² Please refer to Armstrong, J., Strid, S., Walby, S. (2007). *Issue Histories Ireland: Series of Timelines of Policy Debates*. Vienna: Institute for Human Sciences for a detailed account.

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children outside of marriage could breach the religious values of institutions that had a religious ethos and lose their job. This would contravene the equality legislation as via discrimination based on both the marital status and family status grounds but as a religious institution is exempt the equality legislation would not technically apply.

In 2000, the EU Framework Directive for Equal Treatment in Employment and Occupation established a general framework for equal treatment in employment and occupation on the grounds of religion or belief, disability, age or sexual orientation and the principle of equal treatment between persons, irrespective of racial and ethnic origin. The Equal Status Act (2000) gives protection against discrimination in the provision of goods and services. 'Services' are defined broadly to include access to public places, banking and insurance services, entertainment, travel, transport, professional services, education, disposal of premises and provision of accommodation and registered clubs. There are some exemptions. Daly and Clavero (2003) argue that Ireland now has a distinctive gender equality policy where there is a focus on equality generally rather than a specific focus on gender and where there has been a strong legalistic approach with considerable influence from EU directives and regulations.

2.3.6 The influence of the Catholic Church

The historical influence of the Church on Irish family life and social policy is well documented (Inglis, 1998; Millar, 2003). Up until the 1960s, the Church and its doctrine on all matters concerning the family and society remained unquestioned by society and the political system and the principle of 'subsidiarity' ensured that the state only interfered when the family's capacity to service its members was exhausted (Millar, 2003). According to Inglis (1998) the church was 'an organised system of power which conditioned and limited what Irish people did and said' (Inglis, 1998 p. 193).

Hussey (1993) points to the link between the struggle for religious freedom and political freedom when she argues that when the state gained

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independence in 1922, the Catholic Church was seen as the Church of Irish people. She asserts that:

the shared experience of a long and weary fight against Britain gave it a central and pivotal role in the life of the people, who fully identified with it and accepted almost without questions its dominance over every aspect of their lives

(Hussey, 1993, p. 381 cited in Millar, 2003).

Fanning (2004) contends that the role of the Catholic Church ‘was central’ to the development of the Irish state, both ideologically in terms of ‘social and sexual reproduction’ and institutionally, in terms of ‘nation-building’ (Fanning, 2004, p. 12). According to Curry (2005), Catholic social teaching had a huge impact on the state’s policies in relation to the family until relatively recently. It emphasised the principle of subsidiarity in this regard – that the state’s role in the family should not supplant the role of the family and the local community. In this way, the Catholic Church ensured that conservative values enforced at a local community level have remained a strong force in maintaining the status quo in social policy in Ireland. The Church took on the role as guardians of Ireland’s moral welfare.

The church preached the centrality of marriage and the family, the evils of all sexual activity not aimed at procreation, and held up the Virgin Mary as the model for all women. It offered women a new role: that of transmitters of the Catholic teaching that all sexual activity outside marriage, or not aimed at conceiving children, is evil.

Horgan (2001)

However as Ryan (2010) explains this was also reflected in Irish law and both Church and state enforced a morality in relation to sexuality and fertility citing Connolly

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Single motherhood was considered shameful in Ireland at that time and children born outside of wedlock were discriminated against in the law. Domestic violence was widely considered a private issue to be dealt with primarily within “the family”, and use of contraception/artificial family planning was illegal

(Connolly, 2005 p. 3, cited in Ryan, 2010 p. 136)

In the 1990s, both the State and the Church were embroiled in public controversies – the Catholic Church was overwhelmed by sexual abuse scandals and the state was heavily criticised with regard to the ‘X case’ (Murphy-Lawless et al., 1999). The abuse scandals in the church led to more people questioning the Church’s moral authority. Catholicism has continued to decline in Ireland. Although the number of Roman Catholics as a percentage of Irish nationals fell less than 3% from 92.2 per cent in 2006 to 89.7 per cent in 2011 according to the latest census figures (CSO, 2011), an MRBI/Irish Times poll from 2012 shows that the overall average weekly mass attendance for Irish Catholics dropped from 55% in 1998 to 34% in 2012 showing a fall of more than 40% (McGarry, 2012).

2.3.7 Conclusion

Yeates (1997) argues that ‘gender inequality has been an organising concept of the system from the foundation of the social welfare system in the nineteenth century to the present day’ (Yeates, 1997, p. 145). Women were thus ‘excluded from full citizenship rights’ from the start (Yeates, 1997, p. 152). Policy development in relation to equality for women in Ireland has been slow. The Catholic Church and the male dominated political elite have had significant influence in this. The decline of the power of the church has had a huge significance. Progress has also been made particularly due to the influence of the Europe and the women’s movement. The next section will examine women’s rights particularly in the area of reproduction.

2.4 Women’s Reproductive Rights

The influence of the Catholic Church in Ireland is particularly visible in the area of women’s reproductive rights. Rights relating to reproduction were

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confined and limited in many ways, particularly in the first half of the century in Ireland. This section discusses the various policies that affected women's reproduction since the inception of the state.

2.4.1 Contraception

Ireland placed severe restrictions on access to contraception for Irish women. This included the sale and use of contraceptives and the provision of literature about contraception. However, by the late 1960s, women were increasingly obtaining oral contraceptives under the legally acceptable guise of regulating their menstrual cycle (Bloom, 2003, p. 239). This ban was challenged by the McGee case in 1973, where the Supreme Court established that marital privacy was protected under the constitution and that the law prohibiting the importation of contraceptives, even for private use by married persons, infringed that privacy and was thus unconstitutional. This legalised the importation and sale of contraceptives for personal use. However, this was not formally implemented until 1979 (Bloom, 2003, p. 239; Ferriter, 2008, p. 190). These changes allowed greater freedom in the use of contraception in Ireland.

Later, in 1976, the Supreme Court overruled the Censorship Board, declaring the Irish Family Planning Association's book 'Family Planning' (1971) should not be banned because it was neither 'indecent nor obscene' (Ferriter, 2008, p. 191). Moreover, by 1993 Ireland's once highly restrictive legislation on condom availability was among the most liberal in Europe (Hyde, 2000).

2.4.2 Adoption

Although adoption was legislated for in England and Wales since 1926, in Northern Ireland since 1929 and in Scotland since 1930, legislation did not exist in the Republic of Ireland until 1952. Opposition to such a bill centred on a possible breach to the constitution, that legal adoption might be counter to the teaching of the Roman Catholic Church and that it may create an

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opportunity for conversion to another faith and therefore a loss to the Catholic Church (Garrett, 2000; Conlon, 2006).

When legal adoption became law in 1952, a clause stated that adopting parents were to be of the same religion as the illegitimate child (Garrett, 2000). The introduction of the Adoption Act in 1952 led to greater numbers of Irish women resolving their non-marital pregnancy by placing their baby for adoption, often preceded by concealment of the pregnancy (Flanagan and Richardson, 1992; McCashin, 1996). The proportion of non-marital births placed for adoption was very high between the passing of the act and the introduction of social welfare supports for unmarried mothers in 1973 and the legalisation of abortion in Britain in 1967. In 1967, 97% of non-marital births were adopted. The proportion fell in subsequent years to 71% by 1971, 30% by 1980 and 7% by 1990. By 2002, just 0.5% of births outside marriage were placed for adoption (Conlon, 2006, p. 25).

2.4.3 Abortion

After the legalisation of abortion in Britain in 1967, the option to travel to Britain was also available to women in Ireland. The high level of secrecy and silence surrounding Irish women's abortion experiences suggests that this represented an option that allowed for concealment of the pregnancy, according to Mahon et al. (1998, p. 37). The uptake of abortion of Irish women in the UK peaked in 2001, with 6,673 received by women giving Irish addresses. The majority of these (80%) were to 'single' mothers (IFPA, no year).

The legislative status of abortion in Ireland is another feature of social policy, which affects equality for women in Ireland and their human rights, in particular, their reproductive rights. The Offences Against the Person Act (1861) legislation still in effect today, criminalised women with the punishment of penal servitude for life for procuring 'a miscarriage'. The act also makes it a criminal act to help a woman in this regard, with the penal servitude being three years (IFPA, no year). Abortion in Ireland has been

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socially and politically divisive and the focus of much public debate and public referenda since the early 1980s until the present day (Smyth, 2005). In 1983, the Referendum on the Eighth Amendment of the Constitution was passed (33% to 67%, with 60% turnout). This acknowledged the equal right to life of the mother under the constitution but also inserted a pro-life amendment into the constitution (Government of Ireland, 2005). 'This amendment guarantees explicitly the right to life of the 'unborn' with due regard to the equal right to life of the mother' (Mahon, 1998, p. 22).

Article 40.3.3 of the constitution is inserted to read:

The State acknowledges the right to life of the unborn and, with due regard to the equal right to life of the mother, guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate that right.

(Bunreacht na hEireann, 1983)

In 1989, a case was taken by the state to prevent student groups distributing information on abortion services in the UK. In 1991, the European Court of Justice ruled that abortion could constitute a service under the Treaty of Rome (Treaty of the European Economic Community) and therefore a member state could not prohibit the distribution of information by agencies having a commercial relationship with foreign abortion clinics (IFPA, no year). In 1992, the Supreme Court ruled in the X case, that a 14-year-old girl, pregnant as a result of rape, faced a real and substantial risk to her life, due to threat of suicide and this threat could only be averted by the termination of her pregnancy.

Later, in 1992, as a result of the X case judgment, and the issues relating to travelling and information on abortion, the government put forward three possible amendments to the constitution. The three amendments included: the freedom to travel outside the state for an abortion, which was passed; the freedom to obtain or make available information on abortion services outside the state, subject to certain conditions, which was passed and the

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proposition to roll back the X case judgment in order to remove suicide as a grounds for abortion in Ireland, which was rejected (Smyth, 2005). In 1995, the Regulation of Information (Services outside the State for the Termination of Pregnancies) Act 1995 was enacted. The act allowed doctors, advisory agencies and individual counsellors to give information on abortion services abroad, should a woman request it but on condition that this information was provided along with information on parenting and adoption and could only be given the context of one-to-one counselling. The act also prohibited service providers (including doctors) from making an appointment for a termination abroad on behalf of their client (Smyth, 2005).

Throughout the 1990s, discussions on abortion remained in the public sphere. In 1996, the Constitution Review Group recommended the introduction of legislation, covering matters such as definition of the 'unborn', protection for appropriate medical intervention, certification of 'real and substantial risk to the life of the mother' and a time limit on lawful abortion. The details of this legislation are still being debated in 2013. In 1997, a further case tested the 1992 ruling the District Court and High Court when a 13- year-old girl, known as C, was raped and became pregnant. The Eastern Health Board took C into its care and in accordance with the girl's wishes, obtained orders from the District Court to take C abroad for an abortion. C's parents challenged these orders in the High Court, where it was ruled that as Miss C was likely to take her own life if forced to continue with the pregnancy, she was entitled to travel for an abortion (IFPA, no year).

In 1999, the Green Paper on Abortion (a government discussion document) prepared by an Interdepartmental Working Group was published which set out the issues surrounding abortion, provide a brief analysis and to consider possible options available. In 2000, an All-Party Oireachtas Committee on the Constitution, published its Fifth Progress Report: Abortion. The 700-page report received many submissions but the views of women who have had abortions were not heard. The committee failed to reach a political

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consensus on the substantive legal issues of abortion but agreed to establish a Crisis Pregnancy Agency to reduce the number of crisis pregnancies in Ireland. This was established in 2001 (Conlon, 2006).

In 2002, the Twenty-Fifth Amendment of the Constitution (Protection of Human Life in Pregnancy) Bill, 2002 proposed the removal of the threat of suicide as a ground for abortion and increase the penalties for those who helped a woman to have an abortion. This was rejected by 50.42% to 49.58%, with a 42.89% turnout, demonstrating that abortion was still a very divisive issue. In 2007, a 17-year-old woman known as 'Miss D', with an anencephalic pregnancy went to the High Court to force the Health Service Executive to allow her to travel to obtain an abortion. The High Court ruled that she had a right to travel .

In 2009, three women (A, B and C) challenged Ireland's ban on abortion in the European Court of Human Rights on the grounds that the law jeopardised their health and their well-being, in violation of their rights under the European Convention on Human Rights (where each had had to travel for an abortion and had suffered medically as a result). The European Court of Human Rights (ECtHR) ruled that there was no straightforward right to an abortion under the Convention, and that member states had a broad margin of appreciation to prohibit abortion. However, given the violation of applicant C's right to privacy (under the 1973 legislation), they argued that Ireland should further clarify whether and under which circumstances an abortion may be performed to save the life of a pregnant woman. In 2011, an expert group was set up to examine the ECtHR judgement on the A, B and C v Ireland judgment of the European Court of Human Rights and to recommend a series of options on how to implement the judgment, taking into account the constitutional, legal, medical and ethical considerations involved (DoHC, 2012). Before the publication of the report, these issues were further highlighted by the death of Savita Halappanavar³ in October 2012. In July 2013, The Protection of Life during

³ Savita Halappanavar died in University College Hospital Galway in October 2012 from septicaemia which led to multiple organ failure following a miscarriage at 17 weeks. The story was published by Kitty Holland in *The Irish Times* on 14 November 2012. Rallies

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Pregnancy Bill was passed which legalized abortion in cases where the woman's life was in danger, including the risk of suicide.

This section detailed the developments in Ireland with regard to the reproductive rights of women. The next section will outline Demographic Changes in Ireland.

2.5 Demographic Changes in Ireland

Demographic transition theory identifies a number of distinct phases that European societies seem to pass through in their demographic development (Spangers, 2003). Societies progress from a pre-modern regime of high fertility and high mortality, to a post-modern regime of low fertility and low mortality. The 'first demographic transition' refers to declines in fertility and mortality rates, eventually resulting in population decline. The 'second demographic transition' describes changes in: contraceptive behaviour, the level and pattern of fertility and the timing, frequency, type and stability of unions (Spangers, 2003, p. 2). Prior to 1950, the first trend was visible in European countries and since the early 1960s demographics in Europe exemplify the second demographic transition (Spangers, 2003; Hannan, 2008). Marriage and childbearing have become increasingly delayed. Separation and divorce have become more common and in many countries, premarital cohabitation and cohabitation as an alternative to marriage, have become the norm.

Ireland has long been regarded as a demographic outlier within Europe (Hannan, 2008, p. 2). Up until 1960, Ireland had the lowest rate of entry into marriage in Europe. In conjunction with this, it had a higher than average age of marriage. Despite the tendency to marry late, the rate of child bearing within the marital family was the highest in Europe (Hannan, 2008, p. 3). However, by the last decade of the twentieth century, Ireland had converged in most respects towards the European norm (Hannan, 2008, p. 3) and commentators argue that Ireland is finally entering the second

and protests were held, calling for a change in the abortion laws in Ireland. This sparked several inquiries into the case. This, along with ongoing work by the expert group following the ECtHR verdict (2009), culminated in the introduction of The Protection of Life During Pregnancy bill in July 2013.

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demographic phase (Hannan, 2008; Spangers, 2003). The marriage

rate, or the number of marriages per 1,000 of the population, stood at 4.9 in 1999, compared to a European average of 5.1 (Hannan, 2008, p. 3). Divorce became available in February 1997. In addition the proportion of births occurring outside of marriage increased dramatically, as Ireland moved from being one of the European countries with the lowest extramarital birth rate in 1980, at 5%, to join those with the highest rates by 2000, at 32% (Hannan, 2008, p. 3; Spangers, 2003, p. 11).

As the total number of births decreased, the share of non-marital births has increased more strongly than the absolute number (Sprangers, 2003, p. 11). This rise has been identified as the largest transformation in the Irish cultural landscape (Inglis, 2005, p. 28). The change to the Irish 'traditional family' is visible in the trend towards fewer children, the percentage of births outside marriage and the age of women giving birth to their first child (Conlon, 2006). Ireland now is characterised by declining fertility levels, voluntary childlessness, a growth in single-parent households and extramarital births (Spangers, 2003; Hannan, 2008). McKeown (2000) warns of the difficulty in enumerating one-parent families. He argues that there is no simple relationship between lone parenthood and births outside marriage in Ireland. McKeown (2000) argues that it is difficult to be exact in measuring the proportion of lone parent households at any point in time as parents move between states of being unmarried, cohabiting, married, separated and divorced, and remarried (McKeown, 2000, p. 1). Fahey and Russell (2001) also note that statistics on non-marital births can no longer be conflated with crisis pregnancy or lone parenthood. These changing states can turn a one-parent household into a two-parent household and vice versa. Differences in definitions across data sets make comparisons difficult. The extent of cohabitation among nominally or administratively defined one-parent households can mean that official statistics overestimate the true extent of these households, according to McKeown (2000). He notes that the proportion of one-parent households is less than might be expected, given

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that the proportion of births outside marriage is now almost double this (McKeown, 2000, p. 1).

2.5.1 ‘One-parent families’ in Ireland

The 2011 census provides a picture of the current state of Irish demographics. The figures show that 18.26% of families in Ireland are now one-parent families (CSO, 2011, p. 47), with 86.5% of one-parent families headed by lone mothers and 13.5% by lone fathers (CSO, 2011, p. 47).

There are differences between the sexes with regards to routes into lone parenthood, by age and marital status in 2011. Lone fathers are on average considerably older than their female counterparts, with 65% aged 50 or over, compared with 35% of women in this age cohort. Approximately 35% of lone mothers were aged between 35 and 49. Single, unmarried women made up 44.1% of lone mothers, whereas among lone fathers, widowhood dominated, accounting for 40% of the total. Just 20% of lone mothers were widowed whereas 30% were either separated or divorced. The majority of parents were living in one-family households (CSO, 2011, p. 22).

Demographics according to family type	Total one-parent families	Mother parenting alone	Father parenting alone
Number of one parent families			
Total one-parent families	215,315	186,284	29,031
% by gender	100%	86.5%	13.5%
One parent families as a percentage of all families	18.26%	15.8%	2.46%
Routes in to one parenthood			
Single/unmarried	40%	44.1%	16.3%
Separated/Divorced	30%	30%	35%
Widowed	25%	22%	40%
Age			
Under 20	0.7%	0.8%	0.1%
20- 34	26%	29%	7%
35-49	34%	35%	27%
50-64	22%	19%	37%
65+	17%	15%	27%

Table 2.1 One Parent families by gender, age and marital status

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One in eight people in Ireland live in a one-parent family. One in four families with children in Ireland is a one-parent family. Over half a million people live in one-parent families in Ireland and 13.5% of one-parent families are headed by a father. Almost one in five children (18.3%) live in a one-parent family. There are over 215,000 one-parent families in Ireland today – 25.8% of all families with children (Census, 2011).

Despite the changes in family structure in Ireland and the fact that one parent families are now a dominant family form, deep inequalities still face one parent families, particularly those headed by women. In 2010, almost 98% of the 92,326 persons in receipt of the One-Parent Family Payment were women (CSO, 2012). The OECD (2011) reported that Ireland has the second highest rate of single parent families in the OECD, at 24.3% compared to the average of 14.9%. Those living in lone parent households tend to have the lowest disposable income out of all households in the state (CSO, 2010). These households continue to experience the highest rates of deprivation, with almost 69% of individuals from these households experiencing one or more forms of deprivation (EU-SILC, 2010). Fahey and Keilthy (2013) highlight the ‘sharp’ change that has taken place when characterising high poverty family types in Ireland. Forty years ago, the typical poor family in Ireland comprised two parents with a large number of children – today it is typically a small one-parent family. In 2005, 16.3% of Irish children lived in poverty compared to the OECD average of 12.7%. However, 74.9% of children in single parent households where the parent was not working were living in poverty. This fell to 24% when the parent was in paid employment⁴ (OCED, 2011, p. 41).

2.6 ‘Single Mothers’ in Irish Social Policy

The first half of the twentieth century featured the prohibition of adoption and abortion, the incarceration of ‘unmarried’ pregnant women and mothers, the migration of pregnant women and forced repatriation from England (Garrett, 2000; Luddy, 2011). The official statistics showed low incidence

⁴ This compares to the poverty rate of 1.9% for those children living with both parents, where both parents are working.

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of ‘unmarried’ pregnancy (Luddy, 2011). The second half of the twentieth century saw radical social and cultural changes in Ireland, and a rapid increase in the incidence of non-marital birth rates inside and outside relationships. The policy changes that have occurred since the early 1970s have progressed the status of ‘unmarried’ mothers in many regards, but in 2013 they are still one of the most disadvantaged groups in Irish society.

A number of writers highlight that during the earlier part of the twentieth century, in fact up until at least the 1990s, non-marital childbearing clearly did not meet acceptable social standards of organizing reproduction in Ireland (Kilkenny Social Services, 1972; Hyde, 2000; Ramblado-Minero et al., 2006). The official statistics for illegitimate births remained low throughout this period. In 1921–2 these births amounted to just 2.6% of all births in the twenty-six counties; in 1933–4, the percentage peaked at 3.5% (Garrett, 2000, p. 330).

During the nineteenth century and for most of the twentieth century, pregnancy outside marriage was frequently concealed because the social status, marriage and employment prospects of the single mother and even of her family were likely to be affected, as was the status of her child (Garrett, 2000). Women who became pregnant at this time in Irish history out of wedlock were married before the baby was born, concealed their pregnancy and sought adoptions when it was possible, were housed in institutions or emigrated to the UK and so an accurate view of the figures is impossible (Garrett, 2000; Luddy, 2011).

Policy developments in support of ‘those parenting alone’ (a wider category in which never married mothers are now included) in the modern Irish state developed in sporadic bursts. Discussion began in 1928 about the issue. Debates at this time (and until 1970) centred around two categories of lone mother – widows and deserted wives. The report of the Commission on the Relief of the Sick and the Destitute Poor (1928) argued for support for widows and deserted wives. It was not until 1935 that legislation to provide support for widows was passed. The group termed ‘unmarried mothers’

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were not even considered at this point in policy discussions about social security/protection. Rather, unmarried or single mothers were referred to in a different context – the 1939 Public Assistance Act referred to accommodation for ‘unmarried mothers’ and ‘illegitimate children’ which would create ‘conditions for the moral and social rehabilitation of the mothers’. The churches and institutions would provide accommodation of this sort. As McCashin notes:

the denominational layer to the debate helped to reinforce the separation of unmarried motherhood from wider debates about poverty and the development of social security’
(McCashin, 2004, p. 173).

Garrett describes the policy towards unmarried mothers that emerged in the ‘Report of the Commission on the Relief of the Sick and Destitute Poor, including the Insane Poor’ (1927), as ‘bifurcated’ in that it distinguished between two categories or ‘classes’ of unmarried mothers: ‘those who may be amenable to reform’ and ‘the less hopeful cases’ (Garrett, 2000, p. 333). Garrett highlights that the language and tone of this document indicates a shift towards the criminalization of these women. Garrett describes that the document states that the treatment of the former:

... must necessarily be in the nature of moral upbringing’ and be characterized by the traits of firmness and discipline, but also charity and sympathy. However, in regard to the other category, the ‘less hopeful cases’, the Commission proposed that a period of detention was fitting

(Garrett, 2000, p. 334).

Garrett summarizes that according to the report, the incarceration of the women was not only to safeguard the moral community from the contagion of evil, it also made economic sense.

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A further strategy of managing a non-marital pregnancy in Ireland was to encourage marriage of the mother before the child was born. Mahon et al. (1998) and Conlon (2006, p. 25) refer to the 1957 census to illustrate how vital statistics from that period provide evidence that pre-marital conceptions were a greater feature of Irish life at this time than non-marital birth statistics would suggest. However, women who became pregnant were encouraged to marry their partners. Thus as Viney (1964) surmises that until the late twentieth century, pregnant women who were not married (and who did not marry) frequently withdrew from everyday society to Mother and Baby Homes, and placed their babies for adoption (Viney, 1964).

2.6.1 Asylums and Magdalene laundries

A Department of Local Government and Board of Health report, published in 1933, stated that 'unmarried' mothers were finding themselves admitted to Magdalene asylums in Dublin and elsewhere throughout the country (Garrett, 2000; Conlon, 2006, Luddy, 2011). In this policy it was alleged that many of these women, were 'feeble minded' and in need of 'supervision and guardianship' (Luddy, 2011). Thus, the Magdalene asylums offered 'special provision' for this 'class' of woman. The Magdalene Asylums were among a number of institutions established to house so-called 'fallen women', most of them operated by different orders of the Roman Catholic Church, with a minority run by churches of the Protestant faith. In 1906, Mother and Baby Homes were established under the auspices of voluntary organisations (Conlon, 2006). In most institutions, the inmates were required to undertake hard physical labour such as laundry work. It is estimated that 30,000 women were admitted during the 150-year history of these institutions. The last Magdalene Asylum in Ireland closed on 25 September 1996 (McAleese, 2013). The women were admitted to these institutions often at the request of family members, priests or from other institutions (McAleese, 2013). Finnegan suggests that they diminished in number and finally ceased to exist, as they ceased to be profitable with the advent of the domestic washing machine (Finnegan, 2004). Inglis (2003) describes them as part of the institutional Church's strategy for shaming and containing women who transgressed their moral rules and regulations. Over

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time, other voluntary organisations established Mother and Baby Homes as places where women resided during pregnancy and childbirth. Women were facilitated in placing their baby for adoption and then returned to their communities (McAleese, 2013).

Conlon (2006) notes that infanticide was also associated with unmarried motherhood in Ireland in the early part of the twentieth century. She cites Guilbride (2004) who details how during the period 1920–1950, almost every woman who appeared before the courts on a charge of infanticide was classified as poor or destitute and was unmarried. In this period, these cases were sentenced as concealment of the birth. ‘The majority of the women were sentenced to periods of detention in Magdalene homes, while some were sentenced to state prisons’ (Conlon, 2006, p. 25). Conlon describes Guilbride’s (2004) assessment of how the Infanticide Act of 1949 re-categorised the crime as one equivalent to manslaughter, on the grounds of mental disturbance in the wake of giving birth. Following the passing of the act, psychiatric hospitals replaced Magdalene homes as the usual place of detention for women found guilty under the Act (Conlon, 2006, p 25). There were few trials for infanticide (Rattigan, 2010).

2.6.2 Emigration

The threat of incarceration in institutions and the lack of adoption was one of the main reasons why so many pregnant unmarried mothers fled to England to give birth and have children adopted pre-1952, according to Garrett (2000). In a number of publications in 2000, Garrett highlights the migration of unmarried mothers from Ireland to England and the issues surrounding their repatriation back to Ireland. In focusing on this process, the annual reports of the Child Protection and Rescue Society of Ireland (a society founded in 1913 to take care of the children of destitute and unmarried Catholics) from 1913 to 1970 were explored, together with official reports of the twenty-six county state. Until 1950, this work mainly occurred in Ireland, supporting mothers who were unmarried and pregnant. The organization worked with organizations in Britain to support mothers to

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be repatriated to Ireland after they had left the country while unmarried and pregnant. Between 1948 and 1971, the Catholic Protection and Rescue Society of Ireland assisted English authorities in repatriating over 2,600 unmarried mothers back to Ireland. The numbers repatriated by the Society fell sharply in the late 1960s. This was probably related to the availability of legal abortion in England (from 1967), the availability of adoption in Ireland (from 1952) and the fact that more unmarried mothers were prepared to keep their children during a period of relative social liberalization in Ireland, from the 1970s on (Garrett, 2000).

2.6.3 High profile cases

Throughout the 1980s and the 1990s, a number of high profile public scandals occurred that further shifted public opinion on morality and sex outside marriage. In 1984, Anne Lovett, a pregnant schoolgirl and her baby died after she gave birth to a baby at a Catholic grotto in her local town in Co. Longford. Intense media attention public outcry followed.

Also in 1984, Joanne Hayes, who had had an affair with a married man and given birth to a daughter, became the centre of a public tribunal of inquiry into what became known as ‘the case of the Kerry babies’. The body of a baby who had died from stab wounds was found on a beach in Co. Kerry (Hayes, 1985; McCafferty 1985; Inglis, 2003). During the Garda investigation, a young woman, Joanne Hayes, from a rural village in Co. Kerry was identified as having presented to hospital where she reported that she had had a miscarriage but the doctors believed she had given birth. After Garda questioning of Joanne and her family, the woman and her family all confessed that the baby found had been born to the woman at her family home, that she had killed it and her family had assisted her in disposing of the body. In fact, the woman had given birth at her home following a concealed pregnancy, the baby had died and she had concealed the body on the family farm. The charges were dropped following incontrovertible evidence that she was not the mother of the baby found on the beach. However, a state Tribunal of Inquiry was launched to discover how Joanne

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and her family could have made such confessions amidst allegations of police brutality. The proceedings of the tribunal resulted in intense scrutiny of the woman, her private life and her family life, and were perceived by the general public to be an attack on women in Ireland (Hayes, 1985; McCafferty, 1985; Inglis, 2003).

In 1994, it came to light that an American woman, Annie Murphy had had an affair with Bishop Eamon Casey of Galway in the 1970s, became pregnant, gave birth to a baby boy, and reared him on her own in the United States (Inglis, 2005, p. 29). These high profile cases served to draw public attention to the plight of single mothers.

2.6.4 Social security for ‘single mothers’

As McKeown (2000) and Farren and Dempsey (1998) note, prior to 1973 there were no Irish state supports for ‘unmarried’ mothers. Perhaps as a response to the cultural trends, as are evident in the demographic changes (outlined in Section 2.3), or perhaps because of changing social attitudes and European policy influences, the latter part of the century saw policy activity in this area. However, these were not always consistent, as Hyde points out ‘during the 1980s and 1990s a contradictory set of discourses had emerged on non-marital motherhood’ (Hyde, 2000). Cherish, an organisation campaigning for single mothers and their children was founded in 1972. The Unmarried mother’s allowance, introduced in 1973 was the first payment introduced to those parenting alone. The Widow’s pension was introduced first. Then in 1970, the means-tested Deserted wife’s allowance was introduced. In 1973, the Unmarried mothers means-tested allowance was introduced for a child until they reached the age of 18. Kennedy heralded this move as making the unmarried mother a ‘visible recognised member of Irish society’ (Kennedy, 2004, p. 219) for the first time. This payment made provision for income maintenance, at last, for this group. Like many other policies in Ireland that provided more equality for women activities in Europe had an impact. The Council of Europe made a declaration of 1970 on the Social Protection of Unmarried Mothers (COE,

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1970; Yeates, 1997, p. 157). These payments were highly stigmatised at the time. Nevertheless, it wasn't until 1987 that the Status of Children's Act removed the status of 'illegitimacy' and aligned the property and maintenance rights of non-marital children with those of marital children. McCashin (2004) stresses how, until the late 1990s, Irish policy firmly supported those parenting alone as parents, not workers. The original payments for those parenting alone implicitly assumed that they were not connected to the labour market. In fact, there was little incentive for the parent to return to paid employment.

The allowances did not facilitate combining care of children and paid work, and the payment structure was embedded in a wider context of non-participation in paid work among mothers in general, and gender discrimination against women in social security, taxation and employment

(McCashin, 2004, p. 176).

The 1990s also saw a shift in public attitudes towards female and mothers' participation in the labour market. Since 1997, all national anti-poverty discourse has focused on employment as the best route out of poverty.

There has been a distinct focus on accessing young, single, never married, low skilled, poorly educated mothers in urban areas into paid employment

(McLaughlin and Rodgers, 1997, p. 27).

This led to development throughout the decade of pro-employment policies for women in general and particularly those parenting alone. Participation in employment has been widely proposed both internationally (Finlayson and Marsh, 1998) and in the Irish context (Commission on the Family, 1998) as the means of offering those parenting alone the best prospects for improving their income and standards of living for themselves and their children (NESF, 2001, p. 57).

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The long-term nature of the social welfare support was increasingly regarded by policymakers as inappropriate and one which could lead to welfare dependency (NESF, 2001, p. 32) and there was also a move towards integration with broader labour market policies (NESF, 2001). As McCashin notes, the active labour market measures to deal with unemployment that were developed in the 1980s and extended in the 1990s, were widened to include lone parents (McCashin, 2004, p. 181). In 1994, a limited income disregard was introduced, which allowed lone parents to earn a small amount of money before their Lone parent's allowance would be affected. Specific labour market initiatives were introduced that targeted those parenting alone. This allowed parents to work on a part-time basis. A small number of these showed particular success, particularly Community Employment (CE) schemes (where participants were employed in local organisations for twenty hours per week), with nearly one-third of all their participants in 2000 in receipt of the One-parent family payment (OPFP) (NESF, 2001, p. 59). With the exception of the CE scheme, provision for childcare was not available locally for many of the labour market strategies (NESF, p. 61).

Therefore, since the early nineties, policies towards those parenting alone in receipt of social welfare have been gradually edging towards a work activation model. The review of OPFP in 2000 recognised that 'developments in relation to compulsory work tests or time limits on claiming may be neither practical nor acceptable at this point in time' (Department of Social, Community and Family Affairs, 2000, p. 83). The government's review of the OPFP in 2000 essentially supported a policy of incentives and encouragement, but not compulsion. The lack of childcare was highlighted as a key barrier to any such approach. However, 'it also recommended that the issue be reviewed again within two years, when access to childcare, training and education opportunities and progression paths to employment are more supportive' (NESF, 2001, p. 60). Under current provision, a lone parent can receive the payment until his/her child is 18 years old (22 years if in full-time education). The Review of OPFP (2000) found it difficult to arrive at solutions to the issues of cohabitation

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and custody of children, two of the main issues in the provision of OPFP (Department of Social, Community and Family Affairs, 2000).

‘Proposals to Support Lone Parents’ published in 2006 (DSFA, 2006) demonstrated another shift in government policy in this area. This document saw the strategy toward labour market connection being further developed. The proposals suggested restructuring of both One-parent family payment and Qualified adult allowances⁵ into a household means tested ‘Parental allowance’ (PA) for those who are primarily caring for children up to age seven. The rationale for these proposals has been linked by civil servants involved in their development to reducing child poverty and increasing female participation in the labour market, in line with the Lisbon Agenda (Millar et al., 2012). In addition, the numbers in receipt of a social protection support for lone parents are a factor in relation to government spending. These rose from 10,127 in 1979, to over 80,000 in the late 2000s. However, Millar et al. (2012) argue that enforcing such a work requirement in Ireland may increase employment, but will not necessarily address the issue of poverty. They contend that as educational levels of parents in this situation can be low and opportunities (in rural areas in particular) poor, it is likely that the transition from welfare will be to low-paid jobs, with little security or scope for mobility (Millar et al., 2012).

Millar et al., (2012) argue that these sorts of policies are shaped by the notion of ‘helping individuals to help themselves’ through their (re-) integration into the labour force (Millar et al., 2012). The introduction of this activation policy was a condition of the Troika bailout of Ireland in terms of savings to be made in social welfare spending and wider reform of social welfare, moving from a contingency structured regime to one that identifies claimants by reference to their relationship with the labour market – claimants are simply young, old or ‘working age’ (Millar and Crossse, forthcoming). Changes introduced in Budget 2013 meant that the age

⁵ These are the payments associated with adult dependents in families on social welfare. They are usually claimed by women where the male partner in the family is still perceived in welfare policy as the breadwinner. The qualified allowance welfare rate is about half of the full rate.

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threshold of the youngest child was reduced from 18 to 7 over a phased period of years. Those lone parents who no longer qualified for the OPFP would instead claim Jobseeker's Allowance and must be genuinely seeking work. By July 2015 all those in receipt of the OPFP with a child aged over seven will be moved to Jobseeker's allowance (Millar and Crosse, forthcoming).

McKeown (2000) also critiques current policy in relation to the role of the father. He argues that:

single parenthood is primarily associated with socio-economic disadvantage and this is strongly shaped by the way in which the state intervenes to support families in disadvantaged circumstances.

(McKeown, 2000, p. 5)

McKeown (2000) further argues that the current income support policy undermines the position of the father in the family, the potential for cohabitation, the payment of maintenance and other arrangements of co-parenting (McKeown, 2000). He states that there are a number of ideological barriers in policy that undermine families: which take the form of seeing families from either a mother's perspective or a child's perspective, but rarely from a father's perspective, legal barriers which exclude the single father from full parenting rights to the child, and income support barriers as a result of the operation of the OPFP which supplant rather than support fathers (McKeown, 2000). Current policy places all responsibility on the mother and neglects mechanisms (supportive or punitive) that involve fathers. The incremental development of policy regarding lone parents has been based on a range of underlying features of the welfare system (NESF, 2001, p. 25). These underlying features and concerns include moral stigma against the idea of birth outside marriage, protection of the traditional two-parent family model and preference for the patriarchal male breadwinner model of familial provision.

2.7 The Irish Traveller Community

As one of the cases in this study, Brigid is a member of the Traveller community, it is important to note that Irish Travellers are a small indigenous minority group that has been part of Irish society for centuries. They have a value system, language, customs and traditions, which make them an identifiable group, both to themselves and to others (Collins, 1997; Pavee Point, 2013). Cultural features of Traveller life are significantly different to the wider 'settled' community and include nomadism, a strong focus on the extended family (Gmelch, 1985; Helleiner, 2003; Hourigan and Campbell, 2010, p. 45) and a collective identity (Collins, 1997; O'Connell, 1997; Collins, 2000). Religion is also a key feature of Traveller life (Brownlee, 2011). Their distinctive lifestyle and culture, based on a nomadic tradition, sets them apart from the general population and characterises this group as a separate ethnic minority (Collins, 1997).

O'Connell (1997) observes that Irish state policies affecting Travellers can be divided into the following three phases and linked to specific policy documents:

- The assimilation phase, (Report of the Commission on Itinerancy in 1963)
- The integration phase 1980–1990, (Report of the Travelling People Review Body in 1983)
- The intercultural phase 1990 – ongoing (Report of the Task Force on Travelling People in 1995).

Each phase is associated with a key publication, which contains an analysis of the issues and strategies to bring about change. The first two phases problematize the Irish Traveller and attempt to construct policies to address the problems. The latter phase offers an opportunity towards recognition of Traveller identity and a move towards interculturalism.

The social exclusion and discriminatory treatment of Travellers in Ireland on an individual and collective level cannot be over-emphasised. Discrimination, based on negative stereotypes and racist ideologies of innate

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inferiority (Collins, 1997; O'Connell, 1997; McElwee et al., 2003), and experienced by the Traveller community in Ireland economically (DoHC., 2010; CSO, 2011) and in the fields of education (O'Connell, 1997; Kenny, 2004; O'Hanlon and Holmes, 2004; Levinson and Sparkes, 2006; Hourigan and Campbell, 2010) and health (DoHC, 2010; CSO, 2011, p. 27) are well established.

The Equal Status Act (Government of Ireland, 2002, p. 7) defined the Traveller community as follows:

Traveller community means the community of people who are commonly called Travellers and who are identified (both by themselves and others) as people with a shared history, culture and traditions, including historically, a nomadic way of life on the island of Ireland.

(Government of Ireland, 2002, p. 7)

This is the same definition as the Race Relations Order in Northern Ireland (UK Parliament, 1997). Traveller separateness, partly by choice, enables them to retain their identity as an ethnic group, often in the face of opposition and pressure to conform to general societal norms (Ní Shuinear, 1994). However, their experience of low social status and exclusion can prevent them from participating as equals in society and is often aggravated by hostility and misconceptions of people towards them (Helleiner, 2000).

2.7.1 The Traveller population

A census of the Traveller community in Ireland was undertaken in 2008 as part of the All-Ireland Traveller Health Study. The estimated Traveller population in the Republic of Ireland according to this study is 36,224. The population pyramid is very similar to that in developing countries, with a wide base that narrows steeply. This is indicative of a high birth rate and a young population. As Travellers get older, the population pyramid becomes narrower at the top. This is due to high mortality rates at a younger age,

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caused by poor health, poorer living conditions and lack of access to culturally appropriate health and education services.

2.7.2 ‘Single mothers’ in the Traveller community

There is very little research and literature specifically on women from the Traveller community. Patriarchy and traditional gender roles still exist within the Traveller community.

Gender inequality within, and outside, the Traveller community and the prevalence of the high level of discrimination as detailed above, mean that Traveller women face three-fold discrimination – as Travellers, as women and specifically as Traveller women’
(Pavee Point, 2011, p. 16).

Pavee Point (2011) outlines that

Traveller women play an important role in their immediate family and the wider community. They usually have responsibility for the home, family and children and frequently struggle to survive on low incomes. Traveller women also often take on leadership roles, acting as spokespeople and mediators with services.
(Pavee Point, 2011, p. 14).

Pavee Point (2011) describes how Traveller parents are generally strict with and protective of their daughters, who are not expected

to ‘date’ boys or to engage in sex outside of marriage. Young women are expected to marry, often at the age of 18, to move to their husband’s site to be with his family and to have children
(Pavee Point, 2011, p. 15).

The All-Ireland Traveller Health (AITHS) study provided us with information about women in the community. The average age of

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Traveller mothers in 2013 is the same as it was in 1987. Traveller mothers are younger compared to the general Irish population. The crude birth rate has shown a fall compared to 1987 but it remains one of the highest in Europe. The total fertility rate for Travellers in Ireland is 2.9 compared with 2.1 in the general population (Lunn et al., 2009). However there has been improvement in the sexual health knowledge of Traveller women and increased use of contraception by Travellers (DoHC, 2010). The AITHS does not provide an analysis of the marital status of Traveller women in relation to their health and well-being or the number of children they have. This is possibly due to cultural sensitivity to this within the community. However, according to Lunn (2009), Traveller women are five times less likely to have a baby outside of marriage than other women in Ireland (Lunn, 2009, p. 86).

There are marked differences between the demographics and family formation between the Traveller community and the general population in Ireland and thus also many differences between the experiences of a single woman mother in the Traveller community. In addition the social exclusion of Travellers in Ireland on an individual and collective level cannot be over-emphasised.

2.8 Conclusion

Mahon et al. argue that ‘deviancy, stigma, shame and condemnation have all attached to non-marital pregnancy’ (Mahon et al., 1998, pp. 531–536). More recent studies have highlighted that this is still the case (Hyde, 2000; Millar et al., 2012; Conlon, 2006). Single mothers and their children still face great difficulties, despite improvements in income support (Farren and Dempsey, 1998; McKeown, 2000, p. 1). In this chapter, I outlined the social and policy context with regard to single mothers in Ireland by providing an overview of the historical policy developments in relation to women, the relevant demographic changes that have happened in Ireland in the latter part of the twentieth century and an exploration of policies as they have evolved specifically in relation to ‘unmarried’ mothers in Ireland. The policy

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changes that occurred since the early 1970s have advanced the status of unmarried mothers in many regards, but in 2013 they are still one of the most disadvantaged groups in Irish society. The next chapter discusses the literature relevant to this research study.

Chapter Three

Literature Review

3.1 Introduction

This research seeks to examine how single women experience pregnancy and motherhood alone in Ireland. In this chapter, a review of the relevant literature is presented in an attempt to address the overarching aim and objectives of this study. The purpose of this literature review is twofold. Firstly, I present the research to date on single women's motherhood in Ireland in the context of the literature on motherhood in Ireland. This literature was reviewed in advance of the data collection and updated after the data collection and analysis. Secondly, I introduce the reader to some of the concepts that are relevant to the analysis of the data in this study. As this study was conducted inductively and the analysis grounded in the data, this section was completed during and after the data analysis. Section 2.2 explores the social construction of pregnancy and motherhood in the Irish cultural context. Section 2.3 examines the literature on the experiences of pregnancy and motherhood of single women in the Irish context. This section will situate the literature on single women within the literature on motherhood and womanhood in Ireland. The following sections introduce the concepts of familism, patriarchy and stigma, which will be discussed further in relation to the data gathered and the particular interest of this study in Chapter Nine.

3.2 Sexuality, Pregnancy and Motherhood in the Irish Cultural Context

In this section, cultural narratives of womanhood, pregnancy and motherhood in Ireland are discussed and in particular the social construction of woman/mother found in the Irish constitution, legislation and policy. This is an important backdrop to understanding how single mothers have been

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socially constructed and understood in Ireland. The legislative and policy context is outlined in much greater detail in Chapter Two.

3.2.1 Patriarchy and familism

An understanding of patriarchy is useful in a study that problematizes the socially constructed nature of gender in relation to the social organisation of reproduction. Patriarchy refers to the structures and practices which give rise to women's continued disadvantage in gender relations (Byrne, 2000, p. xiv). Bourdieu argues that patriarchy is the sexual division of labour which assigns each sex of their place, time and instruments structures space to promote masculine domination (Bourdieu, 2001, p. 10). Bourdieu outlines that:

The established order, with its relations of domination, its rights and prerogatives, privileges and injustices, ultimately perpetuates itself so easily, apart from a few historical accidents, and that the most intolerable conditions of existence can so often be perceived as acceptable and even natural.

(Bourdieu, 2001, p. 1)

Bourdieu further argues that masculine sociality legitimates a relationship of domination, by constructing it as biological nature rather than social construction (Bourdieu, 2001, pp. 22–23). The particularity of the dominant is that they are in a position to ensure that 'their particular way of being is recognized as universal' (Bourdieu, 2001, p. 57). According to Bourdieu, the work of societal reproduction was performed, until recently, by three main institutions: the family, the church and the educational system (Bourdieu, 2001, p. 85).

The Catholic church, particularly relevant in a study on Ireland, was the authorized reproducer of a negative and damaged vision of women and womanhood by condemning all female offences against decency, and, it explicitly inculcates (or used to inculcate) a familist morality, entirely

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dominated by patriarchal values, with, in particular, the dogma of the radical inferiority of women (Bourdieu, 2001, p. 85).

Ireland has been described as a patriarchal society, moving from private to public patriarchy, from the household as the main site for women's oppression, to public sites such as employment and the state (Mahon, 1994; O'Connor, 1998, 2000, 2006). Patriarchal gendered relations is theorised in the Irish context (Mahon, 1994; O'Connor, 1998, 2000, 2006; Byrne, 1997, 2000; Coakley, 2000; Kennedy, 2004; Smyth, 2005). Structural analysis of gender identities shows that a narrow range of gender and sexual identities were tolerated traditionally in Ireland (Byrne, 2000). As is outlined in Chapter Two Section 2.3.1. Article 41 of the Irish constitution gives constitutional protection to the traditional marital Irish family composed of the breadwinner husband and full-time housewife with home duties⁶. Mother and woman are used interchangeably in this constitution. Byrne also outlines the cultural dominance in Ireland for 'marital reproductive' sexuality (2000, p. 360). A constitutional review group was established in 1995 but did not review this article of the constitution. This means that families formed outside of marriage remain in outsider positions (Byrne, 2000). Kleinman argues that this creates a 'hegemonic femininity' – which in Ireland means 'married motherhood' is intrinsically linked to a cultural ideal of being a 'good' woman. This promotes a form of structural violence that constricts 'single women's sexuality, fertility, and maternity' (Kleinman, 2000, p. 336).

Byrne argues that the widespread 'acceptance and use of the prime term 'marital' indicates the significance of the institution of marriage in authoritatively delineating identity boundaries' (Byrne, 2000, p. 33). She contends that there is a:

relationship between the institution of marriage [...] and institutionalised social identities: the classificatory system of marital status designates a number of possible and permissible

⁶ Refer to Chapter Two Section

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social identities, differentiating in the first instance the married from the not married.

(Byrne, 2000, p. 33)

In this 'hierarchy of identities' marital status designates 'ever married persons (married, widowed, separated and divorced persons) as insiders' and 'never-married persons are named as outsiders' (Byrne, 2000, p. 32). However, as Hyde also notes whether intended or not, non-marital pregnancies also presented a challenge to the institution of marriage in its traditional form and the patriarchal baggage that goes with it (Hyde, 1996, p. 208). Marriage is coming more under threat from different dimensions of society (Jackson, 2010).

Familism is evident in the Irish constitution, women's social rights were provided for in the 'context of dependence within the family' (Yeates, 1997, p. 142). It was assumed that women would be provided for and protected by the family. Irish identity was closely aligned to the importance of the family as a fundamental unit in society. The role of married women as homemakers who were economically dependent on their spouses was essential to the maintenance of this unit (Yeates, 1997, p. 142).

This is a familist model that assumes women's dependence in the family and establishes a crucial relationship between paid work, unpaid work and welfare and creates a tiered system of social rights (Coakley, 1997, p. 182). Chapter Two Section 2.3 outlines the social policy context for Irish women in detail. According to Coakley, the female stratum of welfare is based on social assistance which is needs-based while the male status of benefits is dependent on labour. As dependants, women and children have dependency-based social rights. Income sharing is assumed in families. The familist boundaries have changed in recent years in the reconstruction of dependency but a dualism in social citizenship remains (Coakley, 1997, p. 193). Furthermore, the dual role of women as mothers and workers is not acknowledged (Coakley, 2000, p. 192).

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3.2.2 Nation building

Since the foundation of the state in 1932, the formation and maintenance of Irish national and cultural identity has relied on a number of core institutions such as the family (Byrne, 2000, p. xi).

Women's reproductive bodies have featured centrally in attempts by the post-colonial entity to carve out a particular Irish identity which has shaped women's pregnancy and motherhood experiences. It has long been argued by Irish feminist analysts that 'the cultural narrative of pregnancy and fertility in Ireland has been central to the project of the construction of an identity of Irishness through woman/mother' (Smyth, 1992; Fletcher, 1995; Gray and Ryan, 1997; Conlon, 2006). The state 'constructed a national identity on based on familism, religiosity and nationalism in an effort to secure legitimacy for and adherence to a newly emerging state' (Byrne, 2000, p. xv).

Analyses of representations of womanhood in Irish identity illustrate how the nation has traditionally been symbolised by Irish motherhood, with reproductive maturity defining female subjectivity within Irish discourse (Gray and Ryan, 1997; O'Connor, 1998; Inglis, 2003). Within this overall narrative of Ireland's fertility is the story of Irish women's pregnancy experiences and within this narrative is the story of single women's pregnancies and motherhood. Gray and Ryan's (1997) analysis of the discursive construction of Ireland as female, demonstrate how representations of womanhood in Irish identity at the foundation of the state acted as a medium through which the vulnerability and need for protection of the young state could be given expression. This in turn gave rise to women's sexual behaviour being linked with the dignity and integrity of the nation in an oppressive way that was designed to control women.

Following a traditionalist form of nation building, the family was placed at the centre of Irish culture and the nation came to be increasingly symbolised by Irish motherhood. The images of woman and mothers emanating from such symbolism contained messages about appropriate lifestyles of women and young girls, with particular prescriptions regarding women's sexual

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behaviour and in particular the appropriate context for motherhood (Gray and Ryan, 1997).

While Gray and Ryan (1997) acknowledge the massive socio-economic changes that have occurred in Ireland since the 1920s, they argue that there are continuities in the use of such symbols and representations of women in the Irish context. In particular, the designation of the traditional nuclear marriage-based family with the mother at its centre as the core unit of Irish society has endured. Highly proscribed sexual morality located particularly in the control of women's bodies has meant that pregnancy has in turn also been prescribed this way.

Catholicism was a critical ideology within Irish nation building that generated such symbolism. Smyth (2005) argues how in the project of nation building, colonial and colonised national identities are constructed relationally. She believes that Irishness was constructed as 'not-English'. In addition she argues that 'Catholicism came to be central in that which sets the Irish apart' (Smyth, 2005, p. 35).

Smyth described hegemonic Irishness throughout the twentieth century as characterised by themes of Catholicism, traditionalism, familism and masculinise heterosexuality (2005, p. 37). Kennedy (2004) characterises women's experiences of motherhood within this cultural context as one marked by struggle, where women are confined and constrained by their reproductive role by a patriarchal state and church who sets out to define woman as mother, and at the same time shaping policies that leave women unsupported in mothering.

The ideology of the family and familism are relevant to any analysis of Irish culture. Familism refers to the centrality of the family and to the prioritizing of family unity and needs over individual members' interests and needs (Ingoldsby, 1991; Garcia, 2002). Familism promotes the subordination of women's interests and needs as well as privileges men's authority and power in the family unit. It is an ideology in which the marital family is

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treated as a social, cultural, political, economic and affective unit, which is antithetical to individualism or the realisation of autonomy for its female and child members. Marital status is a core part of the construction of Irish national and cultural identity (Byrne, 2000).

In Ireland, there is an ideology of heterosexual patriarchal familism in construction of the state and in the policy it creates.

3.3 The Pregnancy and Motherhood of Single Women in Ireland

Non-marital childbearing in Ireland has increased sharply in the past forty years (Central Statistics Office, 1974–1994, 1995, 1996, 2002, 2006, 2011) – this is discussed in greater detail in Chapter Three Section 3.4. There has been a corresponding proliferation in research and literature on the subject and the experience of single mothers. In the majority of studies up to the 1990s, it is well documented that non-marital childbearing was considered to fall well short of acceptable social standards of organizing reproduction and was met with strong disapproval (Viney, 1964; Kilkenny Social Services, 1972; Darling, 1984; O'Hare et al., 1987; Smyth, 1992; Hyde, 1996, 1997, 1998, 2000, 2001). Prior to the 1990s, the majority of single mothers could not keep their children and institutional segregation of these mothers was commonplace. Ireland's strong Catholic ideology and concern with sexual morality is at the fore of policy and the experience of women as documented by Kilkenny Social Services, 1972; Darling, 1984; O'Hare et al., 1987; Smyth, 1992; Hyde, 1997, 1996, 1998, 2000.

The representation of single motherhood reflects debates of morality, religiosity and welfare burden. Luddy (2011) highlights the way in which 'unmarried mothers' are portrayed throughout the nineteenth and twentieth centuries as immoral, and they and their children as a drain on resources and a burden on taxpayers. Concerns were based on the notion of the illegitimacy of these unmarried single women's children and on the influence these women had on the fabric of the family as well as the morality of society and the burden of cost on the state (Luddy, 2011).

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Studies also highlighted the challenges of what they termed non-marital motherhood including: poverty, negative societal attitudes, personal and familial struggles, social exclusion and stigma (Viney, 1964; Kilkenny Social Services, 1972; Darling, 1984; O'Hare et al., 1987; Smyth, 1992; Hyde, 1996, 1997, 1998, 2000). The research shows that single mothers are culturally undervalued and vilified while the fathers in question are ignored (McKeown, 2000). Ireland's legislative and policy structure with regard to this group is at the fore of much of the research and the analysis of the experience of non-marital motherhood in Ireland. The responsibility of the mother is highlighted and the responsibilities of fathers are ignored (McKeown, 2000).

However, by the 1990s, the percentage of births outside marriage had trebled, most non-marital children were being kept by their mothers and there was evidence of a growing acceptance of 'sex before marriage'. More recent research (from this period) has focused on the social welfare context and the labour market in relation to single mothers (McCashin, 1996; Millar et al., 2007; Cavan Lone Parents' Initiative, 2007; Paul Partnership, 2007). Many of these reports focus on parenting alone and employment and are often a response to government interest in the area, and funding in many cases. In recent years, very little research has been undertaken in the Irish context that explores the subjective experiences of being a single women parenting alone.

However, Millar et al. (2007) highlight that current representations of single motherhood focus on the cost to society of financial dependency. The issue of morality has somewhat changed, the discourse surrounding the drain lone parents place on resources has certainly not disappeared and is keenly felt by lone parents in Ireland (Millar et al., 2007). Millar and Crosse (forthcoming) argue that this is also 'the primary motivator in social welfare policy in relation to this group' in current policy constructions in Ireland (Millar and Crosse, forthcoming).

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There is also a growing 'class disgust' discourse which reveals how single mothers are being compared to middle class cultural practices and norms (Power, 2011). Imogen Tyler (2008, p. 18) traces the evolution of the term 'chav' within the British media and reveals representations in particular of teenage mothers as 'an intensely affective figure that embodies historically familiar and contemporary anxieties about female sexuality, reproduction, fertility, and 'racial mixing'. There is a representation of the 'chav' as the single mother 'immoral, filthy, vulgar, tasteless, working class whore' (Tyler, 2008, p 26). This depiction includes the image of this mother as the 'dole scrounger', 'pram faced' individual (Tyler, 2008) who embodies the 'lazy, idle, working class' (Jones, 2011; Russell, 2012) as the nemesis to the middle class affluent woman (Tyler, 2008).

Arai (2009) highlights that in the UK, the negative media coverage of teenage pregnancy in the media contributes to the reinforcement of negative societal attitudes towards teenage mothers. These representations are reiterated in the literature that reveals the stigmatisation of the teenage mother who intentionally becomes pregnant in order to get welfare benefits or housing (Lessa, 2005; Carabine, 2007). Teenage mothers portrayed as an economic burden, social pariah and social problem contribute to the notion of the teenage mother as a 'lesser citizen' (Arai, 2009). The portrayal of the single mother within the context of class disgust discourse is framed as 'problematic' being welfare dependent with no means of being self-sufficient (Power, 2011).

Societal representations of 'single mothers' portray a negative picture. Hadfield et al.'s, (2007) review of media debates with regards to fertility, choice and motherhood highlight the scrutiny and criticism of women who do not fit societal notions of 'normalcy' with regards to when one becomes a parent. This scrutiny and criticism is heightened with regards to the option to choose parenthood in the light of other options available to women such as contraception and abortion. In Ireland, this type of overt stigma can even be seen in the national newspaper of record The Irish Times. In 2005, Kevin Myers called single women with children 'MOBs' – mother of bastards in a

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tirade against social security for women parenting alone. First of all that the article as published at all is shocking. The backlash in the following days and weeks demonstrated that there were many others that agreed with him.

The literature on one-parent families in Ireland has been also racialised in the sense that the majority of research has been confined to white subjects. Very few studies have included the perspectives of immigrant women. Not one study has explicitly included single women from the Traveller community.

3.4 Stigma

Stigma is a multidimensional concept based on difference from the norm which results in exclusion. During the past fifty years, the construct of stigma has gone through an evolution in its definition, from a construct largely grounded in the individual to one rooted in social space. Link and Phelan (2001) note that the stigma concept has been applied to myriad circumstances and stigmatized groups. The most dominant in the literature have been: obesity, mental health, disability, and HIV and AIDS.

Sociological approaches push us to conceive of stigma as a social process with multiple dimensions. The sociological perspectives on stigma has developed in two directions – those that work from a symbolic interactionist perspective, such as Goffman (1963), Falk (2001) and others, and those that identifies stigma in a broader framework of power and domination and as central to reproducing structures of hegemony and control (Link and Phelan, 2001; Yang, 2007). This section will explore both of these directions. As this research is keenly interested in the structural dimensions of social interaction and the relationship between micro and macro, understanding the effects of the macro levels on the life of the individual is relevant to the pursuits of this research. I will begin by outlining the interactionist perspective developed by Goffman (1963) and Falk (2001) and subsequently discuss the more structural analysis of stigma developed by Link and Phelan (2001), Corrigan et al. (2004), Yang et al. (2005), Pescosolido (2008), and others.

3.4.1 Goffman's model of stigma

Goffman (1963) outlined the first sociological theory of stigma. In 'Stigma: Notes on the Management of Spoilt Identity', Goffman (1963) notes that the term 'stigma' originated in ancient Greece, where it referred to bodily markings such as branding which identified people as criminals, slaves or traitors (1963, p. 1). Stigma is described by Goffman as 'the state of being disqualified from social acceptance' (1963, p. 1) whereby an individual is rejected as a result of an attribute that is 'deeply discredited' (1963, p. 3). Stigma is a process by which the reaction of others spoils the 'normal identity' of the stigmatized (1963, p. 5).

Goffman's analysis examines published works on the lives of people with: physical disabilities, mental illness, as well as other stigmatised groups such as women working as prostitutes, people who are gay, people who have literacy difficulties, among others. Goffman uses the term social identity to describe an individual's portrayed and perceived social attributes. He distinguished between 'virtual' and 'actual' social identities. Stigma occurs as a discrepancy between 'virtual social identity' – how a person is characterized by society – and 'actual social identity' – the attributes possessed by a person (Goffman, 1963, p. 2). Social identities are socially constructed and are validated in their interaction with others. Social identities are taken for granted and unconscious aspects of identity are rarely questioned (Byrne, 2000). Goffman's description of stigma focuses on the public's attitude towards a person who possesses an attribute that falls short of societal expectations and how that identity is managed by the stigmatized person. The stigmatized person is reduced 'from a whole and usual person to a tainted, discounted one' (Goffman, 1963, p. 3).

Goffman points out that the stigma relationship is one between an individual and a social setting with a given set of expectations. He views processes of social construction as central and he describes stigma as 'a special kind of relationship between an attribute and a stereotype' (Goffman, 1963, p. 4). It

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is contained in 'bodily signs designed to expose something unusual or bad about the moral status of the signifier' (Goffman, 1963, p. 11). Goffman (1963, p. 14) distinguishes between stigmatized persons that are 'discredited' – where the stigmatized person assumes that his or her difference is immediately perceptible and the management of tension in social encounters is central and 'discreditable' – where the person's stigma is not known to the observer, or perceivable by him or her, and the management of information is central.

Goffman states that information about social status is passed through signs and symbols in everyday life. He argues that the information and signs through which it is conveyed is 'reflexive and embodied – that is conveyed by the very person it is about' (Goffman, 1963, p. 43). Symbols can be 'prestige' or 'status symbols' or 'stigma symbols' (Goffman, 1963, p. 43). Goffman states that signs are not always reliable and can vary in terms of their permanence, or whether they are voluntary or involuntary. Some signs can have different meanings, and some are unreliable (Goffman, 1963, p. 46). In the management of their social identity, the stigmatized can also deploy 'dis-identifiers' which can hide their stigma (1963, p. 44).

Goffman uses the term 'moral career' (1963, p. 32) to describe the socialisation process of the stigmatized. The stigmatized individual can learn about their discreditable attribute while also learning about the situation of 'normals' and the consequences for them of possessing a stigma. Goffman claims that the stigmatized person may believe that he is 'normal' and feels he is entitled to a fair chance just like everyone else.

Special problems arise during contact with 'normals', so these are often avoided where possible. However, hiding can lead to depression, isolation and anxiety. The stigmatized can become self-conscious when 'normals' are present (Goffman, 1963, p. 12) as they feel exposed to staring, to curious strangers and their false shows of interest and can develop avoidance, covering, an air of hostile bravado, and are acutely aware of the dangers of interaction (Goffman, 1963, p. 13). At the same time, in the presence of

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‘normals’, the stigmatized can feel shame which can lead to self-hate and self-degradation (Goffman, 1963, p. 7).

According to Goffman, a number of responses to being stigmatized are possible. People can attempt to cover or hide the source of their stigma. Stigmatized persons make special efforts to compensate for their stigma. Stigmatized persons sometimes refuse to accept norms and also reassess the limitations of ‘normals’. They can use their stigma as an alibi for their own lack of success (Goffman, 1963, p. 10–11). According to Goffman, the visibility of the stigma affects the ability to pass as ‘normal’. Passing depends on both perceptibility and knowledge of the audience (Goffman, 1963, p. 73–76). The stigmatized can claim that they are only temporarily stigmatized, or learn to conceal their stigma. Fear of exposure may be covered by social norms and the stigmatized may be exposed by accidental encounters. Some necessarily live a convoluted double life. The stigmatized learn to manage various degrees of passing, from occasional to permanent. This can lead to the individual suffering permanent anxiety that they are not passing effectively, that everyone really knows. The stigmatized need to be able to read the requirements of particular places – their stigma may be prohibited in some, tolerated in others, and ignored in others. Even successful passing can be problematic. Close relationships must be avoided, and passing can lead to self-contempt, especially if the stigmatized find themselves forced to agree on the negative views of their condition (1963, p. 86). The stigmatized can also decide to disclose their situation. They may engage in purposeful slips as a form of ‘disclosure etiquette’, a formula whereby the individual admits his own failing in a matter-of-fact way, supporting the assumption that those present are above such concerns, while preventing them from trapping themselves into showing they are not (Goffman, 1963, p. 101).

Goffman divides the individual’s relation to a stigma into three categories: the stigmatized are those who bear the stigma; the ‘normals’ are those who do not bear the stigma; and the wise are those among the ‘normals’ who are accepted by the stigmatized as ‘wise’ to their condition. The ‘wise’

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‘normals’ are not merely those who are in some sense accepting of the stigma, they are:

... those whose special situation has made them intimately privy to the secret life of the stigmatized individual and sympathetic with it, and who find themselves accorded a measure of acceptance, a measure of courtesy membership in the clan ... Wise persons are the marginal men before whom the individual with a fault need feel no shame nor exert self-control, knowing that in spite of his failing he will be seen as an ordinary other.

(Goffman, 1963, p. 28)

Goffman notes that the ‘wise’ may in certain social situations also bear the stigma with respect to other ‘normals’: that is, they may also be stigmatized by association (Goffman, 1963, p. 31). Goffman acknowledges that stigma reduces life chances, opportunities and equality of outcome for the stigmatized.

The stigmatized may also stratify themselves against others who are stigmatized in the same way. They may be critical of incompetent displays by persons like themselves, and then feel further shame at being ashamed. Goffman (1963) argues that stigmatized persons tend to ‘stratify’ their stigma and display a separation from more evidently stigmatized people within the same broad category. They can then adopt attitudes close to those of ‘normals’ with regard to individuals obviously more stigmatized.

3.4.2 Critiques of Goffman

There are two main critiques of Goffman's work – Carnevale (2007) and Denzin (2002). Goffman is critiqued for describing the process of stigmatization and how it occurs but not analysing it in broader sociological terms. A further critique is that it confers a seemingly helpless role on

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persons with stigmatized features (Carnevale, 2007) and thus is descriptive and interpretive, but not transformative.

Goffman is also criticised for assuming a functionalist perspective – stigma is part of the social order and regulates and legitimates. He claims that ‘stigmatization may have underlying social functions – including helping social control, devaluing others in order to gain a competitive advantage’ (Goffman, 1963, p. 137) According to Denzin (2002, p. 129), ‘Goffman’s actors did not resist, they conformed to the requirements of a local and global capitalism that erased class, race, and gender in the name of a universal, circumspect human nature’. It is argued that Goffman had depoliticized social interaction by ignoring the structures of power, status and class inequality. Denzin (2002) does acknowledge that this was a flaw of the sociology of the time.

In addition, the use of the term normal could be contested in Goffman’s framework. It creates a dichotomy between the ‘normals’ and the ‘stigmatized’. Goffman however put terms like ‘normal’ in inverted commas to indicate his reservations with using it.

3.4.3 Falk’s development of Goffman’s framework

Gerhard Falk in ‘Stigma: How we treat outsiders’ (2001) develops Goffman's framework on stigma to analyse how we treat outsiders in our society. Falk argues that every human society establishes boundaries between those considered ‘insiders’ and those who carry with them a stigma or label, often one of disapproval. Falk develops Goffman's original framework by distinguishing between two types of stigma – existential stigma and achieved stigma. Existential stigma is a condition over which the individual or group has little control (Falk, 2001, p. 11). His analysis focuses those with mental illness, those with an intellectual disability and people who are gay. Those who have received a stigma because of their actions have ‘achieved stigma’. The results are the same whether ascribed or

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achieved. Falk aims to provide an insight in to the conditions and functions of stigma in human culture (Falk, 2001, p. 13).

According to Falk 'stigma' refers to an invisible sign of disapproval which permits 'insiders' to draw a line around the 'outsiders' in order to demarcate the limits of inclusion in any group. The demarcation permits:

... insiders to know who is 'in' and who is 'out' and allows the group to maintain its solidarity by demonstrating what happen to those who deviate from accepted norms of conduct.

(Falk, 2001, p. 17)

Falk defines deviant as those 'who deviate from the expectations of a group' and categorizing deviance into two types: 'societal deviance' and 'situational deviance'. 'Societal deviance' is a condition widely perceived, in advance and in general, as being deviant and hence stigmatized (Falk, 2001, p. 22).

Situational deviance on the other hand refers to a deviant act that is labelled as deviant in a specific situation, and may not be labelled deviant by society. Similarly, a socially deviant action might not be considered deviant in specific situations.

(Falk, 2001, p. 22)

'Situational deviance' cannot be stigmatized unless it is discovered, while societal stigma exists as potential labels to be attached to those who identify as deviant or are easily identified.

Falk argues that:

... all societies will always stigmatize some condition and some behaviour because doing so provides for group solidarity by delineating 'outsiders' from 'insiders'.

(Falk, 2001, p. 23)

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Like Goffman (1963), Falk argues that stigma has a social function:

Unity is provided to any collectivity by uniting those who are seen as a common threat to the social order and the morality of the group. Consequently the stigma and the stigmatization of some persons demarcate a boundary that reinforces the conduct of the conformists. Therefore a collective sense of morality is achieved by the creation of stigma and the stigmatization and deviance.

(Falk, 2001, p. 18)

Falk also uses Goffman's differentiation between discredited and discreditable and that the stigmatized also self-stigmatize and participate in the stigma of themselves and others:

... it is significant that stigma and stigmatization not only create negative reactions in the audience that perceives the feature that defines the outsider, but that the stigma and stigmatized are themselves part of the negative audience.

(Falk, 2001, pp. 20–1)

The main critique of Falk's work is his addition to Goffman's framework – the distinction between ascribed or existential and achieved stigmas. Falk claims that these can be distinguished between according to the level of control that the group has over their stigma. This of course is difficult to measure and also is at risk of ignoring the effects of the social structure on stigma.

3.4.4 Focusing on the cultural aspect of stigma

Taking stigma as a cultural process, Yang et al. (2007) argue that social responses to behaviours are shaped by shared cultural meanings (2007, p. 1527). Using this as the basis of their analysis, Yang et al. (2007) develop an understanding of stigma as an essentially moral issue in which stigmatized conditions threaten what is at stake for sufferers.

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According to this model, the concept of moral experience, or what is most at stake for actors in a local social world, provides an interpretive lens by which to understand the behaviours of both the stigmatized and stigmatizers, for it allows an examination of both as living with regard to what really matters and what is threatened.

(Yang et al., 2007, p. 1524)

In this analysis, Yang et al. (2007) propose that stigma exerts its core effects by threatening the loss of what is most at stake, or by actually diminishing or destroying that lived value. From this perspective, Yang et al. argue that:

Stigmatizing someone is not solely a response to sociological determinants or a deeply interpretive endeavour played out in a cultural unconscious. It is also a highly pragmatic, even tactical response to perceived threats, real dangers and fear of the unknown. This is what makes stigma so dangerous, durable, and difficult to curb.

(Yang et al., 2007, p. 1525)

The focus on moral experience also allows a reconceptualization of how the so-called 'others' constitute the world of stigma. These are the ones doing the stigmatizing, but they can also be members of a peer group, a social network, or a system of care (e.g., parents, doctors). This approach sees all members of a local space as inhabiting a shared social space. They are not just positioned differently within structures of stigma, status and prestige, they are bound together in local life. Yang et al. (2007) argue that from the vantage of moral experience, both the stigmatized and stigmatizers are seen as grappling with what makes social life and social worlds uncertain, dangerous and terribly real.

3.4.5 A structural approach to stigma

Theoretical analysis of stigma has gradually moved from an interactionist perspective to also incorporate a structural analysis.

Definitions and theoretical models of the stigma construct have gradually progressed from an individualistic focus towards an emphasis on stigma's social aspects.

(Yang et al., 2007, p. 1524)

Just as stigma definitions have increasingly articulated the construct as one based on social processes, models of how stigma exerts its negative effects have progressively emphasized its social aspects.

(Yang et al., 2007, p. 1525)

According to Pescosolido et al. (2008) such a:

... resurgence of research and policy efforts on stigma both facilitates and forces a reconsideration of the levels and types of factors that shape reactions to persons with conditions that engender prejudice and discrimination.

(Pescosolido, 2008, p. 431)

It is often argued that research on stigma to date is on a micro level and has an individualistic focus. Link and Phelan (2001) argue that research examining the sources and consequences of socially shaped exclusion from social and economic life are far less common. They stress that more attention needs to be given to structural issues (Link and Phelan, 2001, p. 366). They contend that many studies focus on the individual experiencing the stigma and like Corrigan et al. (2004) argue that:

... a better understanding of racism in America was achieved when civil rights activists and sociologists realized that discrimination affects people of colour in ways not explained by the direct psychological effects of an individual's bigoted attitudes and behaviour.

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(Corrigan et al., 2004, p. 481).

As Pescosolido (2008) also noted ‘we know relatively little about the sources of stigmatizing attitudes’ (Pescosolido et al., 2008, p. 432).

Link and Phelan (2001) make a number of critiques of previous research using the concept of stigma. The first of these criticisms is directed toward the clarity of the concept and follows from the observation that stigma is defined in different ways by different investigators. They explain the different definitions of stigma, the fact that the concept has been applied to a number of different circumstances, and that it has been used by researchers from many different disciplines, each with their own idea of what the word ‘stigma’ means. Link and Phelan (2001) also challenge the stigma concept because most of those who have studied it belong to the ‘normal’ population rather than those with a stigma, so they really don’t understand what it is like to live with the stigma they are researching.

Many social scientists who do not belong to stigmatized groups, and who study stigma, do so from the vantage point of theories that are uninformed by the lived experience of the people they study. While, they have a concern that research can result in a misunderstanding of the experience of the people who are stigmatized and the perpetuation of unsubstantiated assumptions (Link and Phelan, 2001, p. 365) which can result in further stigmatising the research participants (McDonagh, 2000; Krumer-Nevo and Benjamin, 2010; Krumer-Nevo and Sidi, 2012). Writing about disability, Fine and Asch (1988) identify five assumptions to support their argument. Research in disability often has the following underlying assumptions:

- disability is located solely in biology
- the problems of the disabled are due to disability-produced impairment
- the disabled person is a ‘victim’
- disability is central to the disabled person’s self-concept,

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self-definition, social comparisons and reference groups

- having a disability is synonymous with needing help and social support.

(Link and Phelan, 2001, p. 366)

Link and Phelan (2001) attempt to respond to the challenges put forward by writers (such as Fine and Asch, 1988; Schneider, 1988; Kleinman et al., 1995; Sayce, 1998) to the stigma concept. Link and Phelan use their critique 'both as a stimulus to return to the stigma concept and as a critical analytic lens in constructing a revised conceptualization' (Link and Phelan, 2001, p. 363). They take a sociological perspective and begin by attending to several core criticisms of the stigma concept and its application. Their research examines the source of stigma in the social structure, how it changes over time and the factors that influence it (Link and Phelan, 2001, p. 364).

In their model, Link and Phelan (2001) propose that stigma exists when five key components occur. The first of these is that individuals identify and label human differences. The second is when labelled differences are linked to stereotypes. This aspect of stigma was highlighted by Goffman (1963) and outlined above, and has been central to the conceptualization of stigma ever since. Thirdly, labelled individuals are placed in distinguished groups that serve to establish a sense of disconnection between 'us' and 'them'. Fourthly, labelled groups experience 'status loss and discrimination' that leads to unequal circumstances. An important element of Link and Phelan's (2006) analysis for this study is their recognition and understanding of structural discrimination and their inclusion of this aspect in their model. Yang et al. (2007) agree – 'Link and Phelan's definition represents a critical step towards viewing stigma as processual and created by structural power' (Yang et al., 2007, p. 1524).

Link and Phelan (2001) also highlight that status loss is a source of discrimination. They note that 'lower placement in a status hierarchy can begin to have effects of its own on a person's life chances' (Link and Phelan, 2001, p. 372). In addition, Link and Phelan (2001) argue that the

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cultural stereotype can affect a person's world view and that perception can have serious negative consequences. This is internalized discrimination. They note that 'the extent that stigmatized groups accept the dominant view of their lower status, they are less likely to challenge structural forms of discrimination that block opportunities they desire' (Link and Phelan, 2001, p. 375). Finally, they claim that stigma is entirely dependent on social, economic and political power. This can be viewed from two perspectives, firstly that which a society values has power and that which it does not value can become stigmatised. Secondly, the power differences between different people in the social structure can affect how they negotiate to stigma. Their ability to access power in different dimension of their lives affects their experience of stigma. Link and Phelan point out that:

... the role of power in stigma is frequently overlooked
because in many instances power differences are so taken for
granted as to seem unproblematic.

(Link and Phelan, 2001, p. 363)

To further elucidate this point, Link and Phelan acknowledge that groups both with and without power, label and form stereotypes about the other group but this only becomes 'stigma' when sufficient power is involved to subvert life chances of the less powerful group. Thus:

... access to social, economic, and political power that allows
the identification of differences, construction of stereotypes, the
separation of labelled persons into distinct groups, and the full
execution of disapproval, rejection, exclusion, and
discrimination.

(Link and Phelan, 2001, p. 363)

Link and Phelan (2001) apply the term stigma when elements of labelling, stereotyping, status loss and discrimination co-occur in a power situation that allows the components of stigma to unfold (Link and Phelan, 2001, p. 363). According to Link and Phelan:

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... because there are so many stigmatized circumstances and because stigmatizing processes can affect multiple domains of people's lives, stigmatization probably has a dramatic bearing on the distribution of life chances in such areas as earnings, housing, criminal involvement, health, and life itself. It follows that social scientists who are interested in understanding the distribution of such life chances should also be interested in stigma.

(Link and Phelan, 2001, p. 363)

Link and Phelan's conceptualization leads us to acknowledge that any approach must be multifaceted to address the many mechanisms that can lead to disadvantaged outcomes; and multilevel to address issues of both individual and structural discrimination. Secondly, any approach must ultimately address the fundamental cause of stigma:

... it must either change the deeply held attitudes and beliefs of powerful groups that lead to labelling, stereotyping, setting apart, devaluing, and discriminating, or it must change circumstances so as to limit the power of such groups.

(Link and Phelan, 2001, p. 381)

Link and Phelan also recommend future research that would assess the link between stigma and outcomes, to understand the social distributions of particular outcomes and the conditions under which stigma operates. This could help the development of multifaceted, multilevel interventions (Link and Phelan, 2001, p. 381).

In this article Link and Phelan (2006) identify three forms of discrimination. The first, 'direct discrimination' where the stigmatized person or group are directly discriminated against by another person. The second, 'structural discrimination' is less easily identifiable where the power associated by

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being part of the majority benefits some groups and disadvantages other (examples include race and social class) (Link and Phelan, 2006, p. 528).

A third type of:

discrimination occurs when stigmatised individuals realise that a negative label has been applied to them and that other people are likely to view them as less trustworthy and intelligent

(Link and Phelan, 2006, p. 528)

In this case stigmatized persons can behave:

less confidently and more defensively with others, or may simply avoid a threatening contact altogether.

(Link and Phelan, 2006, p. 528)

The outcomes of this according to Link and Phelan are:

strained and uncomfortable social interactions more constricted social networks, a compromised quality of life, low self-esteem, depressive symptoms, unemployment, and loss of income

(Link and Phelan, 2006, p. 528)

Link and Phelan (2006) argue that if all stigmatized conditions were considered together and all outcomes examined, stigma would be shown to have an enormous impact on people's lives and life chances (Link and Phelan, 2006, p. 528). In this model stigma is a mechanism for social exclusion of certain groups.

3.4.6 The FINIS model

Pescosolido et al. (2008) propose a framework that explicitly brings together theoretical insights from micro, meso and macro levels – the Framework Integrating Normative Influences on Stigma (FINIS). This framework starts with Goffman's notion that understanding stigma requires a language of

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social relationships, but acknowledges that individuals do not come to social interaction devoid of affect and motivation (Pescosolido et al., 2008, p. 431). They believe that social interactions take place in a context in which larger cultures structure normative expectations that create the space that facilitates stigma (Pescosolido et al., 2008, p. 431). According to Pescosolido et al. (2008):

labelling theory, social network theory, the limited capacity model of media influence, the social psychology of prejudice and discrimination, and theories of the welfare state all contribute to an understanding of the complex web of expectations shaping stigma.

(Pescosolido et al., 2008, p. 431).

The FINIS framework classifies stigma as a mark separating individuals from one another based on a socially conferred judgment that some persons or groups are tainted. Stigma often leads to negative beliefs (i.e., stereotypes), the endorsement of those negative stereotypes as real (i.e., prejudice), and a desire to avoid or exclude persons who hold stigmatized statuses (i.e., discrimination) (Link and Phelan, 2001; Corrigan et al., 2003). Like Goffman (1963), they argue that stigma is defined in, and enacted through, social interaction. However, because stigma is socially constructed in and through social relationships, the foundation for ‘differences’ that become solidified in stigma are normative, and thus the organizing focus for their framework (Pescosolido et al., 2008, p. 432). This framework acknowledges that individuals or groups do not come to social interaction devoid of affect, values and motivation and they exist in larger political, cultural and social contexts, which shape their expectations on all of these issues. As a result, this framework is complicated. The FINIS attempts to synthesize the variety of theoretical influences on stigma (Pescosolido et al., 2008, p. 434). Stigma lies at the interface of community and individual factors (Pescosolido, 1992).

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The FINIS framework focuses on the central theorem that several different levels of social life – micro, meso, and macro or societal-wide factors – set the normative expectations that play out in the process of stigmatization (Pescosolido et al., 2008). The FINIS model includes a macro level where the conceptualisation of stigma is embedded in a larger cultural context that shapes the extent to which stereotyping exists, the nature of social cleavages that define ‘others,’ and the way that different groups accept, reject or modify dominant cultural beliefs (Pescosolido et al., 2008, p. 435).

Pescosolido acknowledges that ‘cultural and historical forces shape norms’ (Pescosolido et al., 2008, p. 435). Very importantly,

... the national context provides an overarching ideology by categorizing stigmatized groups and providing clues to appropriate responses toward them. The larger context embeds normative expectations in and through economic development, social organization, and cultural systems because each reflects access to social power. Context sets the stage for available resources, the acceptability of acting on cultural biases, and in the end, the likelihood of recovery’

(Pescosolido et al., 2008, p. 436).

Pescosolido et al.’s (2008) FINIS provides a point of view, a set of assumptions and a conceptual map to understand this pervasive process.

3.5 Developing a Conceptual Framework for Analysing the Narratives of Single Women’s Pregnancy and Motherhood

The relationship between the individual and society has been described as the structure-action problem, with many sociologists focusing on one aspect or the other, and some seeking to understand the relationship between both, and the impact of the structure on the lives of individuals and collectives. In seeking to develop a theoretical framework through which to examine the

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empirical data in this study, I began to explore how this has been done in the past. A number of writers have made attempts to conceptualise the hidden social structures that shape the lives of individuals and collectives.

Kleinman (2000) analyses the ways in which the collective and individual suffering wrought by social forces often remains socially invisible, especially when it has been normalized by historically specific social practices that codify moral and ethical norms, social hierarchies and power relations. Parker and Aggleton (2003, p. 16–17) propose that forms of social control are embedded in established knowledge systems that legitimize structures of social inequality and limit the ability of marginalized peoples to resist these hegemonic forces. They argue that stigma is used by identifiable social actors who legitimate their dominant societal positions by maintaining social inequality. Stigma occurs at the convergence of culture, power and difference, engagements of social actors, involving cultural meanings, affective states, roles, and ideal types.

Macro-social structural forces also compound marginalization by limiting in advance the possibilities of other kinds of interactions or responses.

(Parker and Aggleton, 2003, p. 18).

Oliver (1992) argues that research examining the sources and consequences of pervasive, socially shaped exclusion from social and economic life are far less common. In addition, Fiske (1998) concludes that, at least within social psychology, the literature on discrimination is far less extensive than that on stereotyping and that more attention needs to be addressed to structural issues. Goffman (1963, p. 3) spoke about ‘a language of relationships, not attributes’. As Pescosolido noted ‘We know relatively little about the sources of stigmatizing attitudes’ (Pescosolido et al., 2008, p. 432). Link and Phelan (2001) argue that:

a core concern of sociology is to understand the distribution of life chances.

(Link and Phelan, 2001 p. 364)

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and they state that:

they believe that stigma processes have a dramatic and probably
a highly underestimated impact on such life chances

(Link and Phelan, 2001, p. 364)

This study agrees with this perspective and proposes that the terms used to conceptualise the focus of study can lead to different understandings of where responsibility lies for the issue of stigma, be it in the individual or the social sphere, which has consequences for different analysis and prescriptions for action.

Like inequality and oppression, stigma is a multi-faceted phenomenon, present at every level of experience of the human condition. It is present in: face-to-face interactions (micro), interactions with the immediate institutional structures in our lives (meso), the community established norms (exo), in relation to time (chrono) and in the ideologies that exist in our culture (macro). I am interested in the relationship context (Goffman, 1963) and the transactional nature, of stigma (Major and O'Brien, 2005) and in theoretical insights from micro, meso and macro levels of analysis (Pescosoido, 2008). I am interested in the process that makes stigma, stigma-identity differentiation, labelling, stereotyping, prejudice and discrimination, status loss and poor outcomes and the central importance of power in this process (Link and Phelan, 2001; Corrigan, 2004). I want to examine the influences of culture and ideology and the structural determinants of stigma (Corrigan, 2004). Thus it is necessary to use a conceptual model that explores and illuminates these various different dimensions.

Thompson (1997) developed a model to explore the workings of oppression. This model explores interpersonal and personal/structural over three levels – P (personal) C (cultural) and S (structural). He conceptualised it in three levels as depicted in the model below.

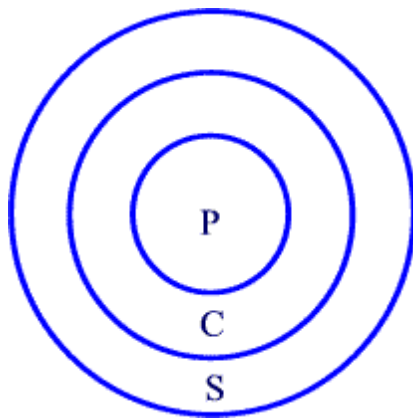


Figure 3.1 Thompson's Personal, Cultural, Structural (PCS) Model

The Personal Level is concerned with an individual's views, particularly in the case of a prejudice against a certain group of people. For example, this could relate to a young person who makes racist comments. It is purely related to individual actions and you are likely to come into contact with this in practice. The 'P' is located in the middle of the diagram, because that individual has his beliefs and ideas supported through two other levels. The Cultural Level relates to the 'shared values' or 'commonalties'. For example, shared beliefs about what is right and wrong, good or bad, can form a consensus. The Structural Level demonstrates how oppression is 'sewn into the fabric' of society through institutions that support both cultural norms and personal beliefs. Some institutions such as sections of the media, religion and the government can cement the beliefs.

I use a feminist and ecological approach using Thompson's (1997) Personal-Cultural-Structural (PCS) model as a conceptual tool to critically examine familism and hegemonic femininity in the Irish context and how these interact with women's experiences of stigma, and to move back and forth between women's individual experiences and the broader social settings in which these take place. A feminist approach that prioritises analysis of gender as a social category highlights how patriarchal structures and the historical and socio-cultural forces construct gender in ways that oppress women in Ireland. An ecological framework allows us to approach gendered cultural prescriptions as factors in women's experiences of single

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pregnancy and motherhood. The PCS model in particular facilitates a focus on the personal interactions, the cultural ideologies and the structural implications of both of these. It also facilitates consideration of factors beyond gender that may contribute to women's experiences.

3.6 Adding a Dramaturgical Lens

An additional focus which might be useful in this research is one on the self-presentation in the interview of the women, as it allows us to see how the women accounted for their situation. This can reveal a lot about the social structures in which they operate. In *The Presentation of Self in Everyday Life*, published in 1959, Goffman outlines the 'dramaturgical approach' approach for such an analysis of process and meaning in interaction. This can provide new insights into the interaction and its meaning in the broader social context (Goffman, 1959, p. 240). We construct our stories from others around us and to others around us with the repertoire available to us. This analytic lens focuses our attention towards the large stage narrative, which is made up of the small stage stories of each individual.

Interaction is viewed as a 'performance', shaped by environment and audience, constructed to provide others with 'impressions' that are consistent with the desired goals of the actor (Goffman, 1959, p. 17). The process of establishing social identity involves the concept of the 'front', which is described as 'that part of the individual's performance which regularly functions in a general and fixed fashion to define the situation for those who observe the performance' (Goffman, 1959, p. 22). The front establishes proper 'setting', 'appearance', and 'manner' for the social role assumed by the actor (Goffman, 1959, p. 27). The actor, in order to present a compelling front, is forced to fulfil the duties of the social role and communicate its activities and characteristics. This process, known as 'dramatic realization' (Goffman, 1959, p. 30), is predicated upon the activities of 'impression management', the control (or lack of control) and communication of information through the performance (Goffman, 1959, p.

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208). Information that might disconfirm the role is limited (Goffman, 1959, p. 67). Goffman divides the areas of focus into 'front', 'back', and 'outside' the stage. Others present in the encounter can be viewed as the audience, observers or co-participants. In this study, including this focus highlights the relationship between the forces that shape society and the individual.

As discussed in Section 3.6 Goffman (1963) notes that the pressure of idealized conduct is most clearly seen in marginalized people, whose deviance forces them into 'discredited' or 'discreditable' groups, based on the nature of their stigma (Goffman, 1963, p. 42). The importance of impression management is most visible with these individuals, as those who are discredited must assuage the tension their stigma causes in order to successfully interact with others, while those suffering from a discrediting stigma are forced to limit the access of others to information about the stigma or assume the character of a discredited individual. The conflict between the role and the reality exists in the backstage. For the discreditable individual who attempts to 'pass' and use 'disidentifiers' to establish him/herself as 'normal' (1963, p. 44), feelings of ambivalence and alienation emerge as a result of limited social intercourse. Ultimately, the existence of a stigma of any type, a part of the existence of a large segment of the population, changes the nature of impression management and hence, interaction.

Goffman (1959, p. 26) argues that within any face-to-face encounter, all the activity of a given participant on a given occasion which serves to influence in any way, any of the other participants may be described as a performance. When someone plays the same part to the same audience on different occasions, a social relationship and social roles are normally established or changed. Others present in the encounter can be viewed as the audience, observers or co-participants. Goffman identifies 'front' as the part of an individual's performance that is relatively fixed and serves to define the situation for those who observe the performance. Front includes the setting, involving furniture, décor, physical layout and other background items which supply the scenery and stage props for a spate of human activity. By

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setting the scene, consciously or unconsciously, the performer gives an impression of the situation and of himself/herself to any observers.

In general, we expect coherence among setting, appearance and manner. Such coherence stimulates an awareness of exceptions from our expectations. When someone takes on an established social role, s/he usually finds that a particular front has already been established for it. As Goffman (1959, p. 37) points out, a given social front tends to become institutionalised in terms of abstract stereotyped expectations to which it gives rise. The front becomes a collective representation and a fact in its own right. Thus, when an individual presents himself before others, his performance will tend to incorporate and exemplify the accredited values of the society.

However, he points out that 'the legitimate performances of everyday life are not 'acted' or 'put on' in the sense that the performer knows in advance just what he is going to do, and does this solely because of the effect it is likely to have' (Goffman, 1959, p. 79–80). He goes on to suggest that the unthinking ease with which performers consistently carry off the routines of their social roles does not deny that a performance has occurred, merely that the participants have been aware of it (Goffman, 1959).

There are obvious inadequacies in the dramaturgical model, in that real life differs from the stage. The theatre presents things that are make-believe, whereas life presents things that are real and often not rehearsed. There are clear distinctions in the theatre between the actor who presents himself in the guise of a character to other characters projected by other actors and the audience who observe their performances. In everyday life, roles become interchangeable or compressed and the others present frequently constitute the audience (Goffman 1959, p. 9).

However, although a character staged in the theatre is not real as such, actors on the stage learn their craft from real life. The successful staging of a theatrical performance involves the use of real techniques, the same

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techniques by which ordinary people sustain their real social situations. Hence, the dramaturgical model provides a conceptual framework for the analysis of social situations. Goffman emphasises that dramaturgical analysis should not be used in isolation because it intersects with other perspectives such as technical, political, structural and cultural aspects of the situation (Goffman, 1959, p. 233). In this study the dramaturgical perspective provides additional insight into how the women construct their accounts of single motherhood.

3.7 Conclusion

This research is interested in the experiences of single women experiencing pregnancy and subsequently mothering alone in Ireland. In this chapter, a review of the literature related to sexuality, pregnancy and mothering in Ireland is presented, followed by an examination of the literature on non-marital pregnancy and motherhood in Ireland. This is followed by an introduction to the concepts of patriarchy, familism, stigma and oppression, which will be discussed in Chapter Nine in relation to the data gathered and the particular research questions this study.

It is evident that Ireland's state was built on the ideologies of Catholicism, familism, patriarchy and that these ideologies still have impacts on the lives of single women in Ireland today. The next chapter will discuss the aims and objectives and the methodology that this study undertakes in the context that is outlined in this chapter.

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Chapter Four

Methodology

4.1 Introduction

This study seeks primarily to examine how single women experience and negotiate their pregnancy and motherhood identities in their biographical narratives and lived lives. This chapter describes the rationale for the methods selected to explore these issues and the social context in which they operate. It outlines the philosophical, theoretical and methodological issues that inform the design of the research methods used. It provides a detailed description of the methods adopted and the ethical procedures undertaken in the study. Section 4.2 outlines the study's aim and objectives. The ontological, epistemological and methodological approaches are discussed in Section 4.3. The research design is outlined in Section 4.4 followed by the rationale for, and descriptions of, specific methods in Section 4.5. Section 4.6 outlines the ethical practices used in this research project. Section 4.7 discusses reflexivity in the project. Section 4.8 introduces the cases and the method of presentation used in Chapters Five, Six and Seven.

4.2 Aim and Objectives

The central research question of this study seeks to explore how single women experience and negotiate pregnancy and motherhood in their biographical narratives and lived lives in the socio-historical context of Ireland during the period 1990 to 2010. The objectives of the research are to explore:

- how single women experience pregnancy and motherhood in Ireland;

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- how single women negotiate this social identity in their lived lives and account for this in their narratives as reflexive social actors in the context of social influences in their social milieu;
- what this analysis can tell us about structural forces in Irish society that affect women;
- how the Biographical Narrative Interpretive Method used in this research contributes to an understanding of this phenomenon.

4.3 Ontological, Epistemological and Methodological Approach

The idea that there is no theory-free knowledge or observation is well established (Heidegger, 1962; Kuhn, 1962). Every inquiry is framed within the context of a belief about what can be known. As researchers, we begin our research within the context of a belief of how we can know what we know; how knowledge about social reality can be generated. As Heidegger states, 'Every inquiry is a seeking...Every seeking gets guided beforehand by what is sought' (Heidegger, 1962, p. 24). Heidegger argues that one cannot stand outside the pre-understandings of one's experience. Of course what is sought is determined by what we believe can be known.

Philosophical underpinnings, theoretical frameworks and methodological issues must be considered in order to establish clear linear and grounded direction to the project (Hughes, 1990). In this section, I orient this inquiry in relation to these issues.

Guba and Lincoln (2005) describe an inquiry paradigm as containing a set of beliefs about the world and knowledge, which guide our research – ontology, epistemology and methodology. Since the inception of sociology up to the present day, there has been debate about the ontological and epistemological underpinnings of what could be regarded as acceptable knowledge and acceptable methods to gain this knowledge (Bryman, 2004). Crotty (1998) and Grix (2002) distinguish between ontological (what can be known about the world we live in) and epistemological issues (how can we know it) methodological issues (research design) and methods (techniques for gathering evidence).

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Differences in paradigm assumptions cannot be dismissed as mere ‘philosophical’ differences; seeking recognition and input implicitly or explicitly, these positions have important consequences for the practical conduct of inquiry, as well as for the interpretation of findings and policy choices (Guba and Lincoln, 1994, p. 112).

Inquiry paradigms are, to a large extent, incommensurable – an empirical discovery made using one set of concepts, theories, methods and instruments cannot be satisfactorily explained through a different paradigmatic lens (Greenhalgh, 2005, p. 419; Denzin et al., 2011, p. 98), Greenhalgh et al. (2005, p. 419) argue that a paradigm has the following four dimensions:

- conceptual – what are considered the important subjects of study
- theoretical – how the concepts under study relate to one another and to the world
- methodological – the accepted ways in which the subject might be investigated
- instrumental – the tools and techniques to be used by the researcher.

Social ontological positions, according to Gray (2004) and Bryman (2001), are comprised of two dominant and opposing dimensions of ‘objectivism’ and ‘constructivism’. Objectivism is characterised by the notion that there is an objective reality and that objective knowledge about that reality can be obtained from science; quantitative methodologies are privileged; and pre-existing hypotheses are tested in order to gain results that can be generalised and set against ‘general’ scientific laws (Robson, 2005, p. 20). This position is often criticised due the rigidity of the approaches used for data collection. Henwood (1996) suggests that meaning might be lost when participants are confronted with a fixed selection of answers, typical of survey and questionnaire techniques. This rigidity also exists in deductive reasoning and a priori theoretical frameworks, which can limit the researcher to only examine that which is already known. Context is often ignored and the

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perspective of the protagonists in their real life actions is dismissed. Positivist research captures descriptive and causal information well. It can trace links and factors that influence why something happens in the scientific or social world, but it does not provide the depth and understanding of why people do what they do, or ‘the how’ of how they do it. This is a major concern of the central research question in this study. On the other hand, from a constructivist perspective, situations and phenomena are witnessed as social products (Bryman, 2001, p. 17). Constructivists aim to ‘understand the multiple social constructions of meaning and knowledge’ (Robson, 2005, p. 27). They use qualitative methods to access these social constructions of meaning. This allows for the collection of multiple participant perspectives through which knowledge is constructed through a subject’s experiences in their social world (Gray, 2004; Robson, 2005; Crotty, 1998). Henwood (1996, p.27) argues that ‘qualitative methods also...meet a number of reservations concerning the uncritical use of quantification’ and therefore allow explorative research to take place. In Gray’s view (Gray, 2004, p. 20) interpretivism, as a specific dimension of constructivism, ‘prioritises the perspective of the living participant’. He defines five types of interpretivist approaches: symbolic interactionism, phenomenology, realism, hermeneutics and naturalistic inquiry. According to Gomm (2004), phenomenology acknowledges that there is ‘no possibility of ever getting in touch with raw reality’ (Gomm, 2004, p.2) and thus stresses the importance of recording how people experience their lives.

This research takes a semi-realist ontological position – i.e. an external reality exists in relation to the natural physical world and as such may be knowable, but our ability to perceive and depict social reality is inevitably constrained by our socio-historical experience. Therefore, what we experience is always reconstructed interpretation. In this study, the research question is explicitly focused on the lived experiences of pregnancy and motherhood by three single women. Biographical narratives, contexts and meaning are a prominent issue in this inquiry, and are a means of gathering the data in a reflexive manner. I take an interpretivist and explicitly anti-

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positivist position in relation to the overall design and the selection of methods for data collection and analysis in this study.

Clandinin and Rosiek (2007) explore the boundaries between narrative inquiry and other research paradigms including post-positivism, post-structuralism and the critical research traditions. Clandinin and Rosiek (2007, p. 47) acknowledge that narrative inquirers and Marxist-influenced scholars working in the applied social sciences often share an interest in analyzing the way large institutions dehumanize, anesthetize and alienate the people living and working in them.

As outlined in the preceding sections, this research examines the lived experience of single women. This also requires an appreciation of the social structure in which they live. The ontological position of narrative researchers and those from the critical traditions are different – narrative researchers privilege individual lived experience (Clandinin and Rosiek, 2007, p. 48). According to this view, all representations of experience – including representations of the macro-social influences on that experience – ultimately arise from first-person lived experience. However, in privileging lived experience as the ultimate source of, and site of, validation for knowledge, the narrative inquirer includes the possibility of analyzing the oppressive effects of macro-social conditions (as in the critical traditions including Marxist informed research), but the ontological starting point is different. Narrative inquirers argue that by neglecting the story of the individual or collective as the starting point, the experiences of oppression that silence marginalized groups are perpetuated (Clandinin and Rosiek, 2007, p. 51).

Conceptually, this research is interested in the personal and social experience of single women in their pregnancy and motherhood. From a theoretical perspective, this includes interests in gender, power and stigma. The methodological frame of this study is biographical narrative, founded on the belief that we live storied lives and that biographic narrative can capture the expression of the interviewee's own situated subjectivity in

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response to the topic of interest to the research and the influences of social structure⁷ (McCormack, 2000, p. 285). The specific instruments used are participant structured interviews and interpretive analysis of both the lived life and the told story in these interview transcriptions. Figure 4.1 provides an overview of the ontological, epistemological and methodological approaches in this project.

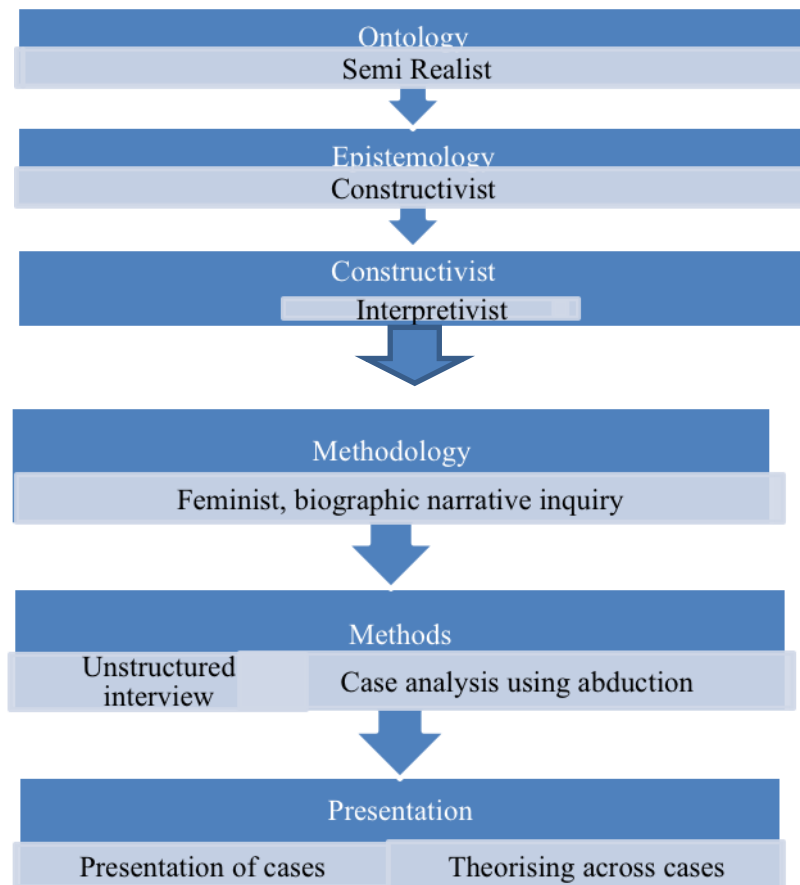


Figure 4.1 Overview of ontology, epistemology and methodology

4.4 Methodology and Research Design

This section provides a detailed description of the methodology and research design used in this study: a feminist influenced biographic narrative interpretive approach.

⁷ I believe BNIM interviewing and analysis can address both of these, this is explained in more detail in Section 4.3.

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4.4.1 A feminist research methodology

This research project could first be described as utilising a feminist research methodology, as feminist principles guide the practices described. Reinharz, argues that a feminist methodology is the ‘sum of feminist methods’ (Reinharz, 1992, p. 240). The first dimension of a feminist methodology is the subject of interest in the research (Wadsworth, 2001). I am interested in women’s experiences, in their own voices. I want to find out about the experiences women have because they are women. I want to work with women and for women to achieve the aims of the research. A feminist methodology places emphasis on women and casts a critical eye on their position in society. A second dimension of a feminist methodology is the practices involved in doing the research which the structure and process of research, and the choice and type of methods used to analyse and interpret the information gathered. Feminist research acknowledges that all research is essentially value-driven (Wadsworth, 2001; Byrne and Lentin, 2000).

Feminist researchers reject the artificial separation of the researcher and the researched, and the implied notion that such a separation produces more valid results. The oppressive nature of a positivist research procedure is challenged through a relational practice. Feminist perspectives advocate a dialectic relationship between the subject and object of research and participant-led research. This is a fundamental foundation of feminist research. Byrne and Lentin (2000) highlight three collaborative principles that inform feminist research practice: participation, collaborative interpretation and reflexivity. This research uses participant-led interviews (Section 4.5.1), collaborative interpretation with interpretive groups (Section 4.5.6.4) and reflexivity throughout the process (Section 4.7). This research project is reflexively interested in the ethics of my practice and using this to challenge unethical practices. It is an attempt to create the conditions for empowerment through the research process and its outcomes. Using feminist principles to inform my practice led me towards the use of the Biographic Narrative Interpretive Method (BNIM) for the research

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design and data collection⁸. This requires some unpacking to clearly articulate the implications of this for the research methodology and choice of specific methods. The next section describes BNIM in terms of its biographical background and its particular use of narrative. It establishes the use of this methodology in exploring single women's pregnancy and motherhood, and provides a rationale for using it in this particular study.

4.4.2 Locating the research design: biography and narrative

BNIM uses a specific collection of research tools aimed at eliciting and analysing biographical narratives. Like feminist research approaches and many qualitative methods, it is founded and developed on the premise that the lived lives of people provide insight into the issues associated with the phenomenon under study. Riemann (2003) highlights the emergence of biographical approaches in the period between World War I and II. The Chicago school used biography to enhance their studies of disadvantaged social groups, illustrating the processes of city life and 'giving voice' to those who had previously escaped sociological attention (Miller, 2000, p. 6). Following World War II, there was a preference for more quantitative research for a period, but from the 1960s onwards, there was a resurgence of interest in the biographical approaches. The 'inability of sociological theory to account for the massive cultural and political upheavals of the era' created this space according to Miller (2000, p. 6–7). Mills makes an argument for biography in 'The Sociological Imagination' (1959), where he asserts that social scientists must link biographical experiences to the wider social structure and locate them within a historical narrative. Chamberlayne and King (2000, p. 9) note that the strength of biographical research 'may well lie in [its] aptness for exploring subjective and cultural formations, and

⁸ I attended a two-day intensive 'taster' programme in the Biographical Narrative Interviewing Method (BNIM) organised by the Narrative Studies Group in Galway in 2008. In 2009, I attended a five-day intensive training programme in London on using the BNIM in qualitative research. Following this I had ongoing support from Tom Wengraf, who provided these training sessions and who is the global expert in the use of BNIM in research for the duration of the project.

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tracing interconnections between the personal and the social'. Miller asserts that:

biographical research still maintains an interest in everyday people, sympathy with their position, and the prioritization of individual history over aggregate data

(Miller, 2000, p. 5).

Miller (2010, p. 10) identifies three current approaches to the biographical perspective: the realist, the neo-positivist and the narrative. BNIM, which is the method of interviewing and analysis used in this research, belongs to the narrative approach to biography. It was developed from a method used in the 'Social Strategies in Risk Societies' research project (SOSTRIS), a Europe-wide investigation into social exclusion that used BNIM as its principal method (Chamberlayne and Rustin, 1999). BNIM uses narrative as a device to collect data from participants and as a conceptual tool in the analysis of this material. Wengraf (2001, p. 116) argues that narratives 'present to the researcher embedded and tacit assumptions, meanings, reasoning's and patterns of action and inaction'. Narrative-oriented research is located in the interpretive paradigm and is based on the assumption that there is neither a single, absolute truth in human reality, nor one correct reading or interpretation of a text (Lieblich, Tuval-Mashiach and Zilber, 1998, p. 2) Narrative focused biographical research strives to understand the dimensions of social change via the subjective accounts of those who experience it at first-hand. A sociological analysis of narrative provides information on the past and the present in order to gain a broader and clearer understanding of the present. The analysis benefits from a chronology of people's lives as well as the implications and influences of social and institutional structures on their experiences. This is particularly pertinent to this study, as the research is particularly interested in the structural factors that impact upon participant's lives, and how these have enabled or constrained their experiences and actions.

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Lieblich et al. (1998) acknowledge the pluralist, relativist and interpretivist position of biographical and narrative research. Polkinghorne (1988) categorizes narrative inquiry into two distinct categories: descriptive and explanatory. Polkinghorne argues that research that falls within a descriptive category approaches the content of dialogue by a thorough description of the narratives already held by the individual or group. The latter category is an approach that aims to explain through narrative why something has happened. This research is a combination of both of these categories with descriptive interests in the past and current narratives of single women in relation to their pregnancy and motherhood and an attempt to trace the structural influences to explore why the experience is so. BNIM captures both of these elements.

Chase (2005) also categorizes the various emerging narrative paradigms but in relation to the focus of the analysis. The first category, according to Chase, are those researchers that focus on the relationships between people's life stories and their quality of life and are concerned with plot characters and prioritizing the experience. The second category is interested in experience but is more concerned with how this relates to the identity of the person and its development. A further category of researchers according to Chase is the:

... study [of] narrative as lived experience, as itself social action.

This type of narrative methodology is as interested in how people narrate their experiences as in what their stories are about

(Chase, 2005, p. 422).

Riley and Hawe (2005) locate their research here:

Narrative inquiry examines the way a story is told by considering the positioning of the actor/storyteller, the end points, the supporting cast, the sequencing and the tension created by the revelation of some events, in preference to others

(Riley and Hawe, 2005, p. 226).

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Narrative researchers argue for a holistic collection and analysis of the stories they seek from research participants. Mauthner and Doucet (1998), building on the work of Gilligan (1982), highlight the relational concerns of narrative focused research, a recognition of ‘their relationships to the people around them, and their relationships to the broader social, structural and cultural contexts within which they live’ (1998, p. 125). Gilligan (1982) describes a ‘view of human beings as imbedded in a complex web of intimate and larger social relations’ (Gilligan, 1982 cited in Mauthner and Doucet, 1998), grounded in specific historical and social contexts (Mauthner & Doucet, 2003, p. 416). McCormack (2000, p. 287) argues that stories are not told in a vacuum:

They are simultaneously situated within a particular context (situation) and within a wider cultural context. The context of situation is the immediate social situation of the storyteller and the listener. The context of culture is the social, political, cultural, historical, and structural conditions of the wider society in which the stories have been experienced, told, and retold. Looking through this lens highlights the social constructions of reality held within the prevailing cultural fictions (the dominant collectively held meanings that relate to individual experience) (McCormack, 2000, p. 287).

McCormack argues that ‘through this lens, we can explore those “natural,” uncontested, and taken-for-granted positions available to women to understand themselves (and thus their lives)’ (McCormack, 2000, p. 287). The BNIM is located in this space with a concern for holism. In the final report for the SOSTRIS project, Chamberlaye and Rustin claim that the method ‘aimed to capture the particularity and lived texture of our subjects’ lives, at the same time as defining aspects of them which can be seen as typical within a particular social context and history’ (Chamberlayne and Rustin, 1999, p. 44).

4.4.3 Choosing the BNIM for this study

I chose BNIM for this study for a number of reasons. BNIM focuses on a number of factors that are relevant to this research project. The social and historical context, against which the pregnancies and motherhood of single women are lived, is an integrative part of the analysis, and the narratives that are gathered are analysed within this context and not separated out or ignored, as is the practice in other qualitative methodologies. According to Wengraf (2012), 'biographic narrative' refers to the individual generating a 'story' about themselves. 'Narrative' is a specific way of giving an account that is oriented towards a temporal sequence of events, following one after another. BNIM assumes that 'biographic narrative expression' expresses conscious concerns and unconscious cultural, societal and individual presuppositions and processes. Thus BNIM supports research into the complexities of the lived experience of individuals and collectives. It facilitates understanding of both the 'inner' and the 'outer' worlds of 'historically-evolving persons-in-historically-evolving situations', and particularly the interactivity of such inner and outer world dynamics (Wengraf, 2012).

As outlined in the preceding section, BNIM facilitates a holistic analysis of the stories and broader personal and cultural narratives they contain. This facilitates a deeper understanding. The context of the interview is part of the analysis procedure. BNIM achieves a balance between paying attention to the agency of the individual in their life and acknowledging the enabling and constraining effects of social structure. BNIM analysis also pays significant attention to turning points and processes of change. Given that this research study examines narratives of pregnancy and motherhood over an extended time period, turning points, both personally and societally are significant to understanding the overall process of change. The next section will explain the specific BNIM procedures used in this study.

4.5 The Biographic Narrative Interpretive Method (BNIM)

This section describes in detail the specific methods used in the data collection and analysis, as well as the particular experiences of fieldwork in this study, including the pilot and sample selection.

4.5.1 The participant-structured interview

Interviewing is not a neutral tool (Fontana and Frey, 2005). Interviews are a highly subjective technique and are susceptible to interference by the researcher during the interview and transcription and interpretation processes. Riessman (1993, pp. 54–55) describes the best approaches to eliciting a narrative-based explanation of the participant's experiences. This requires careful consideration of the questions that are asked at the interview stage. Riessman (1993) advocates the use of open-ended questioning techniques that are specifically designed to induce a narrative. I chose an unstructured format rather than a semi-structured or structured approach as I wanted to allow for the elucidation of participants' personal accounts and experiences less determined by the interviewee and by the questions I asked. This is very important for my central research question, which is interested in the pregnancy and motherhood narratives and lived lives of single women, how they experience and perceive their lives and how this experience is reflected in their narratives.

Using a semi-structured or a structured interview can lead to the production of more micromanaged text, co-produced by the concerns of the interviewer and the interviewee. In particular, the focus is determined by the interviewer, not the interviewee, and the sequence of topics (and even the timing of that sequence of topics) is often determined by the interviewer, not the interviewee. I was interested, rather, in the expression of the interviewee's own situated subjectivity in response to the topic of interest to the research (Wengraf, 2012, p. 48). The interview begins with single question to elicit a narrative. The structure of this question has been developed comprehensively by Wengraf (2001) within his framework of

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BNIM and is called a 'single question to induce narrative' (SQUIN). I assumed the role of facilitator, carefully creating the conditions to support participants to narrate because I was interested in what participants had to say and not say about being a mother and how they constructed these narratives. According to Wengraf (2012), this is a narrative-seeking question which aims to induce a narrative response, and to discourage a non-narrative response, such as *the production of a theory, an argument, an unhistorical description, a justification, a declaration of official values or an expression of felt emotions etc.* In the case of this research the SQUIN was:

As you know, I'm researching the lives of single mothers in Ireland. So, can you please tell me your story, all those events and experiences that were important for you personally? I'll listen first, I won't interrupt. I'll just take some notes in case I have any questions for you after you've finished. Please take your time. Please begin wherever you like and finish wherever/whenever you like.

When structuring the SQUIN question it is the intention, as Wengraf (2001, p. 122) states, to maintain the principle of deliberate vagueness 'to allow for, and require the participant to, impose their own 'systems of relevance' to their experiences. As this research is interested in the lived experience of the participant, the SQUIN aims to collect narrative based on all parts of the life story that she deems to be important according to her understanding of her experience and her system of relevance. Additionally, the SQUIN interview provides the participant with the maximum autonomy required within a participatory framework. As Wengraf (2001, p. 113) states, during the first interview where a SQUIN is used, the researcher must 'give up their control of the interview' and refuse to take up any arising offers of potential control in the situation. Power relations within the interview rest significantly with the participant (Taylor, 2011, p. 94). When a research participant responds to the SQUIN and tells their story, sometimes vast sections of a life, or just the events and people that an audience would most like to hear, are left out of the story and particular incidents are included in

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detail. The rule of non-interruption means that the BNIM interviewer is unable to redirect the conversation, to argue with or contradict or put down the interviewee by exerting ‘directive power’. Wengraf argues that the BNIM interview power reversal is good for science and for interviewees (Wengraf, 2012).

BNIM interviewing involves two, and sometimes three, separate sessions with the interviewee. The first interview session began with a carefully crafted single question used to induce narrative. Thereafter, the interviewee was in full control of what was talked about, in what way, to what extent and in what terms (Rosenthal, 2003, p. 910; Wengraf, 2012, p. 942). BNIM interviewing means that the interviewer cannot direct the interviewee to follow the interviewer’s system of relevancy. This allows the participant more control over the interview. In addition, the interviewer is not permitted to interrupt or ask ‘interrogation questions’ about internal inconsistencies, weak arguments or anything else. This ‘freedom from interruption’ of the BNIM interviewee means that they can experience the interview as empowering and have an experience of being listened to. In the second part of the interview⁹, the interviewer can only be asked about topics that they have raised. They can only be asked narrative questions about such topics – and they can decline such a narrative request by ‘not remembering’ or by straightforwardly refusing. Whatever they say is ‘listened to’ and never challenged in any way within the interview.

During the first part of the interview, ‘subsession 1’, I took note of what was said, the points that were emphasised in particular and key phrases. I used the interview guide developed by Wengraf (2012). Please refer to Appendix I. I took specific note of what was said at the beginning and at the end of the interview. When the narrator finished and insisted, unprompted, that they had finished their story, we stopped. We then had an interlude of a couple of minutes in which I looked over my notes and noted the key phrases to cue the research participant back to particular areas of their overall story, to expand on some aspects of the first narrative in a search for particular

⁹ In BNIM terminology this is called subsession 2.

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incident narratives. I then asked about certain things that had been mentioned that may lead to a ‘particular incident narrative’ (PIN) from the interviewee. The central research question was set aside with the emphasis placed on these particular incident narratives, which would take the interviewee back to the place and time of the narrative for a rich, contextualised narrative. The selected items must include the first item that the participant brought up, the last item, and the researcher’s selection in between. For each item chosen, a particular formula was used to elicit a narrative about that which they have talked about. [“You said [cue-phrase] ... Can you remember any more about this ...?”] It is very important here to use the language that the participant has used. During this part of the interview (subsession two) the researcher is interested in particular incident narratives (PINs) and is actively pushing for these throughout the session. “You said [cue-phrase]. Can you remember how it all happened?” During their response, I continued to make notes of their key phrases.

After the response, if a PIN was not achieved, then a similar question was asked, revising it as necessary. Using the BNIM technique, the interviewer stayed with an item until at least one rich PIN is obtained or there was a clear refusal from the interviewee. BNIM prioritises the maintaining the ‘gestalt’ of the original narrative through respecting the ‘whole’ of the original narrative and the flow. Thus, the interviewer can leave items out but must not go back to earlier items. ‘If you go back, the gestalt goes crack’ (Wengraf, 2012). In addition, the specific language of the interviewee was used throughout.

Following subsession one, I reviewed and made further notes on the themes and topics that emerged during the narrator’s dialogue of the SQUIN. Subsession two posed questions on the themes that were brought up and attempts to achieve a particular incident narrative by asking questions in the terms, language and order in which topics were expressed by the participant. In asking questions in the order in which subjects were discussed in the first interview, the interviewee maintained their control of how the story had been initially shaped. Participants benefit from this, as control of the

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narrative remains focused upon the interviewee – the participant was enabled through the interview design to provide their narrative in their own way. The second part of the interview (subsession two) ended with their last PIN (or refusal) raised in relation to the last item they originally mentioned at the end of their initial story (in subsession one). After the interview, I spent some time debriefing by writing free associative field notes. Rich field notes are crucial for supplementing the recording and for starting the post-session process of tacit sense-making by the interviewer after the interview. If, after interpreting the material from the first two parts of the BNIM interview (subsessions 1 and 2), the interviewer finds that they have further questions or questions arising, they can arrange a further interview (subsession 3) in person or by phone at a later time. This was not used in this project as I was interested in the primary narratives of the mothers I interviewed.

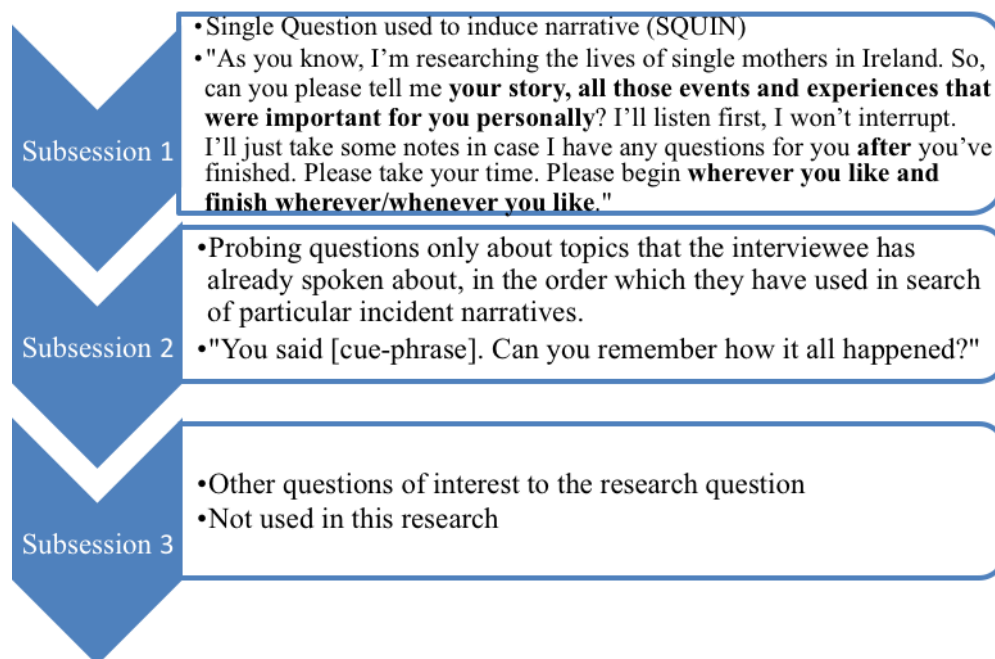


Figure 4.2 Structure of BNIM interviewing: A participant structured interview

4.5.2 Recruiting the sample for interview

Selecting a sample is a crucial part of the BNIM. It requires a small sample that is studied intensively, with each case generating a large amount of information. Curtis et al. (2000, p. 1002) argue that there are ethical and theoretical implications in sampling decisions, so they need to be reflexive and explicit. BNIM requires two rounds of sampling – firstly, the sample of potential interviewees must be selected from the research population. This research examines single women who have experienced pregnancy and are mothers. The inclusion criteria for this research were single women who were living for all, or a substantial part, of their lives in Ireland with their children during the period 1990 to 2010. The exclusion criteria were those who had been married or who are now in a relationship.

While engaging with the NUIG ethics committee, it became clear that it was important to manage the expectations of potential participants in the recruitment process. Due to the nature of the methodology, only a very small number of participants would ultimately be selected for interview and then even less for analysis. The ethics committee advised that it was not appropriate to use an open public invitation to participate and so a more selective approach was chosen. The researcher approached a number of community-based development projects in urban and rural settings and asked the project worker in each to pass on the information to people who fitted the inclusion criteria set out above. Six participants were recruited through this process and six through snowballing from this process. The cases can be called criterion cases as all cases that meet the same criterion – they experienced their pregnancy and motherhood in Ireland during period 1990 to 2010 (Patton, 1990). Nine of the twelve cases are presented in Table 4.1 below which outlines other relevant information such as age at the birth of the child, highest level of education, employment status, the time period of the pregnancy and ethnicity of the mother and father. Three participants decided to withdraw from the research after reviewing their interview

transcripts and are therefore excluded from the next table. This is discussed further in the ethics Section 4.6.

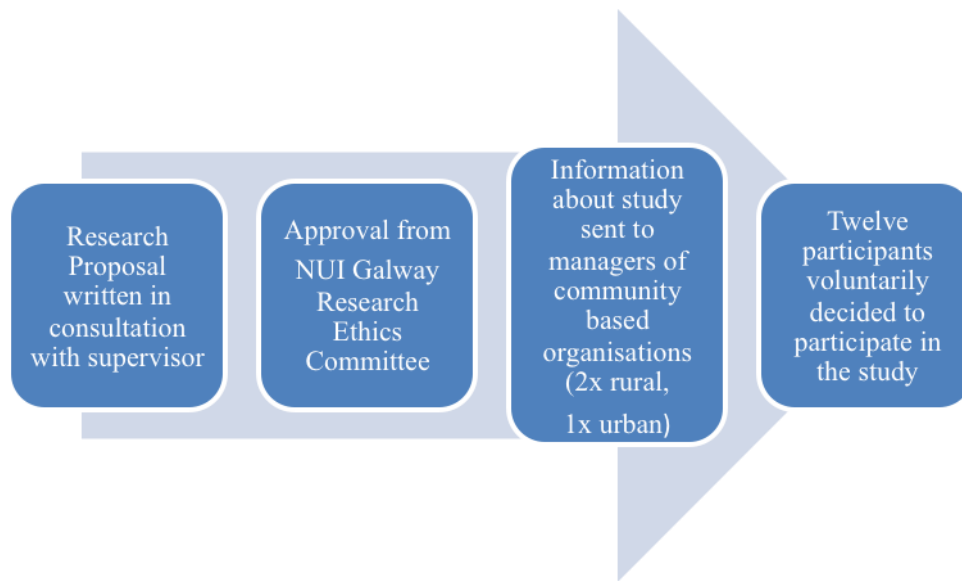


Figure 4.3 Gaining access to participants

4.5.3 Piloting the interview

A pilot interview was undertaken with a woman who had experience of pregnancy and motherhood. The aim of this was to help me to improve my practice of BNIM interviewing in advance of the fieldwork. This opportunity allowed me to practice the method on someone about the substantive topic under investigation. It alerted me to the challenges of: not interrupting the interviewee and taking note of pieces of information that seemed important to the biographical story and how the story was told. I concentrated on putting my research question aside and giving my full attention to the research participant in that time. I found it to be a useful exercise in developing the skills necessary to use this particular method in my research. If I were to plan this process again, I would undertake a pilot case rather than a pilot interview. As I progressed through the analysis process described in the sections below, I became more aware of the significance of the various steps in the interview schedule such as ‘pushing for particular incident narratives’ and how these can provide rich information to the story being told.

4.5.4 Doing the interviews: The practicalities

The location of interviews was viewed as central to facilitating the interviewee to speak in an open and free manner. For each interview, the interviewee chose the location for the interview. The majority of interviews took place in the interviewee's own home which contributed to an overall understanding of the context of the narratives under study. All interviews were audio recorded and transcribed. Other reactions (significant pauses, tears and laughter) and notes on the environment were recorded, as verbatim transcripts cannot perfectly represent the interview. Inevitably, some meaning is lost in the transfer from the interview to its written-up form. Thus throughout the process of analysis and interpretation, I listened to the each audio recordings at least three times. Twelve participants were interviewed as part of this process. A list of the characteristics of the interviewees is contained in Table 4.1 below.

4.5.5 Selecting the cases for analysis

The second round of sampling used in BNIM selects the cases for analysis. Full analysis is not required for all twelve cases, so I chose three of the cases that were the most relevant to answering the research question based on the criteria set out in the BNIM method:

Of all the cases for whom you have interviews, you would typically have a sense of which is the most interesting and rich in its potential for the Central Research Question in which you are interested. You work on that. Then you choose a contrast case, one that appears to be most dissimilar. You work on that, perhaps not precisely to the same extent. Then you look for a third, a tangential case, one which seems to have nothing to do with the main thematics of contrast

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identified in your first two cases. Then you stop, think, and review. (Wengraf, 2012, p. 575)

There were a number of variables in the narratives of the sample group that were relevant to the research question. These include age at the time of the birth of the child, highest level of education, employment status, the time period of the pregnancy/decade in which the pregnancy took place and the ethnicity of the mother and father. I was interested in the breadth of experience across these different categories and over time.

The cases selected reflect a diversity of age and social circumstance in different times across the period of interest. I initially decided to focus on three cases because I wished to avoid the kind of binary thinking encouraged by the consideration of just two (Wengraf, 2012). Meares (2007) in her study on migrants in New Zealand took a similar approach in selecting her initial sample through snowballing and selected her sample for analysis using the principle of difference as outlined above (Meares, 2007, p. 78). Chamberlayne and King (2000, p. 16–17) as part of the SOSTRIS project described above and Jones (2001, p. 99) in his study on informal carers both used BNIM in their research projects and selected their small number of interviews for analysis on the basis of diversity.

Other qualitative methods use similar principles for case selection, such as Denzin et al. (2011, p. 307) who advocate cases of maximum variation to obtain information about the significance of various circumstances for case process and outcome. Marshall (1996) agrees that during interpretation of the data, it is important to consider subjects who support emerging explanations and those cases which do not support these.

I dedicated the most detailed transcribing and notes to these three cases. I kept memos about what interested me the most about each case and then recorded thoughts about connections between cases, similarities, differences and patterns emerging. A full description and rationale for each of the cases chosen is provided in the following section on analysis. Although not

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processed through the rigorous BNIM method, the remaining interviews provided the context for selecting the three cases. They enabled me to get a sense of the diversity of individual experiences and they gave me a sense of those feelings and experiences which appeared to be common to all of them.

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Table 4.1 provides a description of all the interviewees. Those selected for case analysis are highlighted.

Table 4.1 Details of interview participants

Pseudonym	Age at becoming a mother	Time period/ decade becoming a mother	Highest level of education at the time of interview	Employment status at the time of interview	Ethnicity of mother	Ethnicity of father
Mary	34	1990s	Third level	Employed	White Irish	White Irish
Brigid	20	2000s	Primary	Unemployed (in training)	Traveller	Traveller
Ellen	Adopted a baby at 40	1990s	Third level	Employed	White Irish	Vietnamese /unknown
Lisa	17	1990s	Third level	Employed (also a student in third level)	White Irish	White Irish
Odile	26	1990s	Third level	Employed	White Irish	White Irish
Petra	18	1990s	Third level	Employed	White Irish	Black African
Emer	20	1980s	Second level	Employed	White Irish	White Irish
Fionnula	28	2000s	Second level & professional qualification	Unemployed (but was previously)	White Irish	White Irish
Patricia	37	2000s	Second level	Unemployed (but was previously)	White Irish	White Irish

4.5.6 BNIM analysis

‘Story’ and ‘narrative’ are often used interchangeably in narrative-based research. According to Riley and Hawe (2005) the differences in terminology relate to where the primary data ends and where the analysis of that data begins. ‘The researcher’s role is to interpret the stories in order to analyze the underlying narrative that the storytellers may not be able to give voice to themselves’ (Riley and Hawe, 2005, p. 227). This is the way in which I am using these terms in this study.

Clandinin and Rosiek (2007) state that the participant’s story is the starting point

a person’s experience must be listened to on its own terms first,
without the presumption of deficit or flaw, and critique needs to be
motivated by the problematic elements within that experience
(Clandinin and Rosiek, 2007, p. 43)

Similar to Clandinin and Rosiek’s model, BNIM analysis begins in the participants’ self-structured story of single pregnancy and motherhood and seeks to trace the deeper narrative in that story through the patterns that emerge when examining the biographical data and the lived experience, exploring more deeply where the contradictions or problematic elements lie. Thus, narrative analysis starts with the person’s story and contextualizes the sense-making process by focusing on the person, rather than on a set of themes (Riley and Hawe, 2005).

The BNIM analysis procedure has two distinct phases with eleven stages in all. The first phase involves analysing each interview separately in a number of ways to create a case account for each case (See Chapters Five, Six and Seven). This is followed by cross-case comparisons (Chapter Eight) and theorising (Chapter Nine). A full explanation of the eleven stage analytical

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model is outlined in Appendix II, followed by a detailed over view of each stage; the specific actions associated; how they each relate to each other and where they can be found in the final report and/or the appendices.

Mauthner and Doucet (1998, p. 119) note that the analysis of qualitative data can be difficult to document or explain, and involves high levels of intuition. They argue that it is important for researchers to be more methodologically explicit about the ‘nitty-gritty’ of the analytic process in relation to qualitative research. Many researchers using narrative have joined this conversation (McCormack, 2000a; McCormack, 2000b p. 298-314; Clandinin and Rosiek, 2007, p. 40; Meares, 2007). The procedures undertaken in the analysis of this research project are outlined in detail below.

4.5.6.1 Analysing each case

This section will provide an overview of the process of analysing the cases and specific details about how each task is achieved. Firstly, the objective biographic data extracted from the narrative interview is analysed separately. Secondly, the way in which the story is told by the teller is analysed. Finally, an analysis of the interview, as a whole and incorporating the first two analyses is then undertaken.

A ‘four foci thinking device’ based on each of these constituent parts is then devised for analysis of the whole case. This involves constructing a model of phases of: the lived life; the told story; the successive subjectivities of the participant over the period concerned; and of the unrolling of the interview itself. BNIM interpretation draws these together to create the final reconstruction of the case contextualised in the social history of the time. The strength of these BNIM interpretation procedures is that it examines both the lived life and the told story from the narrative and contextualises this in a social history perspective. Figure 4.4 presents this analysis procedure which is undertaken for each case separately.

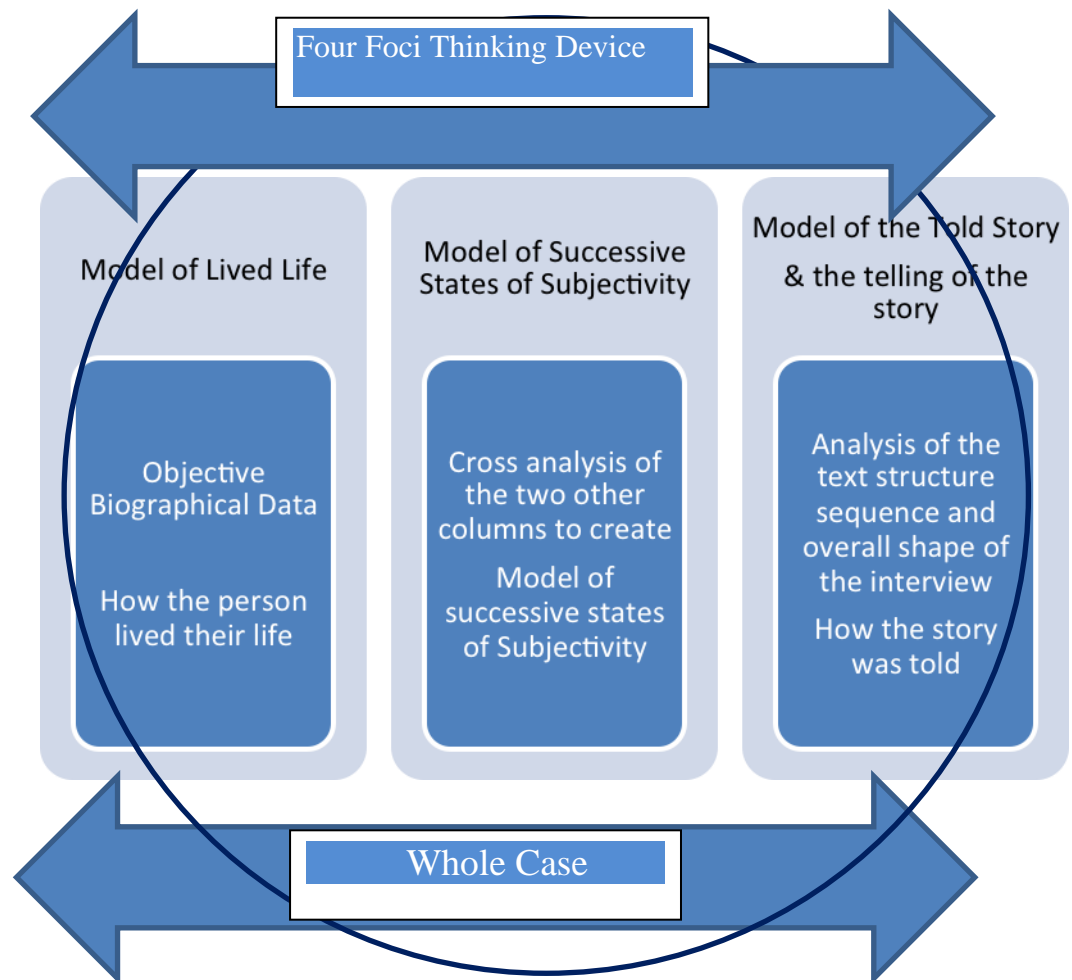


Figure 4.4 Process used for case analysis

The three interviews selected through the process outlined above were subjected to this analysis process. The analysis of each of these parts offers as many clues to their overall experience in the events as they decided to include in their story, and the way they choose to talk about them (Wengraf, 2000, p. 145; Wengraf, 2001, p. 232) and what was left out. Both these components of the biography, according to Rosenthal (1993, p. 61), come together through the analysis and in the interpretation and are 'continuously dialectically linked and produce each other'. The final aim of BNIM analysis is to understand the relationship between these two biographical elements and the relationship between both and the lived life and the constructed narrative. This is accomplished by discerning the pattern of the lived life and the told story separately and only then establishing the way in

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which these two patterns are related. Scheff (1997) supports this approach when he argues for all part/whole analysis where both dimensions need to be analysed separately and grasped together. The socio-biographic approach complements these analyses by researching the social and historical contexts of an interviewee's life (Breckner and Rupp, 2002, p. 295; Wengraf et al., 2002, pp. 260–261). I developed a case model for each case, separately focussing on each section of the analysis then holding it all together to get a deeper sense of the case. An example of this is, from Mary's case (Chapter Five) contained Appendix IV.

4.5.6.2 Biographic data analysis

The lived life is a detailed analysis of the interviewee's biographical data. The objective facts of the life are extracted from the interview transcript and arranged in chronological order. Only externally verifiable objective facts can be included. Anything based on opinion or perspective must be excluded. Appendix V provides an example of the biographic data chronology (BDC) taken from Mary's case (Chapter Five).

The biographical data was worked through by the researcher first separately (with the help of interpretive groups¹⁰). Each piece of information was worked on without knowledge of what came next about what might happen next. This is called 'future blind hypothesising' in BNIM. This helped the researcher to broaden their analysis and interpretation of the information they were facing. After the initial hypothesising, the researcher used the process of abduction to confirm or falsify theories about the pattern of the lived life, finally coming to an interpretation of the pattern of the lived life. The principles of abduction are based on the notion that there are no a priori hypotheses, no presuppositions and no advance theorizing (Levin-Rozalis, 2004). There is no subjective data in the BDC. The aim of this process is to construct a deep understanding of how the participant might have experienced that lived life at that time personally, socially and historically

¹⁰ These interpretive groups are explained in Section 4.5.6.4

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and to create a model of the lived life as outlined above. The researcher must not become hypnotised by the ‘now perspective’ of the interviewee which dominates the interview and which is addressed in another part of the analysis. BNIM is also interested in turning points in the lived life to establish a pattern of the experience. An example of how this is used can be seen in Appendix IV.

A detailed ‘biographic data analysis’ (BDA) analysis is created from the data of the lived life contextualised in the socio-historical context of the time. An example of this can be seen in Appendix IV. From this, I produced a summary of the stages of the lived life for column two of the ‘four column case model’ in Appendix V, and contextualised by the socio-historical time period. See Appendix III for details of each of these stages. The product of this process can be seen in Column two of the four column case model in Appendix V.

4.5.6.3 Analysis of the telling of the told story

The told story constitutes an analysis of the way the interviewees present their life, or a particular part of it, in the story they present in the interview. The first step of this analysis is based on the BDA developed above and involves using this data to hypothesise how the liver of the life might tell their story. The aim of this is to create the conditions for the researcher to think outside their own biases having heard the story and to broaden their thinking during the next phase of the analysis. An example of this can be seen in Appendix IV.

The ‘telling of the told story’ is then analysed using a detailed breakdown of the interview in terms of the style of text sort used by the participant. There are three criteria for a new chunk beginning in the text structure sequentialisation: text sort change, topic change and speaker change. Appendix VII provides a list of the BNIM text sorts. An example of the text structure sequentialisation can be found in Appendix VIII.

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Like in the biographic data analysis described in section 4.5.6.2 an interpretive group is also used to start the telling of the told story analysis. After the initial hypothesising, the researcher uses the process of abduction to confirm or falsify theories about the pattern of the told story, finally coming to an interpretation of the pattern of the story. The aim of this process is to construct a deep understanding of how the participant might have experienced telling the story and to construct a model of the pattern of the telling of the told story the whole case analysis later. This is done in two ways. First, a detailed ‘teller flow’ (TFA-f) analysis is created detailing the exact details of the interview and the story told. This is a diachronic analysis of the told story. Then a thematic field analysis (TFA-s) is created to produce a structural account of the told story. This is a diachronic analysis of the told story. See Appendix III for details of each of these stages. See Appendix IV for examples of each of the steps outlined above for Mary’s case. From these processes I produced a summary of the stages in the telling of the told story for column four of the ‘four column case model’ in Appendix V.

4.5.6.4 Facilitating the interpretive groups

I used interpretive analysis groups to support the analysis of the cases. The BNIM analysis of interpretive groups is a powerful tool as it challenges the researcher to confront their own biases towards the case and to explore other interpretations. I facilitated three three-hour-long interpretive groups on my first case. I used flip chart paper to record the group’s hypotheses, and placed them on the walls as we moved through the data. By the end of each session, the walls of the room were covered with our work. Electronic versions of these notes were made later. Nine colleagues participated in one or more interpretive sessions.

There are many helpful guides in the literature about the composition of interpretive groups. The first recommendation that these texts make is that these interpretive groups work better with five to six participants. I invited

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many participants to all my interpretive groups knowing how difficult it is for people to commit to such an extended time. On two occasions, a group went ahead with only two members because of unexpected illness and delay, but the remaining sessions ranged in size from three to six. I found that the most dynamic and productive groups had an attendance of between three and five individuals, in addition to myself, and I attempted to have this number present whenever possible. Froggett and Wengraf (2004, p. 98) note that ‘the involvement of other people of varied class and ethnicity introduces different perspectives and lines of enquiry and greatly aids the [researcher’s] understanding of [her] own internal dynamics and habits of reflection’.

The second recommendation that is made is that groups should be diverse. Froggett and Wengraf (2004, p. 118) note that culturally homogenous groups are limited. Volante (2005, p. 104) both emphasise the importance of having someone ‘like’ the interviewee as a member of the analysis group in addition to some very different people. While I attempted to recruit a range of different people, I was more successful in some respects than in others. Members of the groups were predominantly female, and often from some kind of academic background. These similarities notwithstanding, participants came from a range of academic disciplines (psychology, sociology, education, social care, early years); ages (early 20s to 50s); countries of origin (Finland, Slovenia, Sweden and Canada); and marital and family experiences. I did not have anyone who was ‘like’ my research participants in the groups but many members told stories of someone in their extended family or friends circle who had had a similar experience.

I prepared carefully for the interpretive group sessions. Posters detailing procedures and the list of questions to be posed of each datum piece were adhered to the wall, so that they could be clearly seen by the whole group. I found that this helped to keep the group’s focus on issues relevant to the analysis. I followed the procedure of other BNIM researchers in providing refreshments during the sessions (Jones, 2001; Meares, 2007; Corbally, 2009; Wengraf, 2012). The food served a practical purpose in ensuring

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energy levels were maintained over the three hours, and also functioned as a ‘thank you’ to group members for generously giving up their time to help me with my work. Some of the group members had not met prior to the analysis groups. Consequently, one of my first priorities as a facilitator was to generate a positive, supportive environment in which the participants would feel comfortable sharing ideas. In introducing the session, I stressed that ‘the important thing is to have as many different ideas as possible’. Overall, I think that the groups worked very well together, and I was given a lot of positive feedback about how much group members had enjoyed participating. The interpretive groups contributed to my analysis in two main areas. Firstly, they helped me to think about my interviewees and their stories in ways that were outside my frame of reference and potential bias. Secondly, they gave me insight into the dynamics of the interviews, thereby increasing my ability to be reflexive about my impact on each interview.

One interpretive group was held to kick-start the biographic data analysis and used the biographic data chronology as its material (this process is described in Section 5.6.2). A second group uses the Text Sort Sequentialisation. In all of the cases that I analysed, different participants made up the panel for the biographic data analysis and the thematic field analysis, for each case.

The process in each group begins with the group being introduced piece by piece to the segments of information from the lived life and told story, respectively. Group members are then asked to hypothesise inductively from the bare bones facts of a ‘lived life’ and the skeleton of the way the story was told – the ‘told story’. Through hypothesising inductively bit by bit, the patterns of ‘lived-ness’ of the lives and the ‘told-ness’ of the stories emerged. BNIM interpretive groups are about ‘Creating a space in which the individual researcher and others dialogically develop their hypothesising, in which each has a different life experience and defends themselves differently from reality enables an interpretive group to be less defended and more insightful than any one of its members’ (Froggett & Wengraf, 2004, p. 117). The interpretive analysis groups were always

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facilitated dialogically, the dialogue taking place between the participant through their story, with the researcher as interviewer and members of the interpretive analysis groups. The goal of the researcher as facilitator of the interpretive analysis group workshops was to remain open and respectful and avoid judgement or negativity relating to the story. As Jones (2001) notes, each group member came to the analyses sessions with his/her own social and cultural biography, 'their own interests and experiences with which to compare and contrast the unfolding dramas and events and the subsequent choices made by the interviewee' (Jones, 2001, p. 116). They brought more subtle use of their knowledge and experience of popular culture from film, television, novels, art and theatre as well as their knowledge and experience of how single mothers are portrayed within those media. Additionally, the groups drew on the cultural and societal understandings of the world they shared with each other and with the research participant or the 'habitus – our second nature, the mass of conventions, beliefs and attitudes which each member of a society shares with every other member' (Scheff, 1997, p. 219). The analysis also encouraged a multiplicity of viewpoints evolving from a wide variety of age, cohort membership and cultural and historical backgrounds amongst the analysis group members. Harvey et al. (2000, p. 308) argues that [as researchers] 'we must learn to hear what they can tell us even when this is not what we wish to hear or when their stories do not resemble culturally available plots or match current theories'. The interpretive groups were instrumental in facilitating this process.

Although the process of hosting interpretive panels was labour and resource intensive, it was useful in terms of stimulating thought and generating discussion about the method and the subject of inquiry. It was a powerful means of broadening my interpretation of the data. I did not anticipate the interest, enthusiasm and eagerness of the participants in the research participant's life and in what happens at the end of the story. Corbally (2009) and Jones (2001) also noted this finding in their BNIM research studies.

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All of the participants in the interpretive groups signed a form to commit to keep the contents of the sessions confidential. There is an example of such a form in Appendix XI.

4.5.6.5 Case accounting

After the two strands of analysis are completed separately, all of the information is gathered together in the four column one page summary in Appendix V. Column three focuses on the situated subjectivity of the participant as they experienced the events in their lives and attempts to trace their evolving perspective. The concept of 'situated subjectivity is important in BNIM. It is also very important for this research project that tries to explore the evolving experience of single women's pregnancy and motherhood in a changing Irish context. The contents of column three are developed by deeply analyzing column two and four. The four columns held together are the basis of the accounts that are presented in Chapters Five, Six and Seven.

4.5.6.6 Cross-case theorising

When the case account for each case were completed, the cases were brought together and compared and contrasted to explore what can be said about the experience of single women who have had the experience of becoming pregnant and mothering in the context of the aims and objectives. This was a very lengthy process and required me to work iteratively between the final stage of BNIM and each of the other stages in BNIM. It necessitates holding all of the case material succinctly while also considering the research aims and the literature. The findings from this process are presented in Chapter Eight and discussed in Chapter Nine.

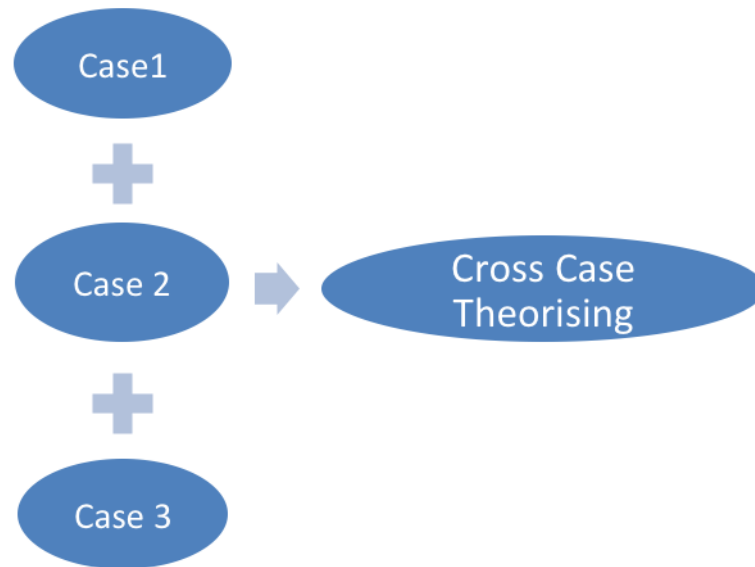


Figure 4.5 Cross-case theorising

4.5.6.6 Representation of findings: Capturing the narrative by writing narratively

During the process of the data analysis procedures and while making decisions about presentation, I was mindful to avoid the loss of the participant's voice. Thus, each of the cases are presented in a chapter of their own (Chapters Five to Seven inclusive). Each case locates the teller/liver and their biography in the social milieu of the time. As noted above, biographic narrative research is concerned with space, time and sociality (Clandinin and Huber, 2010). These constructs provides context to the stories told and the cultural narratives implicit within them. The content, shape and told story are then presented and these narrative are traced. McCormack argues that:

...situated accounts inclusive of the multiple voices of the participant and those of the researcher, interpretive stories open to the reader the possibility of multiple interpretations.... offer the reader multiple pathways along which to travel through a story

(McCormack, 2000, p. 312)

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Clandinin and Murphy (2009) contend that in this way, endings are held open in narrative representations to invite sense making on the part of the reader. Writing narratively about these findings also requires care and transparency. McCormack (2000, p. 312) argues that ‘we need to write in a way that does not inscribe our writing with a narrative authority that rewrites a participant’s story in such a way that it becomes our story only’. In addition, we do not write ourselves out of the story by including only our voice as disembodied reporter of another’s experiences. I have tried to capture this here by first presenting the case in context and then presenting the interpretations. Section 4.8 describes how the cases are presented in this Chapters Five, Six and Seven.

4.6 Ethical Research Practice

This section will outline the ethical practices in the data collection and analysis in this research project.

4.6.1 Developing an ethical practice

I was acutely aware of the need to ensure that the entire study was rooted in a firm ethical base. An ethical code of practice was developed at the outset of this research that detailed all the steps that the researcher would take to uphold ethical standards in the research project. I adhered to the guidelines of the Sociological Association of Ireland, the British Sociological Association and the Association of Social Anthropologists when developing this. Prior to the beginning of the research, a formal application was made to the ethics committee at NUI Galway. The objective of the committee is to safeguard the health, welfare and rights of human participants and researchers in research studies. In order for any research proposal to gain ethical approval, it must minimise predictable risk to both the research participant and the researcher (Ethics Committee NUI Galway, 2010). Therefore, the application requested information on the aim and objectives of the study, proposed methodology, proposed sampling strategy, participant consent forms, participant information sheets, a copy of all the data collection tools and sample letters to participants. The committee granted

full ethical approval for the study and requested that a report be submitted with an update on the data collection within one year. This request was completed in 2012. In addition it is the duty of the researcher to ethically analyse all aspects of the research project, both planned and actual, and report them accurately. The following is an account of the ethical issues within the study and how they were addressed.

4.6.2 Engagement with the research participants

There are a number of important procedures that were put in place in preparation for, and during, the engagement with research participants, to ensure ethical engagement at all stages of the research. Through the recruitment procedure, it was emphasised that the research participants were invited to *participate* in the research *voluntarily*, without coercion. Every care was taken to ensure that the participants were in a position to give *informed consent* to participate in the research. The participants were first contacted by a community-based project with which they were engaged already. When they expressed initial interest, they were provided with a letter of invitation and a consent form. The letter of invitation provided information about the purposes of the research and the potential uses of the data (See Appendix IX). The consent form (Creswell, 1998, p. 116) highlighted: the purpose of the study; the procedures for data collection, what to expect etc.; the participants' right to withdraw from the study at any time; the procedures undertaken for the protection of participants' confidentiality; the request for permission to audio-record the interview (Appendix X). After the interview was completed and transcribed, the interviews were sent via email and letter to all participants that stated that they wished to receive them for their final consent to use the material. In practice, this had very strong implications for the research as three participants withdrew their interviews following receipt of their transcripts. Nine participants gave permission. These are presented in Table 4.1.

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Every care was taken to ensure that the participants were fully aware of the procedures throughout, to manage their expectations and mitigate any potential *risk of harm*. A number of steps were taken to ensure sure that *confidentiality* was maintained throughout the project. Firstly, both physical and electronic data was stored securely at all times using a locked file safe and encryption on the researcher's laptop. All identifying information from the data was removed by anonymisation of the data through modification of identifying information and using pseudonyms. Identifying information was not available to anyone other than the researcher and care was taken in the final presentation of the material.

4.6.3 The relationship with research participants

In acknowledgement of the double hermeneutic in social science research, as outlined by Giddens (1984) which he defines as: 'a mutual interpretative interplay between social science and those whose activities compose its subject matter' (Giddens, 1984), from the outset I acknowledge the impact of researcher-participant interaction during the data collection and consciously address this through the research practice. I made a deliberate effort to establish a good rapport (Fontana and Frey, 2005) with all participants and to engage them on a genuinely friendly and professional basis throughout the study, to make them feel comfortable and to address the issue of power imbalance (McCormack, 2000, p. 304). This required a great deal of consideration and planning. In addition, I emphasised that their views about the study were not only very welcome, but a vital part of the research. I made it clear that I was very grateful for their time and participation.

Felzmann et al. (2010, p. 48) note that:

It is not uncommon for qualitative research to draw on respondents with whom the researcher has pre-existing or simultaneous personal or professional relationships, or to take place in settings that the

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researcher is familiar with through personal or professional experience.

That said, it is not an area that has been written about extensively or even considered in the writings of most qualitative experts. In this research, the researcher knew four of the research participants prior to the research through professional work undertaken by the researcher. A number of potential issues in terms of: the data collection phase and the validity and reliability of the data emerge. The data collected can be enhanced by the relationship where the participant feels more comfortable to tell their story to the researcher with whom they have a relationship. The converse can also be true of course. BNIM draws our attention in the data collection and analysis phase of research to the will of the participant to seduce us with their story and the need to ask questions of the story that we are being told. For example what does the research participant want us to believe and what do they want us not to think? 'What stories are difficult to tell due to tacitly understood processes of social sanctioning?' (Riley and Hawe, 2005, p. 231). This is particularly useful in these cases and works towards developing strong validity and reliability within the study.

Felzman et al. (2010) note that the merging of these different roles in an interview setting requires special consideration in advance. Having different roles with research participants might lead to role conflict or misunderstandings as to what the research is about, what the researcher is doing and what is expected of the participant. It can also potentially make the participant feel compelled to participate or to continue when they are not comfortable and thus compromise the principle of voluntary participation and consent. In this case, the expectations of the research participants and the management of roles and boundaries before, during and after the interview become a prominent ethical issue. Where the relationship, the expectations and the boundaries are not successfully managed and for whatever reason, the participants feel aggrieved, data can be compromised. But this is true of all qualitative research. Relationships that are established

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for the collection of data require nurturing, as do relationships that were established before the research begins.

4.6.4 Child protection

Given the nature of this research project, it was appropriate to have a clear child protection policy. Firstly, such a policy should focus on what the researcher will do as part of her study with her participants and secondly, what the researcher would do if something of a child protection nature was revealed during the study. It should therefore detail how the researcher will make the participants aware of the child protection policy during the study (such as state it at the beginning of a questionnaire or mention it at the beginning of the interview and state that if anything of a child protection nature does arise during the interview, that she would be obliged to report it). The child protection policy should also detail the steps the researcher would take in the event of a disclosure of a child protection nature – one that is current or one that occurred in the past – and what they would do in the event of such a disclosure. The child protection policies of NUIG and the Child and Family Research Centre were applied to this research in every regard described in this section.

4.7 Reflexivity

Reflexivity is both an ethical and a technical issue in research. It has implications for how we practice as researchers and engage with our participants and in the quality of the outputs we produce in our work.

One way in which this can be conceptualised is in terms of the relationship between the researcher and the topic under study. In this regard, Hellowell (2006) has described in detail the positioning of the researcher as being within a continuum varying from being an insider to an outsider. ‘Insider’ in simple terms is where the researcher has a specific insight into the topic being researched, with an ‘outsider’ being one who has no prior experiential

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insight into the topic being researched. Of course this is quite simplistic. The concept of an insider-outsider continuum in which a researcher will move between the two is far more appropriate. In the context of this study, I move along the insider-outside continuum through the process of developing a research question, engaging with the literature, doing the fieldwork, analysing the data and presenting the data based on my gender, age and life experiences. Hellawell (2006) argues that a mixture of both empathy (insider) and alienation (outsider) are good qualities for a researcher to have. Smyth and Holian (2008, p. 40) emphasise the positive effects of such 'pre-understanding', noting that it 'enables a deeper and more insightful investigation and exploration of the issue and especially the often unspoken aspects that may elude an outsider'. Certainly I have significantly engaged with the substantive area of single women's pregnancy and motherhood previously, both professionally through research and my professional practice in community work, and personally in my own life. Thus as Hellawell (2006) notes, the need for reflexivity within this research is imperative.

However, it should also be acknowledged that 'unfettered reflexivity' risks diverting all attention away from the subjects and subject matter of research and on to the researcher (Elliot, 2005, p. 155). Elliot (2005, p. 157) questions whether it is possible for researchers to be fully transparent and reflexive about the analysis stage of research. The aim is therefore for researchers not simply to provide their readers with detailed confessional accounts of their experiences of conducting research, but rather to produce an analytic discussion of how their own theoretical and biographical perspective might impact on their relationships with research subjects, their interpretation of research evidence, and the form in which the research is presented (Elliot, 2005, p. 155). McCormack (2000) also discusses the importance of being reflexive – in order to avoid writing the researcher's own story or writing the researcher out of the story (McCormack, 2000, p. 312). Throughout the research process I have written extensively in various ways about my ongoing relationship with the study through the use of diaries, writing exploratively about my positionality as a researcher and

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about the various steps I have taken to get to this point and through the writing of drafts of chapters. I have tried to engage critically with how my relationship to the topic might impact on my decisions through the research journey at the various stages, such as deciding the research focus, selecting literature for review, choosing a methodological path, seeking participants, engaging in data collection, analysis and write-up. Reflexivity has been, and continues to be a core part of my practice.

Another practical way in which this potentially affected the research was in terms of how I engaged with the participants. I was aware that the research participants may ask me personal questions during the data collection phase out of curiosity, given the nature of the research and given the type of research design which involved participants. Certainly, this was my experience in other research projects that I was involved in prior to this research. Reinharz and Chase (2001) explore whether ‘the respondent is really in need of the researcher’s personal information and if so, what kind of disclosure is appropriate’ (Reinharz and Chase, 2001 cited in Essers, 2009, p. 168). Thus, I made some clear decisions at the beginning of the research process about how I would deal with these questions, should they arise, in the knowledge that whatever decision I would make would influence the interview and their involvement in the research. It may influence the story they would tell me and the stories that they would not tell me. It may influence their impression and understanding of the research and it may influence their further involvement – positively or negatively. Thus, I decided that the truth was the best option. I, myself was pregnant and a mother as a single woman at the age of nineteen. However, I was in a relationship with the father of the child for a period after this. While I may have had some similar experiences to that of the research participants, my experience was different. Where I was asked a question about my own experience, I answered the question honestly. In the spirit of BNIM, I tried to be neutral and factual and tried not to give my biased and opinionated version of events. Where it did not come up, I did not introduce it.

A further aspect of this study where reflexivity was essential was in relation

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to the overall research methodology. ‘Feminist discussions of ethics have tended to be separated into those that address research practice and those that concern knowledge construction processes, as framed in philosophical or epistemological terms’ (Doucet and Mauthner, 2002, p. 123). At the outset of this research, I stated that I wanted to use and further develop a qualitative methodology that adequately accounts for the effects of individual agency, as well as the impact of social structures and institutions on single women’s pregnancy and motherhood, and use and develop a qualitative methodology from which a sociological understanding about single women’s motherhood in Ireland can be developed. This is outlined in Section 4.2 and 4.3. In Section 4.4, I outlined how I wished to use collaborative principles that can inform feminist research practice: participation, collaborative interpretation and reflexivity that would avoid the objectification of the women involved and the issues they faced. How, and to what extent this was achieved through the use of BNIM is discussed in Chapter Nine.

4.8 Introducing the Biographic Narrative Interpretive Method of Case Presentation

Taking the biographic narrative interpretive approach outlined in this Chapter has allowed a deeper understanding of the complex lives of women. The interviews are based on life stories to allow unique stories to emerge, rather than questioning based on the researcher’s preconceived ideas and what is already known. Placing emphasis on the individuality of the women’s stories allows women to convey what is personal to them in their own words.

The case accounts developed as part of the BNIM data collection and analysis procedures outlined in this Chapter are presented in Chapters Five, Six and Seven. These chapters are presented in four main sections. The first section provides an introduction to the setting and context of the interview and provides a brief overview of the experiences of the women. This section presents the cases without interpretation so that the reader can create a frame for their own understanding and later for the interpretations presented.

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In keeping with BNIM's dual focus on then lived life and the told story, the subsequent two sections are presented in two parts. The first part situates the participant's biographical story in a changing Ireland and comprises a presentation of each participant's biographical events, placed against the social and historical context of their life in Ireland at the time as single women and mothers. The incorporation of this socio-historical material is intrinsic, I believe, to our developing comprehension of each pregnancy and motherhood story, and is a distinguishing characteristic of the socio-biographical approach to BMIM used in my thesis (Wengraf et al., 2002, pp. 260–261). It also focuses on the structural causes for the experiences of the women in the study and in this way works against 'othering' them or their experiences (McDonagh, 2000; Krumer-Nevo and Benjamin, 2010; Krumer-Nevo and Sidi, 2012).

The second part of each case presentation, called The Pregnancy and Motherhood Story, contains the analysis of the respective women's stories. Finally I present a Case Summary for each case that focuses on the phases of evolving subjectivity that can be identified in each story, the strategies the women use to negotiate their pregnancy and motherhood experiences and the dominant narratives contained within the stories. The use of the Biographical Narrative Interpretive method has afforded me the opportunity to analyse each case in an in-depth way, guided by the content of the cases as presented by the women without a theoretical framework guiding my interpretation. Each story shared in this chapter is unique and should be appreciated as an entity.

I use the extensive data generated during the different phases of the narrative methodology to make sociological sense of the experience of pregnancy and motherhood for the three single women in this research. The social characteristics of the women interviewed could not have been more different but the case studies reveal that the dominant ideologies of reproduction in Ireland can be traced through all three cases. These cases constitute the foundation for the generation of wider sociological understanding about the processes of gender and motherhood for single

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women in Ireland. The collective findings of the cross case comparisons are presented in Chapters Eight and discussed in Chapter Nine.

4.9 Conclusion

The primary research question of this study seeks to explore how women experience and negotiate their pregnancy and motherhood identities in their biographical narratives and lived lives in Ireland from 1990-2010. In this chapter, the methodology of the study and the particular methods were described and a rationale for their selection provided. Chapters Five, Six and Seven now present the

Chapters Five, Six and seven have been removed to protect the anonymity and preserve confidentiality of the participants in this research project.

Please contact the author should you require further information.

Chapter Eight

Cross-Case Theorisation: Collective Findings

8.1 Introduction

The previous three chapters presented the three interpretive case accounts which represented the outcome of the first nine stages of BNIM analysis. These interpretive case accounts illustrate the relationship between the ‘particular and the general’ throughout the text through a detailed analysis of each case in the context of the socio-historical context of the time period in which they occurred. Overall, this analysis resulted in the finding that the experience process of accounting for their unmarried un-partnered pregnancy and motherhood is a highly individualised one. Yet it is historically situated in the prevailing social constructions of family, sexuality, pregnancy and motherhood of the time. Each woman accounted for their pregnancy and motherhood stories differently yet shared common experiences narrative strategies in articulating life stories of pregnancy and motherhood. The unique features of each case described at the end of each case account are testament to this.

Mary’s account is a striking example of contested selves (public and private) polarised by her prominent public position. The extreme nature of the stigma she experienced while pregnant and her capacity to compartmentalise this stigma in that pregnancy period is testament to her ability to access material and symbolic resources in her social milieu. Brigid’s story illuminates the class and cultural constraints she faces and the different material and symbolic resources that are available to her. Patricia’s story highlights the disadvantaged status of women in relation to their access to make independent decisions about their own choices and the resourcefulness in negotiating these.

Chapter Eight: Cross-Case Theorisation – Collective Findings

This chapter contains the outcome of the collective analysis of the three cases in relation to the aim and objectives of this study. This represents the eleventh and final stage of the BNIM analytic process – cross-case theorisation¹¹. This illustrates the relationships between the personal stories contained in Chapters Five, Six and Seven, and broader cultural and social narratives evident within these life stories¹² which are discussed in Chapter Nine.

The central research question of this study seeks to explore how single women experience and negotiate pregnancy and motherhood in their biographical narratives and lived lives in the socio-historical context of Ireland between 1990 and 2010. The objectives of the research are to explore:

- how single women experience pregnancy and motherhood in Ireland
- how single women negotiate this social identity in their lived lives and account for this in their narratives as reflexive social actors in the context of social influences in their social milieu
- what we know about the social and structural implications of this identity for women
- how the Biographical Narrative Interpretive Method (BNIM) used in this research contributes to an understanding of this phenomenon.

There are differences in settings and life trajectories between the participants in this study. This contributes to a richer understanding of pregnancy and motherhood among Irish single women. I discuss the data from the previous chapters using a conceptual framework based on the ecological model, which allows a focus on the micro and macro. A feminist approach used throughout this study prioritises the analysis of gender as a social category and highlights how patriarchal structures and the historical

¹¹ Figure 4.5 and Figure 4.6 in Chapter 4 (Methodology) provide a conceptual illustration of the analytic processes which have led to the findings presented in this chapter.

¹² This chapter should be read in conjunction with Chapters Five, Six and Seven which present the case accounts for each of the three cases. Findings referred to in this chapter are presented in more detail in these chapters.

and sociocultural forces therein construct gender in ways that oppress women in Ireland.

8.2 Summary of Main Findings

The findings which emerged from the cross-case theorisation process are outlined below: how single women experience, negotiate and account for their pregnancy and motherhood identities in terms of differences and similarities presented across the three cases, and what this can reveal about the historical socio-cultural context in which they live.

This research reveals:

8.2.1 How single women experience pregnancy and motherhood

Women's lives in Ireland can be examined in terms of differences in ethnicity, religious beliefs, social class, educational attainment, among other factors, yet the traumatic impact of a crisis or unplanned pregnancy intersects all of these categorical divisions. There is no single experience of being a 'single mother' in Ireland but how women experience pregnancy and motherhood and negotiate that identity are constrained and enabled by location in the social milieu both historically, temporally and structurally.

8.2.2 How single women negotiate this social identity in their lived lives

Patterns of stigma and discrimination can be traced across all the stories of pregnancy and motherhood told by these single women. These patterns impact on how women negotiate their social identities and enable the strategies they can employ. The social status of 'single motherhood' in Ireland heightened women's risk of domestic (including intimate partner) violence, institutional and structural discrimination, as well as symbolic violence socially in the form of stigma.

8.2.3 How single women account for their experience of pregnancy and motherhood

Women accounted for their experiences of pregnancy and motherhood differently, yet shared common narrative strategies in articulating their

stories of this phenomenon: using an overall *pre-pregnancy, pregnancy and motherhood* structure to shape their stories, starting their story with an abstract with the moral of the future story and concluding with a coda. The ways in which female sexuality, fertility and maternity are socially constructed in Ireland provide a cultural framework for the construction of biographies of ‘single motherhood’ in the narratives presented. Ideas about what it is to be a mother and a ‘single mother’ are shaped by dominant ideologies. Women told various stories about their lives through their engagement in this study. These stories contained broader narratives about their lives and their experiences as single women and ‘single mothers’. A number of strong narratives emerged from the analysis of these stories: a narrative of stigma and shame; a narrative of dependence and independence; a narrative of motherhood and single motherhood in Ireland. These findings are now elaborated and corroborated with evidence from each of the three cases.

8.3 How Single Women Experience their Pregnancy and Motherhood Identities

Being pregnant and being a mother are presented as two very different experiences in a woman’s life in the three cases presented in the preceding chapters. There are a number of fundamental differences between the biographical meaning of pregnancy and the biographical meaning of motherhood for Mary, Brigid and Patricia, as single women. This has implications for the strategies they used to negotiate these identities and the way in which they accounted for these.

8.3.1 How do single women experience their pregnancy identities?

There are several differences in the way that the three cases experienced their single pregnancies. These are highlighted in each case in the preceding chapters. They are accompanied by several important similarities, however, evident in the biographical meaning of pregnancy for Mary, Brigid and Patricia.

8.3.1.1 Traumatic event

For each of the three cases, the unexpected pregnancy is a traumatic event in their biography. For Mary, her unexpected pregnancy is presented as a hugely distressing and traumatic occurrence for her. She has deviated from the 'normative' life trajectory of her family, her social class at the time, her colleagues and those in her social network and her social identity as a middle class, self-sufficient teacher are under threat. This leads her to conceal her pregnancy for a significant period from her family, her work colleagues and wider social network. Initial negative reactions from those that she trusts with her 'secret' (her cousin and her doctor) coinciding with rumours of a 'disgraced' pregnant teacher in another part of the country lead her to conclude that she 'must' conceal her pregnancy. She wears dark clothes, continues her work and seeks maternity services in another city. A central concern she has is of protecting her mother from the stigma she is certain exists and has now experienced at first-hand. She is also concerned about her partner's reaction and therefore keeps her secret from him too. Mary's description of when she tells her mother about her pregnancy reveals a contradiction in her own perspective on her single pregnancy. She evaluates that her mother was fantastic *but* there is a contradiction inherent in this, as although her mother is supportive, she also says 'you disgraced us'. Mary excuses her mother based on her generation, but it perhaps reveals that she feels she got as much support as she deserved.

Similarly, the pregnancy is a traumatic time for Brigid. Unlike Mary, Brigid planned her pregnancy as a means to marry her child's father however this did work out as she had planned. As a member of the Traveller community, her extramarital pregnancy is hugely stigmatised and has massive implications for her social status and that of her family. Her family were against her relationship and tried to persuade her to abort her pregnancy using physical and emotional violence. This was very unusual - it would have been more likely that her family would have forced her to marry him. Her story portrays two competing forces at work in her. On one hand, she still clung to the hope that her relationship would work out and her imagined

future will come true. ‘... but still when I had him I thought, well, when he’ll see his child that he’d stand by him.’ On the other hand, she began to prioritise her baby’s future. This compelled her to resist the wishes of her family to have an abortion and she engaged in survival mode. ‘I jumped out of windows, I ran, when I shouldn’t have been running’ Her pregnancy is characterised by a struggle to survive for her and her child. She resorts to running away and hiding from her family and their abuse.

Patricia tells two pregnancy stories, both of which are traumatic for her, but in different ways. Her first pregnancy occurred unexpectedly at the age of nineteen. She reacted to this event by concealing her pregnancy (from her partner) and having an abortion (with the financial support of her parents). She immediately states her assessment that she could not go through with it. She concealed her pregnancy from her partner at the time and planned an abortion. Patricia visited Cura with her friend who was also pregnant at the time, where she received advice on keeping the baby, but not on other options. She states that the support worker, a nun, ‘couldn’t deal with’ her decision not to continue with the pregnancy. She surmises ‘You know, I got support from my family. I was lucky, I mean, a lot of people back then didn’t get support from their families.’ The second pregnancy occurred in the context of an abusive relationship with an alcoholic partner almost twenty years later. This time she actively decided to continue her pregnancy in spite of the alcoholism and the abuse because she decided that she wanted a child. I was thinking ‘I’m not getting any younger ... And I’d regret it, so I decided then I wanted a baby.’ During her pregnancy, she tried to make the relationship work by accepting the way things were and (at least in the beginning) not challenging her partner. ‘I never wanted an argument with him, you know ...’

8.3.1.2 Disruption to their biographical trajectory

Each of the women experienced a disruption to their biographical trajectory and their planned life. A common feature of this disruption was shock, fear, upset and mourning for what could have been. In three of the pregnancy stories, this is followed by a period of acceptance. Mary started to make

preparations for herself and the baby physically by arranging her work and living arrangements accordingly, Brigid fought for her baby's survival and Patricia made a decision to continue with the pregnancy in the very difficult circumstances of an abusive relationship. By contrast, in Patricia's first pregnancy, she decided not to go ahead with the pregnancy.

8.3.1.3 The challenge of not having support

In each case, there are varying degrees of opposition towards the pregnancy from their immediate family (particularly in the cases of Mary and Brigid, and Patricia's second pregnancy, in the context of her relationship). Two of these women also experienced lack of support in their immediate social networks (Mary's cousin and doctor, Brigid's community) and it had a devastating effect on their experience. Patricia, in contrast, had support from her social network, which supported her to make her choice. The wider social structure (visible in the stigma that each received from institutions such as their place of employment, social welfare officials and health care providers) was also evident. Patricia's interaction with the pregnancy support services for her first pregnancy demonstrated a lack of support for women's reproductive rights and the right to make choices at that time in Ireland.

8.3.1.4 Strong personal decisions

Each of the cases is marked by a strong personal decision to continue with the pregnancy in the face of opposition from their immediate family, social networks and the wider social structure. Mary concealed her pregnancy but actively prepared for it by organising her maternity services, maternity benefit and access to social welfare support in deeply stigmatising circumstances. Brigid fights to physically keep her pregnancy and made attempts to legitimise it by salvaging her relationship. Patricia decided to continue with her pregnancy in an abusive relationship without the support of her partner or her parents.

8.3.1.5 Grief during the pregnancy

Unplanned/crisis single pregnancies are not episodic events in a woman's life. Rather, single women's unplanned pregnancies and motherhood experiences are deeply embodied in, and irrevocably alter, women's lives. Each of the cases revealed grief during the pregnancy associated with the disruption to their lives and the loss of what could have been. All experienced disruption as a consequence of their decision to continue with the pregnancy and subsequent motherhood, but were nonetheless able to achieve an overall sense of continuity in their biographies by their later stories of motherhood.

8.3.1.6 A stigmatized sexuality, fertility and maternity

These experiences in each of the cases are framed by stigmatized form of sexuality, fertility and maternity, stratified by the women's marital status and by their social class in the particular social milieu and social policy epoch. These frames created the conditions for different experiences. For Mary, in her social class and public job as a teacher in 1996, becoming pregnant as a single woman was highly stigmatised, and indeed, in light of the Eileen Flynn case she knew she could have lost her job because she was pregnant and unmarried. Her extramarital sexuality and fertility were highly stigmatised at this time. For Brigid, a member of a small Traveller community, becoming pregnant as a single woman in 2004 was highly stigmatised. Whilst there had been a significant increase in births outside of marriage in Ireland in 2004 in comparison to 1996, when Mary became pregnant her extramarital sexuality and fertility were highly stigmatised in her community and by her family. Patricia experienced stigma with regard to her sexuality and fertility in 1991, in her decision to have an abortion, in her interactions with pregnancy support services, but she did not experience social stigma while pregnant in 2009. This was due to a number of factors: her cohabiting relationship status, though her family were concerned and non-supportive of her pregnancy due to her relationship; her social network and how her immediate friends and acquaintances were living and the change in cultural and moral attitudes in Ireland. At this time more than one in three births occurred outside of marriage and the influence of the Catholic

Church on all matters pertaining to sexuality and adult relationships had declined.

8.3.2 How do single women experience their motherhood identities?

The experience of single motherhood across the cases also presents many similarities amidst the biographical differences. Both the similarities and differences of this experience are located in their position within the social structure, in the particular time and location.

8.3.2.1 Responsibility

All three women experienced their single motherhood as a huge responsibility. For Mary this was more ready. Her age, social class, employment and family support facilitated this experience. Moreover, Mary's child was 14 years old at the time of the interview and there appears to be stability in her life now as the crisis of her pregnancy has long since passed however, for Patricia and Brigid, being a mother alone was more challenging. For Brigid, motherhood was a struggle physically. She found it exhausting and the responsibility a constant concern. The stigma she experienced accentuated the responsibility to get it right. For Brigid her motherhood story started immediately after the birth of her son, where her focus shifted from herself and her life project (to become a married mother to her baby's father) completely and to that of her child where she does everything she can for her child's future. 'Because it was my fault, it wasn't the baby's fault'. Motherhood for Brigid is about hard work and self-sacrifice. Patricia maintains that she parented alone anyway in the context of the relationship but that it was very difficult. Patricia's family provide the support her partner did not, emotionally and physically, but resource constraints mean she needed support financially too. For Patricia her motherhood story is about adapting to, and asserting, responsibility as a parent and she did this alone, in contrast to her partner, finally leaving the abusive relationship so that she could do all the things she wanted to with her son and create the home and the life she desired. She used motherhood as a route back to stability in life, a project she had started prior to her relationship when she bought her house.

8.3.2.2 The paradox: Freedom in mothering alone

The experience of mothering alone was expressed as freedom from certain things by the women in the three cases. Mary experienced motherhood as a freedom from the stigma she felt while pregnant. The pregnancy ‘bump’ she actively managed to conceal is gone and as a mother she felt she could now blend in. Patricia experienced a freedom from her partner and the abuse. She could now parent in the way she wanted to. Brigid experienced the freedom as a paradox. She felt that her personal freedom was emphasised but constrained by social restrictions. She could make her own decisions and felt that she had to make them alone, but they had social consequences and her community monitors her parenting and behaviour. She uses her mother as an example of this ‘Yes, she leaves the decisions up to me and when I think I have the right decision and I get it wrong she does give out to me’.

8.4 How Single Women Negotiate the Pregnancy and Motherhood Identity

Single women used a number of different strategies to negotiate their single motherhood identities and actively strove to create a (socially acceptable) space for themselves and their family. In the preceding chapters, we can see the individual strategies used by the women in these cases. These negotiation strategies were developed throughout the pregnancy and motherhood experience and were evident throughout the narratives created by each of the cases. These were all unique to their social position, temporality and access to resources, both material and symbolic in those contexts. There are a number of commonalities that we can see across these specific strategies, but these commonalities are evident in the strategies they used to negotiate their own space amidst constraints in the social structure.

8.4.1 (In)visibility

Across the three cases, cultural censorship of single pregnancy and motherhood is evident. It is both required by the institutions in the 1990s

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(evidenced in Patricia's experience of accessing information in 1991, and Mary's required concealment as a teacher in 1996 and still at a community level in the 2000s as evidenced by Brigid's required conformity following her transgression). It is also used as a strategy for survival by these women in these situations. Social position impacts on the context and the experience of the in/visibility dichotomy for each of the women. For example, Mary was more visible as an unmarried pregnant teacher in a public school in 1996, than Brigid was in 2004 as part of a community of early childbearing. However, with access to resources and employment and family support, Mary blended in as a mother in her community. Brigid, on the other hand, was less likely to stand out while pregnant (as many of her peers would have been married and pregnant) but much more while mothering alone, in fact she was the first and only single mother in her community. Similarly, Patricia had company in her social network when she became pregnant in 1991 and again in 2010 when she left her partner. This highlights the importance of having 'the wise' in their social circle to ameliorate stigma. This is discussed in Chapter Nine Section 9.2.3.

Visibility can create the condition of constraint or act as an enabler of freedom, depending on the time and socio-location. This demonstrates a tension between cultural ideals of sexuality, fertility and maternity in Ireland and women's lived realities. This tension is present in all social classes and social spheres but is borne out differently in different contexts.

Consequently, single women who are pregnant and mothers resort to socially prescribed gender work, hiding transgressions in order to maintain their social standing as good women and/or mothers. They negotiate their single motherhood identity by this symbolic mechanism. The censorship of their experiences reproduces the social order and the continued cultural ideology of female sexuality as confined to marriage. It also affects what constitutes a culturally legitimate family. This, in turn, perpetuates the structural violence and social stigma surrounding single women's sexuality, fertility and maternity.

8.4.2 Conformity to cultural ideals

Linked to the in/visibility dichotomy is a symbolic strategy of conformity to the cultural ideals surrounding pregnancy and motherhood used in different ways in the three cases. Recognising the ideal of married pregnancy, Mary conceals her unmarried pregnancy in all her public encounters. Her status as a public figure as a teacher necessitates this for her to keep her employment, status and personally survive her difficult situation. Brigid navigates a highly stigmatised identity of being the first single mother in her community by explicit symbolic conformity to the ideals of a chaste woman and a good mother in her community after her son is born. She does not drink, does not go out socially, does not engage in relationships with men and focuses solely on raising her child. Patricia balances the end of her relationship and a personal construction of an independent identity with carefully granting parental access to the child's father, walking a fine line between having him in her life for sake of the child but out of it, for herself.

8.4.3 Selfless maternity ideal: Gendered work of maternity

The three cases explored in this research demonstrate through their narratives and described lived actions that their child is now the central focus of their lives. This is a further symbolic mechanism to negotiate their 'single motherhood' identity. All three cases consciously demonstrate making an unselfish childbearing and mothering decisions. This is evidence of the gender work of maternity as taking responsibility for one's own actions and their consequences in the pregnancy and in motherhood. It is a strategy used to ameliorate potential stigma on their children. 'I've got a child you know ... you know I've to be responsible (Patricia). 'Because it was my fault, it wasn't the baby's fault' (Brigid).' This corresponds to social expectations in the Irish cultural ideal of motherhood as selfless maternity. The goal of being a good mother and raising the child well is about compensation for the children of the stigmatised identity.

8.4.4 Access to physical resources: negotiated dependency and independency

The most profound difference between the biographical meanings of single pregnancy in the narratives is the mechanisms by which they can negotiate it. The social position in terms of social class and socio-economic resources (located in the social structure) determine the access to material and symbolic resources and thus how they can mediate this life change. These mechanisms are located in their disparate social position in the social structure. They do not determine how individuals mediate an event but they determine the potential resources individuals and groups have access to, to do so. Brigid is a young, single Traveller woman with incomplete second-level education, low employment opportunities, lone mothering in the context of a social welfare work obligation model that will force her to engage with the labour market by 2015. Of course, this is also mediated by the fact that the policy will probably impact on her differently as she is a Traveller and there is greater acceptance of unemployment and low educational levels by policymakers and enforcers of this community. Her ethnicity, social class and gender in a patriarchal community mean that her opportunities to access material resources are constrained. She is likely to face discrimination in mainstream employment and in her own community where unpaid and paid 'work' is extremely gendered.

Patricia chose not to become a single mother at the age of 19 when she had an abortion. This allowed her to work and support herself. She availed of an affordable housing policy in 2006, which provides her with security but restrictions on her mobility (she must reimburse the local council if she sells the house within 20 years). Not choosing to stay with her alcoholic partner means that surviving financially as a 'single mother' is difficult and she needs some support from her family. This compromises her independence. For Mary, her socio-location in the social structure provides her with more opportunities than the other two cases. She is university educated and trained in a profession where women dominate. However, we know that prior to her pregnancy; she was in line for a permanent teaching position.

She has not achieved that 14 years later. Parenting alone and working means a glass ceiling for her in work. For all women, mothering alone while providing for a family means a double shift and necessitates flexibility on both fronts, which requires the support of others. In this regard, data on poverty and lone parent households would suggest that as Patricia and Brigid and their children are dependent on social welfare there is a strong possibility that they are living in poverty whereas Mary has maintained her middle class position in society because of her education and attachment to the paid workforce.

Opportunities and constraints and how these impact on outcomes for mothers are affected by socio-economic location.

8.5 How Single Women Account for their Pregnancy and Motherhood Experience

The BNIM uses Labov's concept of narrative (Wengraf, 2001). This sensitises our attention to narrative practises used by the participants in the interviews including the structure of the narrative, the use of an abstract the beginning and concluding with a coda. Narrative constructions in stories can reveal how people perceive their situation and how they relate to it. The three cases presented in the preceding three chapters experience the phenomenon of being a single mother differently. However, three important similarities are evident in the way in which the single women construct their narratives to account for their experiences.

8.5.1 Narrative structure

They present their stories using a similar narrative for the telling – the discovery of her pregnancy; during pregnancy, containing a period of incubation and transformation and after the pregnancy with references towards the end of the narrative of life before the pregnancy. This allows the physical cycle of the biographical transformation to shape the telling and revealing their situated subjectivity of their pre-pregnancy perspective,

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during pregnancy perspectives and post-pregnancy perspectives in the narrative interview.

In all three stories of pregnancy to motherhood, the protagonist began the transformative journey as shocked, overwhelmed and traumatised by the discovery of the pregnancy, but not necessarily for the same reasons. Mary was hugely traumatised and worried when she initially suspected she might be pregnant. She did not go to the doctor until she was 13 weeks pregnant. She kept her fears a secret during this time. Brigid deeply considered her pregnancy in the context of her relationship and her age. Patricia was deeply worried about her pregnancy in the context of her troubled relationship with her partner.

Following this, there was a period of calm and incubation, where the protagonists came to terms with the significant changes in their lives. This occurred in all cases during the pregnancy and was marked by acceptance. Mary accepted the stigma of her pregnancy and acted accordingly by concealing it. Patricia accepted the relationship and the abusive behaviour of her partner and consciously did not challenge it. Brigid walked a fine line of survival between her partner and her family and their opposing forces and tried to please everyone. This was followed by a period of change and transformation. The protagonists began to assert themselves against their opposition. For Mary, this happened during the pregnancy. For Brigid and Patricia, this happens shortly after they gave birth. All three cases were marked by a reassessment of their situation and transformation in the form of a new perspective and different actions. Mary stood up to the stigmatising treatment she received from the social welfare official and told her family of her concealed pregnancy. This change in her actions perhaps came from a realisation of her social status as a middle-class teacher and that she had resources that she could access. Patricia asserted herself by leaving her partner after assessing her personal values and deciding on the life she wanted for her son. Brigid reassessed her situation at the church shortly after she gave birth. She ended the relationship with her partner and stated that she was sick of trying to please everyone. This concluded any hope of

reconnection of the relationship and finally confirmed her new status as a single mother. The remainder of each story focussed on the after the pregnancy and contained the resolution of the situation, where each woman stated that her child was now the focus of her life. There were some similarities and some differences in how each case presented in this phase. Mary positioned herself as similar to other mothers and minimised the pregnancy phase of her life story. Brigid talked extensively about the challenges of parenting alone in the context of a continued stigmatised identity and her ongoing concern about the absence of a male role model in her son's life and his acceptance within the community. The challenges were both physical (the 24/7 work) and social (the stigma she experienced in her community). Patricia experienced both with less difficulty as she was independent and found it difficult to manage financially when parenting alone.

The pre-pregnancy stories contextualise the lives of the women. These were usually contained towards the end of the interview, a looking back. Brigid talked about her relationship and her desire to get married to this man. Patricia talked about the active life she had, with a full-time job and a part-time job as a DJ on the local club scene. Mary is different. She established her position and status as an employed, financially independent teacher at the beginning of her narrative before the introduction of the pregnancy and unlike Brigid and Patricia, that part of Mary's identity has remained intact. Mary's difference highlights her attachment or preference for this identity to be validated, more than that of her unmarried pregnancy, which we see evidence of later. The details of these different experiences and how the women negotiate these experiences are discussed in Section 8.3–8.4 above.

8.5.2 Use of abstract at the start of the narrative

In addition, each of the participants began their self-structured narrative with an abstract or short overview, which immediately introduced the moral of the story they are going to tell. As Mishler notes 'everything said functions to express, confirm and validate the claimed identity' (Mishler,

1986, p. 243). The abstract used by the women in these narratives established the claimed identity and the moral of the story. The rest of the narrative was built around this. Mary starts her interview in the summer she discovered she was pregnant. The opening sequence of her interview immediately identifies her as a working professional, a teacher. She constructed herself as self-supporting and financially independent by describing four different jobs she either did or was offered– the job she currently had teaching English for the summer, her pre-summer job of two years in a secondary school, the job in the private school that she was offered before she discovered her pregnancy, the job she took as a teacher during her pregnancy. This is the first hint of her narrative theme of self-differentiation which she built later in her story, where she stated that she is a teacher, setting herself up as an employed professional. Brigid employs a similar device to communicate what for her is the salient point in her story. Her opening sequence is that she is the first ‘single mother’ in her community ‘on the hill’. She repeated ‘I’m the first’ twice and immediately established that she didn’t intend for this to happen, that she had other plans ‘I didn’t intend to be a single mother to tell you the truth, ehm ... it’s not one of them things that happens on top of the hill’ and immediately we know that is she is different to others in her community and on the periphery. She summarizes her experience of being a single mother in her community ‘it’s hard-going ... everyone on top of the hill is looking to see how I’m managing and what way he’s kept ...’, introducing quickly the narrative of surveillance and social control she experiences in her community, which are central to her story. Similarly, Patricia establishes her alcoholic abusive relationship as the reason she ‘ended up’ being a single mother.

8.5.3 Socially-constructed female sexuality, fertility and maternity

The ways in which female sexuality, fertility and maternity are socially constructed in Ireland provide a cultural framework for the construction of biographies of single motherhood in the narratives presented. Extramarital sexuality, fertility and maternity are stigmatised in Irish society. The degree

to which this occurs is linked to the temporal and corresponding policy epoch. The way in which these three cases construct their narratives is significant in terms of the different eras and socio-locations. All demonstrate their consciousness of their peripheral identities and all craft their stories in the context and constrictions of, and in reference to, the broader social ideal.

8.5.3.1 Sexuality

Extramarital sexuality is stigmatised in Ireland. Historically, it was highly stigmatised with low incidences of activity, extramarital births, abortions and strong repercussions for transgressions such as forced adoptions, incarceration and emigration¹³. Temporally this has changed, but the persistent ideal socially and in social policy is towards married sexuality and parenthood, particularly for women. This is particularly evident in the stories of Patricia and Mary in the 1990s. For Brigid, extramarital sexuality would have been regarded as premarital and would have led to her marriage of the father of her child yet this is something her family was opposed to, a deviation from typical behaviour within her community. It is less stigmatised in Patricia's second story in the 2000s where cohabitation has become more recognised as a valid family form, given that it is her route into single motherhood. However, that said, the social construction of women's sexuality had a significant impact on the narratives of the three cases. It is evident in the way that the three women censor themselves in relation to other relationships they may have had since their pregnancy. This is most extremely experienced by Brigid who openly states that to live in her community, she must live chastely, and marriage or a further relationship are not options which are open to her.

8.5.3.2 Fertility

Fertility in Ireland is constructed in the context of a relationship, both married and unmarried. Eighteen per cent of families are now headed by one

¹³ For more details please see Chapter Two and a further discussion in Chapter Nine.

parent, but of these less than half are single, unmarried parents. Extramarital fertility is evidence of extramarital sexuality. Both Patricia and Mary concealed their pregnancies. Brigid still had hope for her relationship during her pregnancy, which may have been a strategy to avoid stigma of her fertility. Patricia's second pregnancy also had the added cover of a relationship. Mary felt high levels of stigma during her visible pregnancy. The socially constricted nature of abortion also impacted on the way the three cases constructed their narratives. Abortion was an option used by Patricia but it would not have been possible without the financial support of her family. The social support services did not provide her with abortion information in 1991. Abortion as an option was not mentioned either by Mary, possibly signifying the restriction of this option for her, financially or because of personal beliefs. Brigid explicitly states that abortion was not an option for her personally while her family tried to force her to have an abortion.

8.5.3.3 Maternity

Maternity in Ireland was historically the privilege of marriage. As a persistent prevailing viewpoint, this is evident in the way in which the narratives are constructed in the three cases. Mary creates a differentiation narrative between herself and other single mothers: she does this by asserting her employment status, her age and categorises difference based on social class in an attempt to legitimate her experience, while creating divisions with other single mothers. This is in the context of alleviating some of her felt stigma for being a single mother. For Brigid, the fact that she is the only one in her community structures her narrative of maternity. She constructs a socially isolated narrative, isolated from other mothers in her community and those in the community. Shifting attitudes mean that for Patricia, cohabitation is sufficient to alleviate that stigma and create a legitimate union, at least in her social network and community. For Brigid, not being married is hugely stigmatising and she is the first in her community. This affects how the three cases construct themselves as mothers. All three represent the child as the centre of their lives to create a

narrative of selfless maternity and establish themselves as ‘good mothers’, in line with current cultural ideals, where the child is idolised yet parented with boundaries. Mary uses the terms ‘centre’ and ‘idolised’. Brigid establishes her good parenting through examples of boundaries and 24/7 care and concern about her son’s future. Patricia creates a picture of all the things she would like to do with her child and indeed one of the deciding factors in leaving her abusive partner was the negative impact his behaviour was having on her child. Yet, In addition, Patricia describes how she facilitates access to the child’s father because ‘I’m not that bad’, connecting into a concern for father’s rights in the current era.

8.5.4 Creating identity in the telling – the ‘now’ perspective

The women in the three cases continued to negotiate their single motherhood identities at the time of the interview in various specific ways, building on their negotiation strategies developed early on in their changed identities. Mary revealed a contradictory ‘now perspective’ on unmarried motherhood, which was evident at times throughout the interview but most particularly in her ‘now-perspective’ evaluations peppered throughout her stories. ‘It’s probably the way I would have been, had it not happened to me’. It reveals a complex contradictory narrative where she displays her underlying ambivalence to unmarried parenthood: ‘I’m hoping that I would be understanding. Even though I said to my son “I hope you’re not a Daddy for a long time yet, for your own sake”’. This betrays how difficult it was for her. She concludes her story as a mother speaking of common experiences of all first-time mothers. Her single motherhood experience is housed between her pre-pregnancy life and her life as a mother. Closing her story, she positions herself as a mother. Mary began her story by talking about her work at the time and she completed it by talking about early motherhood and the commonalities she had with other new mothers – both married and unmarried. She manages her perceived compromised identity by maintaining her ‘mother’ identity. Both Brigid and Patricia manage their identity through the use of the selfless maternity ideal described above, dedicating their lives to the nurturing of their children.

8.6 Conclusion

This chapter presents a cross-case comparison in relation to the central research questions to make sense of the biographical meaning of pregnancy and motherhood as it was articulated in the three case studies. These findings culminate in representations of a highly stigmatised identity, where single women experienced stigma in both their pregnancies and their motherhood identity. They developed strategies to negotiate this, based on the socio-economic location, which determined what mechanisms were available to them, both symbolically and materially. This led to multiple oppressions, which bore consequences for impacts and outcomes for all in the family unit, both symbolically and materially. It is essential now that the findings from the individual case accounts (presented in Chapters Five – Seven) and the collective findings presented here, are critically discussed in relation to their implications for our understanding of single pregnancy and single motherhood in Irish society. A discussion of these findings relating to the relevant literature is presented in the following chapter. It also discusses:

- what we know about the social organisation of non-marital pregnancy and motherhood in Ireland
- the implications of this for single women mothers
- how the BNIM contributes to an understanding of this phenomenon.

Chapter Nine

Discussion

9.1 Introduction

This chapter discusses the findings of the research presented in Chapters Five to Eight within the socio-historical and policy context and in relation to the literature presented in Chapters Two and Three. Chapter Two provides the social, historical and policy context to the research, and includes a chronology of the policy developments relevant to single mothers in Ireland. Chapter Three presented a comprehensive review of the key literature pertinent to the objectives of the study. This review initially focussed on the areas of social constructions of sexuality, pregnancy and motherhood in the Irish cultural context, focusing on familism and patriarchy. This is followed by an examination of the literature on pregnancy and motherhood of single women in the Irish context and a thorough review of the concept of stigma – how it has developed from Goffman (1963) to a more structural understanding of stigma (Link and Phelan, 2001). To provide structure to this discussion, the research findings are discussed in relation to each objective. The central research question of this study seeks to explore how single women experience and negotiate pregnancy and motherhood in their biographical narratives and lived lives in the socio-historical context of Ireland from 1990 to 2010. The objectives of the research are to explore:

- how single women experience pregnancy and motherhood in Ireland
- how single women negotiate this social identity in their lived lives and account for this in their narratives as reflexive social actors in the context of social influences in their social milieu
- what we know about the social and structural implications of this identity for women
- how the Biographical Narrative Interpretive Method (BNIM) used in this research contributes to an understanding of this phenomenon.

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Ideas about what it is to be a mother and a 'single mother' are shaped by cultural ideologies in society and local experiences in different social locations. Through their engagement in this study, women told various stories about their lives. These stories contained broader narratives about their lives and their experiences as single women and 'single mothers'. A number of strong narratives emerged from the analysis of these stories: a narrative of: stigma and shame at a personal level, motherhood in Ireland and proscribed hegemonic femininity. The ways in which female sexuality, fertility and maternity are socially constructed in Ireland provide a cultural framework for the construction of biographies of 'single motherhood' in the narratives presented. These narrative constructions are linked to the cultural narratives that are discussed in the next section. We construct our stories from others around us, and to others around, us with the narratives available to us in our immediate social structures. These stories reveal the broader cultural and societal narratives. This is why it is interesting to examine the stories of single women from different contexts, to see what is common and what is different, and why.

It is clear that the experiences of single pregnancy and motherhood are diverse and mediated by a number of factors in the case examples and through the cross-case comparison. Stigma provides a lens that illuminates a deeper understanding of the forces that affect the experience of pregnancy and motherhood for single women. It also illuminates the strategies used, both symbolically and materially, by single women as they negotiate that experience. Reflecting on stigma, particularly using Thompson's (1997) 'Personal Cultural Structural' model can reveal some of the forces at play in society that shape women's lives.

First of all, I elaborate on the key research findings in relation to the first three objectives of the study and discuss them with reference to the literature as reviewed in Chapter Three and, in part, the contextual information provided in Chapter Two. The implications of the interpretations are considered throughout. This is followed by a discussion

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of the methodological approach of BNIM used in this study to outline the methodological strengths and weaknesses and the contribution of such an approach to this research.

9.2 How Single Women Experience Pregnancy and Motherhood in Ireland

There is not one experience of being a single mother in Ireland. Single women who experienced an unplanned pregnancy in this study had a wide range of experiences. These experiences include: personal trauma and shame, familial shame, challenges in their familial relationships, abandonment by their partners, single motherhood, a stigmatized child, compromised future relationship opportunities, hurtful interactions in the community and when interacting with state agencies, interrupted income or career, poverty, and inequality in areas of their lives. Single women's experience of pregnancy and motherhood is located in the social milieu they inhabit, both temporally and structurally.

All human identities are social identities as they are based on our interactions with others 'in the context of our relationship' with each other (Byrne, 2003). Adopting this lens, the construction of 'single motherhood' as a social identity helps us to understand the stories of motherhood told by the women in this research. Social identities are taken for granted and unconscious aspects of identity are rarely questioned (Byrne, 2000). Social identities are socially constructed and are validated in their interaction with others. In each of their stories, the women spoke about how they felt and how they are perceived by others in their social network as they lived with their new social identity as a 'single mother'. In this section I use Goffman (1963) and Falk (2001) to illuminate the micro-level interactions experienced by the women.

9.2.1 Defining stigma: Goffman (1963) and Falk (2001)

Goffman (1963) emphasizes that the stigma relationship is one between an

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individual and a social setting with a given set of expectations. It is well established in the literature review that the pregnancy and motherhood of these single women does not meet the social expectations of motherhood in Ireland. The literature reveals that there are various ways in which the status of single motherhood is discredited. Historically, single motherhood was framed in a morality discourse (Viney, 1964; Kilkenny Social Services, 1972; Darling, 1984; O'Hare et al., 1987; Smyth, 1992; Hyde, 1996, 1997, 1998, 2000; Luddy, 2011; Power, 2011). Millar et al. (2007) state that current representations of single motherhood focus on the cost to society of financial dependency, limited employment prospects and welfare dependence and that whilst the issue of morality has somewhat changed, the discourse surrounding the drain lone parents place on resources has certainly not disappeared, and is keenly felt by lone parents in Ireland (Millar et al., 2007; Millar and Crosse, forthcoming). The way in which, and the extent to which, this stigma is experienced in each of the cases differs.

Using Falk's (2001) terminology, we can classify the type of stigma experienced by the participants in this study as 'achieved' rather than 'ascribed' stigma. The stigma comes from the direct actions of the participant. They have sexual relations with a man while not married to him and became pregnant as a result. In this regard the definition of their 'achieved' status is gendered as the 'blame' is achieved by the woman, but not by the man. This is a gendered manifestation of stigma, which is visible through all levels of analysis in this study – personal, cultural and structural. This will be discussed in more detail in Section 9.5.

Goffman (1963, p. 14) distinguishes between stigmatized persons that are 'discredited' and 'discreditable'. These concepts reveal why stigma is more acutely felt by some women during their pregnancy and for others while parenting. This distinction is useful for the present analysis. In the case of the former, according to Goffman, the stigmatized person assumes that his or her difference is immediately perceptible, and the management of tension in social encounters is central, whereas in the second category, the person's stigma is neither known to the observer, nor perceivable by him or her, and

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the management of information is central. In examining the personal realm, Goffman's concept of being discredited or discreditable is useful. According to Goffman's (1963) definition, participants in this study could be both discreditable, in which case they were concerned with managing information about themselves, and discredited, where the concern was with managing tension in the encounter, at different stages of the pregnancy and in differing encounters. This has implications for the strategies they use in coping with the potentially discreditable status. Goffman discusses the 'bodily signs designed to expose something unusual or bad about the moral status of the signifier' (Goffman, 1963, p. 11). In the case of Mary and Brigid, the physical sign of being pregnant is the first betrayal of their 'discredited' status. They experience this in different ways and the socio-location and the cultural norms within the immediate social network of each woman mediate this experience. In Mary's case, she is both 'discredited' in some situations and discreditable in others. She attempts to negotiate a 'discreditable' status through the management of her information, by concealing her pregnancy from her family and colleagues and even travels to another city for her maternity care. This can create huge anxiety for the stigmatized and it is clear from Mary's story and how she tells it, that the anxiety was so great that it is still present. As described in Chapter Five, Section 5.2, she frequently whispers during the interview and explains that she is concerned about exposure.

9.2.2 Symbols

Goffman (1963) outlines that information about social status is passed through signs and symbols in everyday life. Goffman (1963) refers to stigmatizing signs as 'stigma symbols', that is, signs that are particularly effective in drawing attention to a contaminating aspect of identity, which lead to the devaluation of the individual. Participants in Hyde's study (2000) felt that others made an automatic connection between a youthful appearance, marital status and state dependence. Hyde (2000) argues that the physical appearance of the body transmitted socially charged messages

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about their gender relations (unmarried) and economic relations (state dependence) with males – we see this in the visibility of pregnancy for both Mary and Brigid. The effect of age on stigma and the perception of it was most evident in Mary's story where she felt that she should be less stigmatized as she was older (aged thirty-four) at the time of her pregnancy, but the absence of a wedding ring is a symbol of her outsider status (Falk, 2001). She also found her age to be stigmatizing in itself as she felt that it was perceived that she should have known better (Hadfield, 2007). The pregnancy is temporary though and for Mary at least this means that her sense of stigma is time limited. Brigid, on the other hand is most at risk when she is pregnant. She is physically beaten as the stigma is so great for her family.

Hyde (2000) describes age and partnership as stigmatizing symbols for the women in her study. The women also use 'prestige' symbols. These are used to ameliorate stigma (Goffman, 1963, p. 43). These include a house, in the case of Mary and Patricia and education and a job in the case of Mary. In Brigid's case, she uses her chastity and lifestyle as a symbol of her 'goodness' as a woman in her community in order to ameliorate some of the stigma 'achieved' by her pregnancy and motherhood. For Patricia too her home is a symbol of her success, her responsibility and her independence. It is a symbol of her success, of being a good mother providing for her child well on her own.

These findings are broadly compatible with Hyde's 1996 study where she found that women were sensitive to unsolicited comments about their pregnancy by strangers (Hyde, 2000, p. 97). We can see examples of this in each of the stories. Within the analysis of the cases in this study, it is clear that participants came face-to-face with a host of 'others' in social encounters. In some cases, participants were known to some of these others and thus known to be 'unmarried'. In other cases the context betrayed their social situation. The three women in this study described interactions that they had with members of their family and the general public, which they perceived to be judgemental of their situation. Mary had negatives

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interactions with her doctor who suggested adoption, suggested that she couldn't cope, alluded a number of times to her single status, and suggested that she wouldn't receive medical care in a hospital. Mary also had negative interactions with the woman in the 'Employment Exchange' regarding her maternity benefit and with another social welfare employee regarding her 'Lone parent' allowance. While her family were supportive, they still made comments about the shame she brought on them as a result of her pregnancy. Hyde also found that 'during the gestation period, participants' definitions of the pregnancies were highly sensitive to the type of responses they experienced in social encounters' (Hyde, 2000, p. 99).

Mary had negative interactions with many people (as discussed above). In fact, she goes to great lengths to avoid unnecessary interactions by concealing her pregnancy from her family, her work and even travels to another city to get maternity care. She anticipates the negative reactions she might get. As she grew up and lived in a small community it created the conditions for her to be stigmatized, as her personal life and marital status were already known to those around her. The lack of a wedding ring as a symbol of acceptable motherhood also betrays her status. On one hand, unlike the women in Hyde's study, she has age on her side; she blends in with the age profile of normative motherhood. However she views this as a negative as she feels that she should have known better. This highlights Hadfield et al.'s (2007) point that criticism of women who do not fit societal notions of 'normalcy', in this case marriage or partnership, is heightened with regard to the option to choose motherhood in the light of other options available to women such as contraception and abortion.

Brigid's membership of the Traveller community provided the context for her experience of stigma. Being unmarried and pregnant was an unexpected outcome of her relationship with a partner she expected to marry and it carries a lot of stigma for her in her community. Brigid's family were appalled at her pregnancy and continuously urged her to have an abortion. The stigma was so great that they beat her in the hope that she would lose her baby in an effort by her family to resolve the problem of her pregnancy.

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Unlike Mary however, this stigma continues and grows in her experience of unmarried motherhood where she feels that she is controlled by the surveillance of her community and the dominant traditional patriarchal narratives of family and motherhood. To continue to live in her community, she carefully observes and conforms to all other cultural and social rules and practices expected of a woman in her community. The stigma or ‘blemish’ of character defined by Goffman is visible here. The sexual transgression, which is perceived by the women and those around them as a character blemish, is particularly visible in two of the cases – Mary and Brigid. In addition, Brigid experiences the intersectionality of these stigmas – a personal character ‘blemish’ as a single mother, for her sexual misconduct and lack of marital status. In addition, she bears what Goffman terms a tribal stigma, as she is from the Traveller community, a community in Ireland that is stigmatized and experiences exclusion and discrimination. She is stigmatized in an already stigmatized community. This leads to more extreme stigma and discrimination in her life. Link and Phelan (2006) argue that if all stigmatized conditions were considered together and all outcomes examined, stigma would be shown to have an enormous impact on people’s lives and life chances (Link and Phelan, 2006, p. 528).

Patricia’s mother took on a similar role in her story where she said ‘I didn’t think you’d keep it’ and several family members frowned upon her insecure relationship situation. Her family are unsupportive of her relationship and her family refuse to visit her while she stays in the relationship. These kinds of interactions are one way in which the women were made aware of the socially unaccepted nature of their child bearing. These cases are all different in terms of the time period, the impact of social class and social network. However, in all three cases in this study, these women deviated from the gender prescriptions for childbearing in their socio-location. These interactions problematized the pregnancy for the mother further than her own personal reaction to it.

9.2.3 Moral career/Socialisation

Goffman uses the term 'moral career' (1963, p. 32) to describe the socialisation process of the stigmatized. Given that the stigma in the case of single unmarried motherhood is 'ascribed' (Goffman, 1963) or 'achieved' (Falk, 2001) the women would have known about the discredited status before becoming pregnant and experienced the fear of stigmatization immediately when they discovered their pregnancy. This is certainly revealed by Mary. The fear was so great that Mary was in denial and ignored it for 13 weeks and concealed her pregnancy for several months after she confirmed it. In Brigid's case, the realisation of her situation probably did not come about until her relationship broke down and she realised that if she kept her baby she would be a single mother. She speaks about this realisation and her depression about it, particularly when the baby was small. During her pregnancy, she kept hoping that it would all work out and that she would marry her partner and she also was primarily concerned with survival in the face of her mother's and sisters attacks and the pressure that they put on her to have an abortion. Brigid's interaction with 'the normals' is the most extreme with their reaction resulting in violence. Yet, Brigid in managing her stigma has learned to manage her 'moral career' by agreeing with 'the normals' negative view of her condition (Goffman, 1963) and ensuring she acts as they now require her to live, this involves her not having relationships with the opposite sex, drinking, smoking and raising her child 'correctly'. Patricia is different. Her relationship with her alcoholic partner produces another source of stigma for her. However, unlike Mary and Brigid, Patricia has what Goffman (1963) refers to as 'the wise' in her social network that is individuals in her life that she need not feel shamed about her stigma. This was due to the fact that many of Patricia's friends are in a similar situation to her and are parenting alone. Patricia's stigmatising relationship with her partner combined with 'the wise' in her social network mean that being a single mother was more preferable for her than remaining in the relationship.

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Goffman highlights the way in which the stigmatized may stratify themselves against others who are stigmatized in the same way. They may be critical of incompetent displays by persons like themselves, and then feel further shame at being ashamed. Goffman (1963) argues that stigmatized persons tend to 'stratify' their stigma and display a separation from more evidently stigmatized people within the same broad category. They can then adopt attitudes close to those of 'normals' with regard to individuals obviously more stigmatized.

The stigmatization of single women's pregnancy and motherhood is persistent in some parts of Irish society because the values which stigma aims to promote and control are still subscribed to by a large part of the population. This is due to a socialisation of these cultural values through families, the education systems, social groups, media culture and social policy. This creates the conditions for the perpetuation of stigma through the generations. Goffman (1963, p. 45) outlined a socialization process which the 'normals' and the stigmatized undergo a learning experience about the source of the stigma and in relation to others in society.

Hyde argues that the extent to which beliefs of wider society are incorporated by the social actors are mediated by factors such as age, social class and gender (Hyde, 1997). Like the women in Hyde's study, the single women in this study were exposed to constructions of 'normal' and stigmatized before finding themselves in the position of stigmatized (Goffman, 1963, p. 34) and thus were aware of their discreditable position when they discovered their pregnancy. All three of the women in this study expressed awareness of their deviant status and the degree to which they deviated from the ideal of motherhood. Two of the women had incorporated this standard from their community – middle-class teachers and her family in the case of Mary, and the Traveller community in the case of Brigid. In both of their cases, they were very clear that women from their community at that time did not have children outside of marriage. Patricia was different. The actions of those in her social network do not subscribe to the same values about relationship formation and marriage – many of her friends are

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unmarried or with partners, others are co-parenting, while others parent alone. This gives acceptability to her decisions. In addition, her family do not support her relationship. Thus being alone is a preferred choice in her circumstances.

Using Goffman's typography of socialisation, it is clear that all three cases would have learned the social norms in relation to 'single' pregnancy and motherhood from a young age in the family, through school and social networks and during their own experience as pregnant women and as a mother (Goffman, 1963, p.34). This can lead to self-stigma whereby the stigmatized take on the role of self-stigmatizing.

Goffman defines the experience of stigma as a process by which the reaction of others spoils the 'normal identity' of the stigmatized (Goffman, 1963) – it's almost a second socialisation process into the new identity. He also describes the consequences for the stigmatized – when the stigmatized become aware that they are different and cannot be the same, and this causes them to feel shame, and can lead to self-hate and self-degradation (Goffman, 1963, p. 7). This internalises the stigma whereby the stigmatized internalised the cultural and structural norms of society in relation to 'the discredit'. The stereotype distancing that is evident in Mary's account is an example of internalised stigma. We can also see this in Brigid's acceptance of the rigid rules of living applied to her in her community as a woman and as a single mother. Goffman (1963, p. 163) points out that stigma is 'a pervasive two-role social process in which every individual participates in both roles'.

The concept of hegemony provides a vital link between the macrostructure of social institutions and the micro-sociological phenomena of face-to-face interaction. In relation to Goffman's work, hegemony provides the definition of 'idealized' performance and the pressure to correspond to established definition. Mary conceals her pregnancy and expects little by way of support for her condition. This angers her but her own socialisation – her 'moral career' – creates the conditions where she expects little support. She

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explains away her experiences with her family, those in her social network and societal institutions because she also self-stigmatizes and perhaps feels that she deserves the treatment she gets. Brigid conforms to all of the community and societal restrictions on her, by her community, and accepts these as conditions of her continued participation in the community. Like Mary, she self-stigmatizes and accepts her fate in her community. Link and Phelan (2001) argue that the cultural stereotype can affect a person's world view and that perception can have serious negative consequences. This is internalized discrimination. They note that 'the extent that stigmatized groups accept the dominant view of their lower status, they are less likely to challenge structural forms of discrimination that block opportunities' (Link and Phelan, 2001, p. 375). Patricia initially accepts her abusive relationship as a condition of her pregnancy and motherhood for a period. However what is significantly different about Patricia's case is that more acceptance of her condition through societal changes and the values prevalent in her social network create the conditions where she can parent alone as a single woman without stigma.

9.2.4 Why is the experience different for each woman in this study?

There are three main reasons why the experience is different for each of the cases in this study. These contribute to our understanding of the processes of stigma. These are their pathways into motherhood, the power that they hold in the social structure. This power is yielded in their achievement of certain middle-class achievements such as owning their own home, their ability to access employment, education, social class and material resources.

9.2.4.1 Paths into single parenthood

The paths that the women took in to single motherhood and how they perceived these also affected how they perceived their situation. Mary became pregnant unexpectedly. However, while she was upset by her pregnancy, she embraced motherhood. Motherhood, for Mary came naturally and she describes it 'like every other mother'.

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Motherhood allows her to blend in; she is able to manage it. Brigid on the other hand planned her pregnancy in the hopes if it resulting in the child's father marrying her. She is still visibly stigmatized in her motherhood as she was in her pregnancy. Living with her mother without a partner is obviously a different family formation in her community. The absence of a wedding ring and a story to tell her son about his father troubles her. She did not choose to become a mother initially; she set out to get married. When her plan backfired she did fight for her pregnancy and she works hard at being a mother but she finds it very stressful. Patricia, like Mary makes an active choice to continue with her pregnancy. She had had an abortion almost twenty years previously and she felt that this was her opportunity to have a baby and that another opportunity might not arise. Like Mary she is older. She places her child at the centre of her story and her life.

9.2.4.2 Power in the social structure

Differences in the power of the women affect their stigmatization and their ability to resist stigma in their socio-locations. Link and Phelan argue that 'the role of power in stigma is frequently overlooked because in many instances power differences are so taken for granted as to seem unproblematic' (Link and Phelan, 2001, p. 363). They claim that stigma is entirely dependent on social, economic and political power. At a structural level, the 'power' of the Catholic church has diminished in the time between Mary's pregnancy to Patricia's which may provide an explanation as to why single motherhood now not as stigmatizing as it was before (McGarry, 2012). However, catholic beliefs still hold power in Brigid's community.

The ability to leverage power within the social structure enabled the women to ameliorate stigma at certain times. This occurred in different ways in each case. Mary's ability to separate her private and public life and identities acquired from her status as a teacher and earner ameliorated stigma based on economics. On the other hand, for Brigid her youthfulness was not an issue, as in her community, women have babies in their late teens and early twenties. Patricia had her own home and was not dependent on her partner for such security. The 'single mother' identity was also less stigmatised in

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2010 due to the changes outlined above and the numbers of one parent families in Ireland at this time was over 30% (Fine-Davis, 2011; Lunn and Fahey, 2011). This is discussed further in the next section.

9.2.4.3 Social change

The passage of time plays a large role in how the single women in this study experience and negotiate their stigma. A recent study in Ireland found that one-in-three families in Ireland depart from the so-called 'traditional model' of a married couple, both of whom are in their first marriage. 'Never-married couples, cohabiting couples and lone mothers (both never-married and divorced or separated) dominate the 'alternative family' structures of modern Ireland' (Lunn and Fahey, 2011). These four family types, together with first-time marriages, now account for 92% of families. Furthermore a study on 'Attitudes to Family Formation in Ireland' revealed changing attitudes towards family life. This study revealed that 84% of people now believe that it is better to live with someone before you marry them. As many as 69% think that deciding to have a child together would be a far greater commitment for a couple than getting married. Almost half (49%) of the sample had cohabited at least once (Fine-Davis, 2011). Jackson (2011) describes how couples are cohabiting as a precursor to marriage and as a new family form. Changes in gender role attitudes and behaviour were found to be affecting family formation (Fine-Davis, 2011). In the past forty years, the incidence of one-parent families has risen from 0.3% to over 30%. The majority of these (88%) are headed by women (Fine-Davis, 2011). Other changes such as the wane in power of the church outlined in Section 2.3.6 and the increase in births outside of marriage as noted in Section 2.5.1, suggest that family relationships in Irish society are changing (Hannon, 2008; Jackson, 2011).

9.2.4.4 Presence of 'the wise'

Goffman divides the individual's relation to a stigma into three categories: the stigmatized are those who bear the stigma; the 'normals' are those who do not bear the stigma; and the wise are those among the 'normals' who are

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accepted by the stigmatized as ‘wise’ to their condition. The ‘wise’ ‘normals’ are not merely those who are in some sense accepting of the stigma; they are, rather, knowing that in spite of his failing he will be seen as an ordinary other (Goffman, 1963)

For Patricia, her social network provided this space. Thus the ‘wise’ play a pivotal role, which shape the differences in how each of the three cases negotiate stigma. In Patricia’s case there are more ‘wise’ in her social network due to her social class and background, and in society in general as a result of societal changes in Ireland. Those in Patricia’s immediate social network appear to be engaged in similar relationship types as her – not married with children, and cohabiting in some cases. Patricia’s case supports this theory to the extent that marriage is never mentioned as an option for her relationship. However this could also be due to the abusive nature of the relationship that she perhaps sought to escape from. Evidence for this theory comes from her actions to keep her former partners name off her mortgage.

Patricia is not stigmatized by leaving the relationship or being a ‘lone mother’ but her relationship and her partner’s behaviour was stigmatizing through his alcoholism and his lack of interaction with his child and his behaviour as a partner. For Patricia the issues in her relationship are much more pertinent for her survival than her ‘single’ status. For Patricia she is very clear to construct her story as a relationship breakdown, which also suggests that she is **not** concerned with the stereotype of having become pregnant while not in a relationship. Pescosolido et al. (2008) argue that stigma is constructed in and through social relationships. They acknowledge that individuals or groups do not come to social interaction devoid of affect, values and motivation and they exist in larger political, cultural and social contexts. Stigma happens at the interface of the individual and the social. Stigma is embedded in a larger cultural context that shapes the extent to which stereotyping exists, the nature of social cleavages that define ‘others,’ and the way that different groups accept, reject or modify dominant cultural beliefs (Pescosolido et al., 2008, p. 435). Patricia’s immediate social network or group have changing values with regard to family, and this

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changes her experience and negotiation of her 'single' pregnancy and motherhood.

Interestingly, in the two cases where the stigma was most prevalent, neither Mary nor Brigid had other single women mothers in their circle. Where the stigma was less present in the personal interactions of Patricia, she had friends who were in one-parent families. Stigma exists in personal interactions where there is difference to the immediate social network.

9.2.5 Objective one: Summary of the main findings

Single women's experience of pregnancy and motherhood is located in the social milieu they inhabit both temporally and structurally. The stigma of 'single' motherhood in Ireland has shifted over the past three decades. The result of this is that in 2010, stigma exists in some socio-locations but not in others. Stigma is mediated by a number of key factors. These include age, social class and ethnicity. Both having a 'discredited' status and a 'discreditable' status puts women at risk of stigma. This can account for the varying experiences for different women during pregnancy and motherhood. The stigmatized become discredited through the use of symbols, which communicate both a stigmatized status and prestige symbols which ameliorate this.

9.3 How Single Women Negotiate Pregnancy and Motherhood in their Lived Lives in the Context of Social Influences in their Social Milieu

How single women negotiate their pregnancy and motherhood identity is constrained and enabled by their location in the social milieu, both temporally and structurally. Pescosolido et al. (2008) acknowledge that cultural and historical forces shape norms. They note that the context provides an overarching ideology by categorizing stigmatized groups. Gray and Ryan (1997) describe this national context in Ireland as outlined in Chapter Two Section 2.2. Pescosolido et al. (2008) note that context creates

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the conditions for access to resources, the acceptability of acting on cultural biases, and in the end, the likelihood of recovery from stigma. In this study the three women use a number of key strategies to ameliorate their stigma in an attempt to shed it.

As is outlined in Chapter Eight, the women in this study actively negotiated their single pregnancy and motherhood by developing a number of strategies to deal with the stigma they felt through personal interactions. These strategies included hiding the source of stigma through avoidance of situations where they may be stigmatized, and by managing the information they shared in social interactions.

9.3.1 Avoiding stigmatizing situations

Goffman (1963) suggests that it is common for the stigmatized to try to 'hide the source' of their stigma. Like some of the women in Hyde's study, both Mary and Brigid deliberately avoided face-to-face encounters with those who might present negative versions of the pregnancy (Hyde, 2000). Mary told few people about her situation when she was pregnant, availing of services outside of the town she resided in, and concealing her changing body shape for as long as she could. When she had her child, her education and social class and employment status meant that it was possible for Mary to separate her private and public life. She could maintain her status as a teacher in her public life and keep her private life separate. Mary could do that because she lived in a city some distance away from her rural background.

Goffman (1963) noted that stigmatized persons tend to 'stratify' their stigma and display a separation from more evidently stigmatized people within the same broad category. They can then adopt attitudes close to those of 'normals' with regard to individuals who are obviously more stigmatized. Mary clearly does this in her own mind and in her expectation of how she believes she should be treated by those she encounters, particularly during her pregnancy. She highlights her social status and says she has resources,

she is educated and she has a professional job and stratifies herself as being different to other 'single mothers'. The stigmatized may also stratify themselves against others who are stigmatized in the same way as they are stigmatized themselves. They may be critical of incompetent displays by persons like themselves, and then feel further shame at being ashamed. Goffman (1963) argues that stigmatized persons tend to 'stratify' their stigma and display a separation from more evidently stigmatized people within the same broad category. They can then adopt attitudes close to those of 'normals' with regard to individuals obviously more stigmatized. Falk also uses Goffman's differentiation between discredited and discreditable and that the stigmatized also self-stigmatize and participate in the stigma of themselves and others 'the stigmatized are themselves part of the negative audience' (Falk, 2001, pp. 20–1). Patricia does not do this because she does not feel she has to. The change in time and the presence of 'the wise' in her social network mean that the stigma is not felt by Patricia in her immediate social circle.

9.3.2 Management of information

Goffman (1963) argues that stigma occurs as a new social identity is assumed through interaction with socially constructed categories. Mary is clearly aware of her stigmatized identity and keeps her information as much as possible to herself. This is discussed in detail in Section 9.2. In fact, Mary conceals her pregnancy. Using Conlon's typologies of concealment we can identify that Mary fits into the concealment of pregnancy category, physiologically acknowledging the pregnancy but actively 'hides it from others' (Conlon, 2006, p. 16). She does this mainly as a reaction to 'social and cultural factors', her pregnancy is unconventional, stigmatized and a source of stress to her (Conlon, 2006, p. 17). She is facilitated in doing by 'physiological factors' in that she is very sick and cannot eat so she does not put on weight and therefore can conceal the physical signs of pregnancy. Mary conceals her early pregnancy from those close to her and at least initially, attempts to deny her condition to herself. By concealing her pregnancy attempts to avoid 'the normals' (Goffman, 1963) from

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discovering her stigma by utilising a strategy of concealment and thereby avoiding stigmatisation for as long as she could physically do so. After she medically confirms her condition at thirteen weeks she attempts to tell two people who she is close to in her life – her ‘partner’ and her female cousin whom she grew up with. She is met with negative reactions from both – anger from her partner that she had concealed it for so long and resentment from her cousin who was married and trying to become pregnant herself. Neither party indicated an understanding of Mary’s experience and decisions. We can also see this in Mary’s interaction with the doctor and with the social welfare personnel she encounters. She was forced in these situations to disclose her ‘social identity’ and she was not met with support. This directly affected her future revelations. Mary did not tell her family until she was seven months pregnant, only then revealing her situation to her sister who then told her mother. Mary did not tell anyone at work and only confided in one colleague who was out on sick leave. She went to a doctor ‘*in the city*’ though she did not like him and he treated her badly. She tolerates his treatment of her because she has more anonymity dealing with him than with a doctor that may know her or her family. She travelled to another city for her hospital maternity care rather than meet anyone she knew in the maternity hospital in her own city. Mary was very conscious throughout her story of her position as a teacher, of meeting past students while pregnant, and of compromising her current job or ‘putting [the principal in her school] in a position’. She refers to a case where another teacher lost her job due to her non-marital pregnancy and she feared for her own livelihood.

The concealment and the strategies she used to do so demonstrates the level of stigma Mary felt at a personal level in her immediate relationships, at a cultural level in relation to what has happened to others in the past (Eileen Flynn) and the obvious value those around her place on marital status (her cousin, colleagues) and at a structural level in terms of job security and challenges to her ability to access welfare support. According to Goffman, the visibility of the stigma affected the ability to pass as ‘normal’. Passing depends on both perceptibility and knowledge of the audience (Goffman,

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1963). For Mary, the pregnancy was temporary situation and when it was over she managed to 'pass' through her public realm. She successfully managed to conceal her pregnancy and thereby she 'managed' who had information about the stigma. For Brigid, this was impossible. Brigid is in a less powerful position with regard to her information. Brigid lives in the same small community where she grew up, she is known to all her community and cannot conceal her private life. Public and private are one and the same for her. She has little control in the management of her personal information in this context. She is also less well educated and does not have a public space via employment to be a woman separate to her status as mother in her community.

The stigmatized can claim that they are only temporarily stigmatized, or learn to conceal their stigma. The stigmatized learn to manage various degrees of passing, from occasional to permanent (Goffman, 1963). However this can lead to the individual suffering a permanent anxiety that they are not passing effectively, that everyone really knows. Mary certainly communicated this anxiety during her interview, by speaking in hushed tones. It seems that the experience of her pregnancy was so stigmatizing that she has never fully recovered, despite her ability to 'pass' now.

Another strategy that the stigmatized use to ameliorate the stigma they feel that Goffman (1963) outlines is to make special efforts to compensate for their stigma. We can see evidence in all cases for this. Mary does this by accentuating her difference from other single mothers, she highlights the importance of her age, emphasises her education and employment status and social class. Brigid also does this by conforming to the norms of the 'ideal' woman in her community in every other way that is to be a 'good' mother and not engage in relations with men or risk taking behaviours.

9.3.3 Conformity through other social norms

Brigid is hugely stigmatized in her own family and her community and her community supervise how she raises her child. She perceives that her child

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does not receive fair treatment when he interacts with others. She believes that her permission to stay in the community is contingent on her good behaviour and her management of herself sexually. She seeks to distance herself from the stereotype of a 'loose' woman by conforming in this way. This is also borne out of her concern that her child may be stigmatized in the community and unable to marry, so her actions in this regard are also an attempt to redeem his status.

9.3.4 Rejecting the stigmatizers

According to Goffman (1963), sometimes the stigmatized refuse to accept norms that frame their stigma and use these to criticise the limits of 'normals' (Goffman, 1963, p. 10–11). There is some evidence that Brigid critiques the 'normals' such as the parents of the other children her son doesn't get on with, and certainly her former partner. Again it is likely that she does this to try to position herself as 'good' – a 'good woman', a 'good mother' in contrast to others, in an effort to ameliorate her stigma.

An understanding of the experience and the negotiation of stigma grounded in social interaction is necessary in this study to understand fully how stigma is experienced. It also confirms the importance of location in the social structure for the experience and how this position affects the experience. However, as Pescosolido note, 'social interactions take place in a context in which larger cultures structure normative expectations that create the space that facilitates stigma' (Pescosolido et al., 2008, p. 431). This is discussed further in Section 9.5 where we turn our attention to the structural forces of stigma in Irish society and examine how these affect the lives of single women's pregnancy and motherhood.

9.3.5 Internalised stigma

The 'self-stigma' of the single women in this study is an expression of internalised oppression, which is facilitated by hegemonic familism and patriarchy in Ireland. The dominant ideology around the family and

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motherhood was created and perpetuated by the church and state as part of the state project post-1922 and only in Patricia's case can we see a change in this and how it is manifested in social interactions and in the structures of society. O'Connor (1998) describes the role of the family as 'an important symbol of collective identity, unity and security' (p. 89). Indeed, Byrne (2003) characterises the story of the family as one of the 'great stories' of national identity in Ireland, where womanhood has been historically attained and recognised through heterosexual attachment, marriage and reproduction. Scannell (1988) argues that the Irish state took a patriarchal approach to the family by reinforcing a vision of the role of women in Irish society as full-time wives and mothers, with a preference for 'home duties' and 'natural duties' as a mother. This is visible in state policy at multi-levels and throughout the years. While the Irish state adopted a minimalist approach to providing supports and services for families, in reality 'it does actually intervene directly in private family life by prescribing what a family should look like' (Nicholls, 2006), advocating that not only is marriage beneficial for children's welfare but the erosion of marriage carries a process for both individuals and society (Rush, 2006). The historical influence of the Catholic Church on Irish family life and social policy is well-documented (Inglis, 1998; Millar, 2003) but this influence on policy has shifted, with more of a more pluralist approach to family life on the part of the state in recent years (Daly and Yeates, 2003; Murphy, 2010).

9.3.6 Counter hegemonic resistance

On the other hand, attention must also be paid to the women's acts of resistance to this hegemony in order to challenge the overarching conceptual framework on the stigmatization of the single mother family structure. Broad cultural prescriptions in the form of stereotypes and social policy formations are evident but they are also contested by the participants in their diverse settings.

The very act of telling their story alone disrupts and challenges the stigma associated with 'single motherhood'. In spite of perceived and felt stigma and repercussions in terms of inequality of social outcomes, for themselves

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and their children, all of the women in this study, by their life choices in relation to their pregnancy and motherhood and through the construction of their narratives for this research, are actively engaged in disrupting current hegemonic ideals of maternity. They negotiate social norms to present ‘single motherhood’ as an acceptable social identity and challenge dominant stereotypes of such social identities. As such, they are all part of a change in Irish society, which has moved the position of women giving birth out of wedlock, from a small minority to one which is dominant in the landscape of families in Ireland in the period 1970–2010 (from 0.3% in 1970, to over 30% in 2010). These women are redefining the shape of the family in Ireland and challenging traditional familist ideologies.

As Byrne argues, marital status is of vital significance to motherhood in Ireland (Byrne, 2000, p. 33). Single parent families challenge traditional cultural norms and are in a position where they attract criticism and discrimination. However as Hyde also notes, whether intended or not, non-marital pregnancies also presented a challenge to the institution of marriage in its traditional form and the patriarchal baggage that goes with it (Hyde, 1996, p. 208). Marriage is coming more under threat from different dimensions of society (Jackson, 2011) and the Church as the main supporter of marriage is also under threat. There is evidence of this perception mirrored in each of the three cases in this study.

An examination of the cultural and structural manifestations of stigma as they pertain to the cases in this study, reveal that stigma is persistent in some socio-locations of Irish society more than others. It also reveals that the stigma has shifted, from one stemming from religiosity to one of economic stigma, particularly with regards to policy, and in some socio-locations it appears to have disappeared. However on the contrary, in some aspects of Irish policy and Irish culture, moral stigma remains.

9.3.7 Accounting for One's Story in the 'Here and Now' of the Interview

As part of the analysis on the strategies that the women have developed to negotiate the stigmatized identity, we examine how they construct that identity during the interview interaction as part of this research. The context of the interviews, a description of the space in which they took place and a note on the atmosphere is outlined at the start of each case chapter. In *The Presentation of Self in Everyday Life*, published in 1959, Goffman outlines the 'dramaturgical approach' approach for such an analysis of process and meaning in interaction. This can provide new insights into the interaction and its meaning in the broader social context (1959, p. 240). This approach is outlined in Chapter Two Section 2.6. In this study, the dramaturgical perspective provides additional insight into how the women construct their accounts of single motherhood.

9.3.7.1 Setting and props

Each story was told in a very particular setting chosen by the participant. Mary's story took place in her own home. The setting emanated motherliness, with the smell of bacon and cabbage, heat and 'lived in' disorganisation. The Hoover was out. The dinner was on, displaying an active effort at homemaking. Her staged setting was not one that was all in control and effortless. The home displayed evidence of work. The setting confirmed Mary's story of the Irish 'mother'.

Brigid's took place in the training rooms of a Vocational Education Centre. On reflection, this venue may have created the conditions for Brigid to tell her story in the first place. The training rooms allowed her privacy – from her immediate family and from her community - and to tell it in her own way, outside of the cultural prescriptions of how her community views her situation. It may have been the first time that she had had an opportunity to do this. It may also have been that engaging in training created that space for her. The 'wise' in Brigid's life are the 'settled' community with whom she engages in this space, the teachers etc. It is also likely that I was

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perceived as ‘the wise’ in my role as researcher. What emerged from Brigid’s interview was a story of hard work and struggle on the one hand, and conformity and surveillance on the other.

Patricia told her story in the home she had created for her son which was her pride and joy. Patricia’s house was small but as she stated many times in the interview it was perfect for her and her son. She spoke fondly of how now that she was on her own she was able to decorate it as she pleased. There was DJ equipment in the corner of the room, which she had borrowed from a friend. She referred in her interview to her life before her formed partner where she had two jobs, one of them DJing in a local pub. She was part of a community of music. These are all strong parts of the social identity for herself that she was trying to present and create for herself and reconnect with after the birth for her son. Patricia showed pictures of herself when she was with her partner. She was a lot heavier and looked less healthy than she did in the interview. She also showed me some pictures of her child whom it was obvious she loved dearly. After the interview she took me to meet her child when she collected him from his pre-school.

These are all activities of ‘impression management’, the control, or lack of control of the communication of information through the performance (Goffman, 1959, p. 208). Information/symbols and pictures that confirm the role being put forward are used to corroborate it (Goffman, 1959, p. 67).

9.3.7.2 Script and performance

The women accounted for their experiences of pregnancy and motherhood differently, yet shared common narrative strategies in articulating their stories of this phenomenon – using an overall pre-pregnancy, pregnancy and motherhood structure to shape their stories, starting their story with an abstract with the moral of the future story and concluding with a coda. The performance lies in how the women told their stories. Mary told her story in hushed tones as if her story was still a secret and that she was afraid of being found out or recognised, even at the time of interview, fourteen years

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later. Brigid responded to the questions with earnest as if she was trying to get the right answer on the one hand, but also with a very particular message of her own that she wanted to get across of how difficult it really was being on her own and taking on that responsibility. Patricia spoke in confidential tones, incredulous on the one hand at her treatment by the child's father and at the same time justifying her decision to separate from him and choose single parenthood. She became animated when she spoke about her child.

Patricia's construction of her story, with the child's father taking a large role could also perhaps suggest the change in the way that wider society thinks about one parent families now. She felt the need to mention him, acknowledging that you cannot become pregnant alone. In contrast, Mary and Brigid talk about their relationships but do not describe their former partners as fathers. This could possibly signify a change in how we 'think about' and how we 'do' family in Ireland. Fine-Davis (2011) discovered many changing attitudes to family formation. However she did not examine how these were reflected in participant's narratives. Likewise Jackson (2011) and Hannon (2008) found changing patterns in family formation. Again neither examined the perspectives of this particular group. This is a tentative finding. It could also of course signify the importance of the relationship to Patricia more than the others. It is certainly worth exploring further in future research.

9.3.7.3 Supporting cast

The 'supporting cast' were pivotal in the stories of the women in terms of the characters in the story that acted as villains and actively stigmatized the women, such as the doctor and the social welfare clerk in Mary's story, the mother of the little boy who teased her son or her mother in Brigid's story, or her partner in Patricia's case. Reflecting on the supporting cast confirms the importance of one's social network for the propagation of stigma and for its resistance. Those who are doing the stigmatizing are also members of the peer or family group or part of the social network of the individual. Yang et al. (2006) sees all members of a local space as inhabiting a shared social

space, with stigma created in and through relationships (Pescosolido et al., 2008)¹⁴. They are not just positioned differently within structures of stigma, status and prestige – they are bound together in life. They are also those that provide support for the resistance of stigma and are part of what Goffman terms ‘the wise’. The contradictions are that, many close allies to the women in this study do both – Mary’s mother, Brigid’s mother and Patricia’s mother all act out both roles in the lives of their daughters. On the one hand their daughter has gone against what is the norm and brought stigma on herself and her family, but also because of the very maternal love they have and experiences of motherhood that they know their daughters need all the support they can get in what they are about to embark on.

9.3.8 Objective two: Summary of the main findings

Women negotiate the stigma they face in the personal, cultural and social levels of their lives drawing on material and symbolic resources where they can. Social class, ethnicity and time mediate the experience but can also intersect to create a more stigmatized identity. Women negotiate stigma both symbolically and materially using the resources available to them in each of the realms – personal, cultural and structural. Stigma acts to constrain and enable opportunities for women in their lives.

From the analysis of the experience of single women’s pregnancy and motherhood and how they construct and present their stories about their experiences, we conclude that stigma is socially and temporally situated. It is directly linked to a tarnished social identity where there are stereotypes attached to this identity. At a personal level, stigma occurs where there is difference in the immediate social network of the individual. In the same way that the experience of ‘single motherhood’ is mediated by the position in the social structure, strategies to negotiate the social identity of this experience are also constrained and enabled by the symbolic and material resources available to the women in the context of their social circumstances.

¹⁴ Refer to Section 9.3.

9.4 The Social and Structural Implications of this Identity for Women

This section will now explore the structural manifestations of stigma and the implications of these for the stigmatized. This is where we can see the cultural influences such as the Church and the structural influences such as state policies at play – the structures that inform and are informed by attitudes. This stigma is a mechanism for the social control of sexuality of single women. The cultural and state support of marriage acts as a mechanism for achieving this control. This discussion also presents a preliminary effort to explore cultural points of intersection of social class, ethnicity, and socially stigmatized single motherhood.

9.4.1 The cultural realm: Lingering traditional values of familism and Catholicism

Irish social policy throughout the twentieth century was characterised by themes of Catholicism, traditionalism, familism and heterosexuality (Gray and Ryan, 1997; Smyth, 2005). All three of the cases in this study can be analysed in terms of their relationship to the pervasive discourses of patriarchy and familism in Ireland. Ireland has been described as a patriarchal society (Mahon, 1994; O'Connor, 1998, 2000, 2006). These cases provide examples of 'symbolic domination' (Bourdieu, 2000) as a result of patriarchy and familism, in which the dominated do not recognize domination, as in the case of Mary early in her pregnancy and motherhood story; Brigid as she pursues marriage and motherhood and deals with the immediate consequences of failing to achieve these; and Patricia while accepting her situation and remaining in her relationship and deciding it was the right thing for her at this point in her life (unlike her first pregnancy). Hegemony is also evident in these cases, in which the dominated recognize and consent to domination. Evidence of this can be seen in how Mary, despite her anger at her treatment, subscribes to it herself 'it's probably the way I would have been had it not happened to me'. Brigid very clearly knows the line she has to walk to remain in her community and in spite of

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her frustration, she does this. Patricia allows the man who abused her to visit his son, as this is now what is required by society.

The ways in which female sexuality, fertility and maternity are socially constructed in Ireland provide a cultural framework for the construction of biographies of single women's motherhood in the narratives presented. These are outlined in detail in Chapter Three Section 3.2. It is clear from an analysis of the stories of the women in this research that the dominant ideologies of chaste, married motherhood shape how these women relate their situation to themselves and construct their stories (Gray and Ryan, 1997; Byrne, 2003). Kleinman (2000) argues that this kind of 'idealised motherhood' creates a 'hegemonic femininity'. In Ireland 'married motherhood' is intrinsically linked to a cultural ideal of being a 'good' woman.

Female sexuality in Ireland been problematized historically and this still remains. Traditionally sex was for procreation within the confines of marriage. Unlike single female sexuality, single male sexuality and illegitimate fertility has never been the focus of political controversy, moral recriminations, reproductive legislation, or institutionalization in Ireland. Single women's bodies have been the sites of social and political contestations throughout the life of the Irish state. At the core of these contestations lie the definitions of morality that give shape to normative ideals of female sexuality, fertility, and maternity. Although social policy and legal frameworks and thus the consequences of these institutional understandings have shifted across eras (See Chapter Two Section 2.6) the core social category that has underpinned each of these has been a woman's legal relationship to a man. While female dependence on a father or a husband is socially legitimate in Ireland, single women's independent fertility and sexuality are proscribed (Viney, 1964; Kilkenny Social Services, 1972; Darling, 1984; O'Hare et al., 1987; Smyth, 1992; Hyde, 1996, 1997, 1998, 2000; Luddy, 2011; Power, 2011).

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Similarly for family in Ireland ‘the cultural’ strongly informs the structural experience and implications for single women’s reproduction and motherhood. Men’s non-marital sexuality or fertility is not problematized in Irish policy or societal representations. Female fertility within Irish social policy has always been a site of controversy. This can be seen in the ongoing debate on abortion legislation. Women’s non-marital sexuality or fertility has always been problematized in Irish policy (See Chapter Two Section 2.3) and in socio-cultural representations (see Chapter Three Section 3.3). The field of maternity and the family are the sites where women experience the intersections of gender, class, and ethnicity within the social policy.

The historical esteem with which the institution of marriage is held in Ireland affects the stigmatization of single women who are mothers. As Byrne argues, marital status is of vital significance to motherhood in Ireland (Byrne, 2000, p. 33). Single parent families challenge traditional cultural norms and are in a position where they attract criticism and discrimination. However, as Hyde notes, whether intended or not, non-marital pregnancies also presented a challenge to the institution of marriage in its traditional form (Hyde, 1996, p. 208). This is discussed further in section 9.3.6 above. The stories of the women in this study are also a testament to the fact that marriage is coming more under threat from different dimensions of society (Jackson, 2011) and the Church as the main supporter of marriage is also under threat (Fahey, 2006). There is evidence mirrored in each of the three cases in this study.

Changing family norms in Ireland by the late 2000s (Hannon, 2008; Jackson, 2011; Lunn and Fahey, 2011) and Patricia’s particular social network, contributed to a lessening of stigma in her circumstances. Group cultures that the women are part of, reproduce stigma. Patricia was able to choose what she classified as a ‘good’ upbringing for her child rather than avoiding being a single mother. She prioritised her child over whatever difficulties she may have faced. Edin and Kefelas (2005, p. 204) found that

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women from lower socio-economic groupings ascribe a higher value to children than the middle class 'which lead them to put children rather than marriage, education or career at the centre of their meaning making activity' (Millar et al., 2007, p. 30). In terms of stigma, in her social network, parenting alone this was the preferred outcome. This is significant to an understanding of stigma discussed by Yang et al. (2006) in Chapter Three.

Social class also plays a role in how the women are stigmatized. Mary creates a difference between her and the image of a single mother. This echoes Tyler's (2008) analysis of teenage mothers as 'an intensely affective figure that embodies historically familiar and contemporary anxieties about female sexuality, reproduction, fertility, and 'racial mixing' who embodies the 'lazy, idle, working class' (Jones, 2011; Russell, 2012) as 'the nemesis to the middle class affluent woman' (Tyler, 2008, p.18). Mary is not young and she emphasises her age and her employment status in an effort to differentiate herself from the stigmatized category. However she also feels more intense stigma due to her age. As noted in Section 9.2.2 Hadfield et al. (2007) identify a heightened criticism stigma with regard to the option to choose parenthood in the light of other options available to women such as contraception and abortion.

The women in this study do not conform to this dominant social identity for women or mothers in Ireland, yet they are now part of a group of non-married mothers that make up one-third of all Irish families. Because of these well-established social expectations associated with married motherhood, all participants, to a greater or lesser extent, fell short of widely endorsed standards. However, the extent to which they did not meet the social expectations is mediated by the particular social identity of 'single motherhood' given to single mother in their social network and the wider social structures, in particular at the time they gave birth and began parenting alone. Time, social class, ethnicity and other social factors affect

this. The extent to which the identity is stigmatized depends on how these factors intersect.

9.4.2 Structural Realm

Link and Phelan (2006) identify three forms of discrimination emerging from stigma. The first is 'direct discrimination' where the stigmatized person or group are directly discriminated against by another person. The second is 'structural discrimination' which is less easily identifiable than direct discrimination, where the power associated by being part of the majority benefits some groups and disadvantages other (examples include race and social class) (Link and Phelan, 2006, p. 528). The social structure is important. Structural analysis of gender identities shows that a narrow range of gender and sexual identities are tolerated (Byrne, 2000). At a very basic level, as outlined in Chapter Three Section 2.3.1, Article 41 in the Irish constitution gives constitutional protection to the traditional marital Irish family composed of the breadwinner husband and full-time housewife with home duties. This role is out of kilter with the reality of family formation in Ireland now (Millar et al, 2007; 2012; Fine-Davis, 2011; Lunn and Fahey, 2011), visible in the policy changes to OPFP (2013) that the changing policy view dual earner families. Although this contrasts directly with the constitutional view of woman's role in the family it remains unchallenged. According to Byrne (2000) 'Institutions can be viewed as having both emergent and constitutive properties, they are both the product and producer of the social' (Byrne, 2000, p. 32). This focus necessitates that we also look at the situation in the social structure for all women.

The status of woman in Ireland, as we can see from the literature review (See Chapter Three Section 3.2 and Section 3.3) and the policy context (See Chapter Two Section 2.3) is problematic. In Ireland, women continue to live in a patriarchal society and in many spheres of life still experience inequalities to their male counter parts. The two main areas of this are firstly, within the family where women still engage in a much greater percentage of the care and household activities (McGinnity et al. 2005) and, related to this, are less involved in the labour market. Where they are visible

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in the labour market, women are paid much less than their male counterparts and do not rise to the same levels in terms of seniority (OECD, 2011; CSO, 2012). In the context of women who are parenting alone, the picture is much starker. Participation in the labour market is lower and fraught with barriers, and where women are employed it is often in low-paid, insecure work, where they are dependent on a male breadwinner state support model (Coakley, 1997; Cook and McCashin, 1997; Yeates, 1997; Millar, 2007; Millar et al., 2012). To use Goffman's terms, in relation to employment, women in general have a somewhat discredited status. As a woman parenting alone to a fully discredited status of woman who subverts the gender norms ascribed to reproduction and child rearing, huge disadvantage is evident. Single parent families (the majority headed by women) are more at risk of poverty and social exclusion (McCashin, 1996; Millar, 2007; Millar et al., 2012). These inequalities have persisted for many years and continue to do so (Yeates, 1997). This will be discussed further in Section 9.4.2.

9.4.2.1 Policy and single mothers in this study

As is outlined in Chapter Three Section 3.2 and in Section 9.4.1 and 9.4.2 above, patriarchal gendered relations are well theorised in the Irish context (Mahon, 1994; Coakley, 1997; O'Connor, 1998, 2000, 2006; Byrne, 1997, 2000; Kennedy, 2004; Smyth, 2005).

In the case of single women who become pregnant in Ireland, patriarchal discourses have conspired to make them solely responsible for their situation in both social interactions and in policy constructions. Ireland's legislative and policy structure with regard to this group is at the fore of much of the research and the analysis of the experience of non-marital motherhood in Ireland and the policy implications of this. The emphasis of research is on the responsibility of the mother, while the responsibility of the father is ignored. This echoes the immorality theme in policy highlighted by Luddy (2011). Kennedy (2004) argues that women in Ireland are constrained by their reproductive role by a patriarchal state and Church

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who sets out to define woman as mother, and at the same time shaping policies that leave women unsupported in mothering. Millar and Crosse (forthcoming) argue that this is also ‘the primary motivator in social welfare policy in relation to this group’ in current policy constructions in Ireland (Millar and Crosse, forthcoming).

Social policy in Ireland puts responsibility on women and not on men. All of the women in this study became the sole carers of their children without question. There was no suggestion that the sexual partners of Mary or Brigid would parent the children by themselves or co-parent. Demonstrating shifting discourses around this policy and a movement in father’s rights (McKeown, 2000), Patricia states in 2010, that despite the alcoholism of her former partner she would facilitate him to see his child. We can see from her comments that the notion of ‘good’; motherhood has now shifted to include this condition of facilitating the relationship. This does not however place responsibility on the father to see his child or to contribute to the cost of his child. The responsibility in Irish social policy is for the mother to take responsibility for facilitating the relationship and for forcing the father to contribute financially.

This is all compounded in our gendered construction of the ‘unmarried’ mother. The responsibility of the child is borne solely by the mother. There is little policy around activating fathers to participate in child rearing or contributing financially. The equal parenting of fathers has been conceptualised only in a recent movement toward father’s rights. It is assumed that the mother will be responsible and that parenting can be done alone. In reality this means excessive parental work, as described by Brigid ‘24/7’ and Mary curtailing her work during pregnancy and early motherhood and ultimately in terms of never getting the permanent job she wanted and felt entitled to. It is a massive responsibility that impacts on all other aspects of life of the mother, including personal and social relationships and engagement in training, education and the labour market. This means that as an economic independent unit supporting a child she will suffer inequalities with her peers with similar human capital, as in the case

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of Mary as a middle-class educated teacher. In the case of Brigid, she loses out in terms of the potential for a marital relationship and the security within her community that it would bring. Patricia's earning power, linked to her educational qualifications would mean in a low paid job she would struggle to pay for childcare while her child is young so employment is not an option for her at present. While women should not be compelled to engage with the father of their child, they should be supported by institutional and legal frameworks to do so for the financial and parental care of their child.

There is also a toleration of the poverty of women in Irish policy. That one-parent families have been living in poverty in Ireland is well-researched and well-known (Viney, 1964; Kilkenny Social Services, 1972; Darling, 1984; O'Hare et al., 1987; Smyth, 1992; Hyde, 1996, 1997, 1998, 2000; CSO, 2009, 2010). Link and Phelan (2001) apply the term stigma when elements of labelling, stereotyping, status loss and discrimination co-occur in a power situation that allows the components of stigma to unfold (Link and Phelan, 2001, p. 363). According to Link and Phelan, 'it must either change the deeply held attitudes and beliefs of powerful groups that lead to labelling, stereotyping, setting apart, devaluing, and discriminating, or it must change circumstances so as to limit the power of such groups' (Link and Phelan, 2001, p. 381). This is the case for single mothers in Ireland, particularly those on welfare. Both Brigid and Patricia have to contend with poverty, negative societal attitudes, personal and familial struggles, social exclusion and stigma similar to women in other studies in Ireland (Viney, 1964; Kilkenny Social Services, 1972; Darling, 1984; O'Hare et al., 1987; Smyth, 1992; Hyde, 1996, 1997, 1998, 2000; Millar et al 2007, 2012). The research argues that the stigmatization of 'single mothers' highlights how women are culturally undervalued and held accountable for their pregnancy and motherhood, while the fathers in question are ignored (McKeown, 2000). Parker and Aggleton (2003, p. 16–17) propose that forms of social control are embedded in established knowledge systems that legitimize structures of social inequality and limit the ability of marginalized peoples to resist these hegemonic forces. They argue that stigma is used by identifiable social actors who legitimate their dominant societal positions by maintaining

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social inequality. Stigma occurs at the convergence of culture, power and difference, engagements of social actors, involving cultural meanings, affective states, roles, and ideal types. According to Falk ‘unity is provided to any collectivity by uniting those who are seen as a common threat to the social order and the morality of the group’. The stigmatization of some persons, thus reinforces the conduct of the conformists and a collective sense of morality is achieved by the creation of stigma and the stigmatization of those who do not conform (Falk, 2001, p. 18)

We can also see the effects of stigma in policy constructions of single motherhood. Policy constructions in this area are based on the male bread winner model (Millar et al., 2012) which typologies women as dependants. This is not new according to Byrne and Leonard (1997). Irish Poor Law also made distinctions in providing relief from hunger and destitution on the basis of gender and the National Insurance Act 1911 established different contribution and benefit rates for men and women and men; and girls and boys (Byrne and Leonard, 1997). Policy development since the ‘Poor Law’ has focused on the ‘single’ mother, her wrongdoing, her abandonment by her ‘breadwinner’ (father or husband) and her responsibilities in relation to her children. Sending women to workhouses and institutions as punishment for their immorality and to earn their keep persisted through the Magdalene era. When a social security response came in Ireland in 1974, it was a response to a European directive rather than a change in attitude toward this group of women (Yeates, 1997). Policy development thus far has prioritised the responsibility of the mother and ignored the responsibility of fathers. The stigma of unmarried parenthood in Ireland is gendered and this is clearly visible in policy responses. The status of the single father is ignored, rarely given attention, conceptualised when it is in terms of an attack on his rights with very little consideration for his responsibilities. This is evident both culturally and in the policy architecture that surrounds one-parent families.

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Stigma visible in the structural realms of Thompson's (1997) model also results in the lack of opportunities for employment for single women who are mothers. This is visible in all three women's unemployment or under-employment: Brigid is involved in continuous training courses. Mary appears to have hit a glass ceiling – she was next in line for permanency just before her son was born, now fourteen years later she is still working on contracts. Patricia's previous work experiences and her current opportunities leave her better off on social security supports. These experiences are further exacerbated by the inequalities in their lives, particularly in relation to social rights as women. Policies in social security and in maternity leave actively marginalises women in general and this group in particular. Unplanned pregnancy and motherhood for single women both creates and maintains inequalities in their lives at the time and into the future. As Parker and Applegate highlight, the 'macro-social structural forces [of stigma] also compound marginalization by limiting in advance the possibilities of other kinds of interactions or responses' (Parker and Aggleton, 2003, p. 18).

In addition, economic discourses seek to reconstruct single mothers as paid workers and providers, as opposed to 'dependents' but overlook both their obstacles to participating in work and their unpaid contribution to society. This dominant economic discourse constructs 'stay at home' mothers on welfare as 'problematic' for their lack of paid work and need for state income support. The fact that unpaid tasks, such as child rearing and care provision are predominantly undertaken by women, has resulted in what is widely referred to as the 'feminization of poverty' (Murphy, 2007).

9.4.3 Objective three: Summary of the main findings

Women experience stigma at a personal level, cultural level and in the social structure. The PCS model provides a useful lens as it separates out the personal cultural and structural forces that affect stigma for single women who experience pregnancy and motherhood, which can give us a clearer picture of what is happening. Stigma can occur in one (PCS) realm and not

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the other. The effects of stigma in each realm do not have the same effect on the stigmatized. The conditions for stigma are created in the cultural realm and are usually felt in the personal and structural realms. Stigma is reproduced in the cultural realm through the subscription to particular value systems which define hegemonic femininity, prioritise families based on heterosexual marriage and proscribed gendered family roles. When this value system is subscribed to by the stigmatized, she internalises the oppression and self-stigmatizes. Stigma is the key social mechanism that allows inequality to be created and perpetuated for this group of women.

9.5 How does the Biographic Narrative Interpretive Method Contribute to an Understanding of the Phenomenon under Study?

In terms of the literature on single mothers in Ireland the thesis has made the following contributions:

9.5.1 Content: Women in Irish society

With respect to the literature on women in Irish society, the thesis has made several contributions. It has added to the body of scholarship on gender in Ireland. It has increased the level of knowledge and understanding of single women's experiences of pregnancy and motherhood in this country, what has changed over the past twenty years and what aspects of this experience have not changed. The research has provided an opportunity to hear women's stories of their subjective experience in their own words. This provides new information and new insights for understanding the subjective experience of women.

9.5.2 Content: The conceptualisation of stigma

This study provides an insight into how stigma is created and reproduced in the social world. The conditions for stigma to thrive are created in the cultural realm through the subscription to a particular value system which define hegemonic femininity, prioritise families based on heterosexual marriage and proscribed gendered family roles. We see that when this value system is subscribed to by an individual, they internalise the oppression and

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self-stigmatize. Stigma is a key social mechanism that allows inequality to be created and perpetuated for this group of women.

The study has also gained a deeper insight into how stigma is produced and reproduced in the social system. By using the personal, cultural, structural Lens (PCS model) developed by Thompson (1997) this study explores how the stigma of 'single' motherhood in Ireland has shifted over the past three decades and provides some insights into why stigma exists in some socio-locations but not in others. We see that stigma is mediated by a number of key factors. These include age, social class and ethnicity. Stigma is felt in each of these realms (personal, cultural, structural) and negotiated by the stigmatized using the resources available to them in each of the realms. We see the real affects as stigma acts to constrain and enable opportunities for women in their lives.

As described in Chapter Three, one of the major criticisms of Goffman's work is that it is overly descriptive of the micro-level interactions of the stigma process, with an under-developed sociological analysis of the structural causes (Denzin, 2002). This study seeks build on Goffman's analysis of stigma by using the concepts he developed to explore the broader realms in the social structure where it is created and reproduced.

A further criticism of Goffman's (1959; 1963) work, which this study seeks to address, is his view of stigma as part of the social order which regulates and legitimates. However his analysis ignores the underlying ideologies and which create these conditions and also ignore the resistance to the stigma by the stigmatised. Denzin (2002) argues that Goffman depoliticized social interaction by ignoring the structures of power, status and class inequality. This study, by using the PCS model, aims to make explicit the relationship between the individual and society (described as the structure-action problem) and the impact of the structure on the lives of individuals and collectives. A further strength of this study is that I use Goffman for the micro- level analysis but I also use a complementary model to explore stigma at the macro-level.

9.5.3 Methodology

The research has made a range of methodological contributions. Firstly, I used and developed a qualitative methodology that produced detailed, extensive data from which sociological theory about gender and motherhood in Ireland could be generated.

BNIM pays careful attention to detail. It uses a layered analysis, which challenges the researcher to extend their thinking beyond what they already know and what they expect, to really listen to the voices of the women in the research. This method allows the interviewee to tell their story according to their own system of meaning¹⁵. It extends the analyses beyond a binary conceptualisation and oppositional way of thinking, to consider cases and analyses outside of what is already known. BNIM embraces difference as well as similarities in the analyses and so avoids trying to make the data fit a neat, analytical model based on themes, and allows deeper insight into the factors that mediate stigma in the cultural and structural realms. BNIM facilitates a holistic analysis of the narrative and ‘the lived life’. It puts women’s diversity at the centre of the analysis, analyzing each case in its totality, without trying to force thematic frameworks. BNIM’s emphasis on social and historical context distinguishes it from other narrative methods, which tend to focus exclusively on the story itself and as such provide deeper insight into the socio-historical location of the research participant¹⁶.

This research project has contributed to the development of BNIM by integrating into the method an increased level of transparency, reflexivity and a greater attention to power differences, particularly with respect to the interview phase of the research. The careful consideration of the complex ethical issues involved in working with biographical methods generally, and BNIM specifically, constitutes another of this research project’s

¹⁵ Please refer to Section 5.4, 6.4, 7.4.

¹⁶ Please refer to Sections 5.3, 6.3 and 7.3.

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contribution to the development of the methodology. These are discussed at length in Chapter Four.

In terms of analysis, BNIM makes each stage transparent¹⁷; enables the researcher to understand the significance of particular biographical events or text fragments by using future-blind datum-by-datum analysis; and engages the perspectives of others in a process of group analysis that widens the researcher's interpretations.

The thesis has made various contributions with respect to the ongoing development of BNIM. It has furthered the development of the 'socio' aspect of the socio-biographic method by incorporating a more detailed analysis of each woman's social and historical context into the case studies and by focusing on the external dynamics between individuals and their socio-political environments, rather than simply their 'inner' worlds. This provided the analysis and contextualisation of three cases in their socio-contexts in the case presentation. BNIM facilitates a holistic analysis of the stories and broader personal and cultural narratives they contain in their context. This facilitated a deeper understanding of each of the cases in their context. Additionally, the context of the interview is considered as part of the analysis procedure which is consistent with the ethics process engaged in in this research project and the overall feminist approach to the relationship with the research participants. In my experience BNIM also achieves a balance between attention to the agency of the individual in their life and in acknowledging the enabling and constraining effects of social structure. Finally, BNIM analysis also pays significant attention keenly interested in turning points and processes of change. Given that this research is interested in narratives of pregnancy and motherhood over an extended time period turning points both personally and societally are significant to understanding the overall process of change. I believe that BNIM was instrumental in sensitising me to these processes of change in the interviews

¹⁷ For a detailed outline of the analysis procedures please see Chapter Four Section 4.5.

and in the broader narratives of single pregnancy and motherhood in Ireland.

9.5.4 The limitations of using BNIM

Given that Ireland has such a small population, the women in this study are potentially recognisable. This is a disadvantage of BNIM in this context. It means that the methodology of the study risks once again their exposure and further stigma. For this reason it would be very difficult to use BNIM in policy research where it would require publication in a report, as participants may be recognised by themselves and others. This risk is heightened when the topic is sensitive or potentially stigmatizing, as it is in this case or when the population is particularly small or when the characteristics of the individuals could potentially expose them.

A lot of skill was required on the part of the researcher to undertake a BNIM interview well. Researchers and research participants were actively involved and engage deeply in the interview process. BNIM facilitates this engagement in a very intense way both for the participant and for the researcher. But it is time limited and as such it has to be managed well by the researcher to protect both parties.

Another limitation associated with using the BNIM is it is very time consuming. It took three months to analyse each case using the specific BNIM procedures. Furthermore, it could be argued that a weakness of this study is the small numbers and the development of theory on the experience of just three people which definitely limits the scope for analysis. I would have liked to use the analysis on further cases and I think that this would have allowed for a deeper exploration of the processes of stigma. However, BNIM allows us to explore the dynamics of both the story told by the participants in terms of content and the narratives that the women tap into as they tell their individual story and however limited the number this is very valuable. These broader cultural narratives illuminate the Irish cultural context of this topic.

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A further limitation is that the method does not facilitate the participation of the participants of the study in the analysis and meaning making. Having been through the process of analysis, I feel that this is a weakness of the study and without careful reflexivity on the part of the research, could lead to an objectification of the research participants and the issues they face. It could also lead to further ‘othering’ of the participants and their experiences (Krumer-Nevo and Benjamin, 2010; Krumer-Nevo and Sidi, 2012). In this study I attempted to combat the effects of this by using a research diary; engaging in research practice supervision with my supervisor; using the analysis team panels to undertake the analysis and asking colleagues to read drafts of my findings chapters. I feel that this approach has supported me to reflect constantly on my epistemology and on all of the assumptions that I am making while writing. I view this as an essential part of ethical research practice.

9.5.5 Objective four: Summary of the main findings

The BNIM offers a number of key benefits for this study. The detailed BNIM procedures make each stage of the analysis transparent. It facilitates the analysis and contextualisation of the cases in their socio-contexts. It allows us to explore the dynamics of the story told by the participants in their own words but also in the context of the social historical time period. However, a weakness of BNIM is that it does not facilitate the participation of the participants of the study in the analysis and meaning making.

9.6 Conclusion

This chapter has outlined an analysis of single women’s experiences of pregnancy and motherhood. This analysis reveals that widespread stigma still exists in Ireland, affecting women across different socio-economic contexts and socio-locations. The stigma of ‘single’ pregnancy and motherhood is felt more deeply in some parts of society than others in 2010. The factors which seem to mediate the experience of stigma in this study are class, age and ethnicity. These factors influence the extent to which the women (by way of their socio-location in the class structure) identify with

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and subscribe to the values of married motherhood, and thus the extent to which they feel stigmatized. The more likely they are to subscribe to these values, the more likely they perceive and feel stigma. The process of socialisation and an internalisation of the values associated with this allow the stigma to become part of their experience and facilitate the women to internalise the stigma which contributes to their overall stigmatised position in society.

Chapter Ten

Conclusion

10.1 Introduction

This chapter concludes the dissertation. In this chapter, I revisit each of the chapters and summarise what they revealed and the implications of this for ‘single mothers’ in Ireland. Some of the strengths and limitations of this research are discussed and the original contribution of this research is highlighted. Finally, I reflect on my role as researcher in this process and revisit reflexivity and review what I have learned from the process. In this context, I make recommendations for future research.

In the past forty years, the incidence of one-parent families has risen from 0.3% to over 30%., as many as 88% of these are headed by women. About 60% are in receipt of social security support. However, this is disproportionately women. In 2010, almost 98% of the 92,326 persons in receipt of one-parent family payments were women (Lunn et al. 2009; CSO, 2012). Those living in lone parent households tend to have the lowest disposable income out of all households in the state (CSO, 2010). These households continue to experience the highest rates of deprivation, with almost 69% of individuals experiencing one or more forms of deprivation (CSO, 2010).

Family formation and societal attitudes to family formation have changed in Ireland since 1960s. Changing attitudes to gender roles may be affecting family formation and a greater acceptance of one parent families (Fine-Davis, 2011). Although there is a much higher incidence of people

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currently parenting alone in Ireland than in the 1960s and a greater acceptance of single parenthood (Fine-Davis, 2011), one-parent families headed by women are the most marginalised family form in Ireland.

Ireland is still a patriarchal society built on familist ideologies (Mahon, 1994; O'Connor, 1998, 2000, 2006; Byrne, 1997, 2000; Coakley, 2000; Kennedy, 2004; Smyth, 2005) and 'single mothers' are still met with strong disapproval (Viney, 1964; Kilkenny Social Services, 1972; Darling, 1984; O'Hare et al., 1987; Smyth, 1992; Hyde, 1996, 1997, 1998, 2000; Millar et al., 2007; 2012; Power, 2011). In addition, Ireland's legislative and policy structure prioritises the responsibility of the mother is highlighted and the responsibilities of fathers are ignored (McKeown, 2000). The portrayal of the single mother is framed as 'problematic' in media and policy constructions (Myers, 2005) being welfare dependent with no means of being self-sufficient (Power, 2011). This depiction includes the image of this mother as the 'dole scrounger', 'pram faced' individual (Tyler, 2008) who embodies the 'lazy, idle, working class' (Jones, 2011; Russell, 2012) as 'the nemesis to the middle class affluent woman' (Tyler, 2008). Millar et al. (2007) highlight that current representations of 'single motherhood' focus on the cost to society of financial dependency, limited employment prospects and welfare dependence highlight that whilst the issue of morality has somewhat changed, the discourse surrounding the drain those parenting alone place on resources has certainly not disappeared and is keenly felt by one parent families in Ireland (Millar et al., 2007). Millar and Crosse (forthcoming) argue that this is also 'the primary motivator in social welfare policy in relation to this group' in current policy constructions in Ireland (Millar and Crosse, forthcoming).

This study was carried out against a backdrop of major societal change in family formation and gender roles in Ireland, but also in the context of a society that stigmatises women parenting alone in Irish society. In this

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chapter, I consider the significance and contribution of the study as well as the limitations. I also identify possible directions for future research in this area.

10.2 Aims and Objectives

The central research question of this study seeks to explore how single women experience and negotiate pregnancy and motherhood in their biographical narratives and lived lives in the socio-historical context of Ireland from 1990 to 2010. The objectives of the research are to explore:

- how single women experience pregnancy and motherhood in Ireland
- how single women negotiate this social identity in their lived lives and account for this in their narratives as reflexive social actors in the context of social influences in their social milieu
- the social and structural implications of this identity for women
- how the Biographical Narrative Interpretive Method (BNIM) used in this research contributes to an understanding of this phenomenon.

The aims of the thesis fall into three categories: one which is centred on developing an understanding of the experience of single women's pregnancy and motherhood in a changing Ireland; one which is based on developing an understanding of the structural forces which shape this experience; and one which is methodologically oriented – interested in developing an assessment of the Biographic Narrative Interpretive Method as a response to the above research questions.

10.3 Theoretical Approaches and Research Design

This research adopted a sociological approach with a particular focus on gender, prioritizing analysis of the social power in everyday life and particularly on women. However, gender and sex identities are only some

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of the pieces of single mothers' identities. Throughout the research, I use the term 'single women who experience pregnancy and motherhood' to also draw attention to other dimensions of womanhood in the analysis of the stories of the women in this research.

This research is interested in the 'real structures [in society] which constrain and enable social action' (Silverman, 1997, p. 77) in response to Byrne's (2000) note that 'the impact of ideologies on individuals is a neglected area of empirical research' (Byrne, 2000). Gender is an organising category in this research with an aim to explore 'women's experience of oppressive social relations' and 'make visible aspects of women's lives' (Byrne and Leonard, 1997, O'Connor, 2000). 'The personal is the political' in this research. This research problematizes the personal experience of three single mothers and locates these experiences in the socio-historical context in which they happened. By problematizing and politicizing the experiences of the individual and connecting these experiences with others, we can see patterns and practices of power that run throughout dominant structures in society, which uncover entire systems (both visible and invisible) of inclusion and exclusion in society.

Chapter One outlined the context and focus of this study and its aims and objectives as an introduction to the overall study and the theoretical influences. It provided an outline of the methodologies used and an introduction and a rationale for the language used in this study. Chapter Two traced the socio-historical, demographic, political and policy developments in Ireland as they relate to women and families in general and to single women in particular. Chapter Three introduced the literature related to the research topic is presented to commence the process of addressing the overarching aim of this study, along with its objectives. These chapters reveal that single women's pregnancy and motherhood is gendered and the social constructions of such are influenced by patriarchal and familist ideologies used to build the concept of Irishness

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and the Irish state. Chapter Four presented my philosophical assumptions and explained the rationale for employing the Biographic Narrative Interpretive Method. It then outlined the procedures employed throughout the study, and provided information about the participants, their recruitment, and data collection and analysis. BNIM uses a participant structured interview to illicit narratives of experience in the form of stories. These stories are then analysed to connect them to the socio-historical context in which they live. BNIM facilitates an understanding of how these social identities and meanings are viewed within a larger socio-economic context that explores how power is structured and exercised in society.

Chapters Five, Six and Seven presented the results of the analysis of the three cases in the research. Each case is first contextualised in the socio-historical time period and then followed by a presentation of the individual case account developed using BNIM analytical procedures. Chapter Eight presents a collective analysis of the three cases in relation to the study aims. This chapter illustrates relationships between the personal stories contained in Chapters Five, Six and Seven and broader cultural and social narratives evident within these life stories¹⁸. Chapter Nine provides a detailed discussion of all the findings in the study and contextualises them in the literature and the overall all context in which they were found.

10.4 Key Findings

Single women's experience of pregnancy and motherhood is located in the social milieu they inhabit both temporally and structurally. The stigma of 'single' motherhood in Ireland has shifted over the past three decades. The result of this is that in 2010, stigma exists in some socio-locations but not in others. Women negotiate the stigma they face in the personal,

¹⁸ This chapter should be read in conjunction with Chapters Five, Six and Seven which present the case accounts for each of the three cases. Findings referred to in this chapter are explored in more detail there.

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cultural and social levels of their lives drawing on material and symbolic resources where they can. Social class, ethnicity and time mediate the experience but can also intersect to create a more stigmatized identity. Women negotiate stigma both symbolically and materially using the resources available to them in each of the realms they have access to in their lives the personal, the cultural and the structural. However, stigma acts to constrain and enable opportunities for women in their lives. Stigma is reproduced in the cultural realm through the subscription to particular value systems which define hegemonic femininity, prioritise families based on heterosexual marriage and proscribed gendered family roles. At a personal level, stigma occurs most severely where there is significant difference in the immediate social network of the individual. When the value system which underpins the stigma is subscribed to by the stigmatized, she internalises the oppression and self-stigmatizes. Stigma is the key social mechanism that allows inequality to be created and perpetuated for this group of women. The culmination of the analysis reveals that stigma has a functional dimension in Irish society attempting to preserve the nuclear family as the fabric of society, an aspiration set out in the constitution in 1937 and under threat by demographic and social changes of which these women are a part.

BNIM offers a number of key benefits for this study. The detailed BNIM procedures make each stage of the analysis transparent. It facilitates the analysis and contextualisation of the cases in their socio-contexts. It allows us to explore the dynamics of the story told by the participants in their own words but also in the context of the social historical time period to reveal the implications of the social on individual lives. However, a weakness of BNIM is that it does not facilitate the participation of the participants of the study in the analysis and meaning making in a way that could be transformative for the participant or the group in general.

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10.5 A Last Word on Reflexivity

The single most important thing that I have learned as a researcher throughout this process is the importance of not objectifying participants. This is also a challenge in any research project. In this research, I have attempted to be reflective of the language I am using, to be the change I want to see in research through my use of language in this study. Focussing on the identity of the women first has been an attempt to achieve this. I have also sought to use an anti-racist and feminist approach to my work through a reflexivity that seeks to question each of the steps taken in the research process and most importantly through my engagement with the participants and the material that they provided me with during their interview.

I also sought to engage in a model of writing that would have the potential to challenge the ‘othering’ of the research participants. I used a biographic narrative, which focuses on the subjectivity of the participant in their own words. I paid careful attention to the social history of the time to draw attention to the structural elements of social organisation that affect the lived life. I worked reflexivity throughout each stage of the research process and questioned each part of the process to keep my attention on both the stories of the individual and the broader cultural narratives held within these stories (Krumer-Nevo1 and Sidi, 2012). I tried to honour the stories of the women by constantly considering the structural/contextual and the agency of the women themselves through a holistic analysis in its context. In the final representations, their stories are a counter-narrative to the dominant stigma and inequality they face in society and the ‘othering’ that often happens in research.

10.6 Recommendations for Future Research and Research Practice

The subjective experiences of single women who become mothers is under researched in the Irish context and further research from multiple

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perspectives is required to fill the knowledge gap and provide for good social policy in the area. In this regard I have identified a few key areas that I see research as being beneficial based on my experience in this research project.

- A systematic analysis of the implications of social policy for Irish women in 2013 similar to that completed by Nicola Yeates in 1997.
- A systematic analysis of social policy implications for single women who are also mothers.
- Analysis of perceptions of single mothers in society to explore the causes of stigma in the social structure that problematizes society first and not the women. This could be an action research with the goal of consciousness-raising around stigma of mothering alone.
- An exploration of what it means for the child/from the child's perspective, their view of single parent family. Whilst this has been done in other countries such as Ridge (2007) in the UK in relation to maternal employment, there has been no such study reported on to date in Ireland.
- The development of a methodology based on BNIM that focuses on the structural aspects of the analysis and locates the story in the structure that could be further adapted to include research participants in the analysis and also used as a consciousness raising tool in work with stigmatised groups.

All such research should involve the research participants to inform and direct the research at all stages in the process to challenge the practices of research that 'others' its participants (McDonagh, 2000; Krumer-Nevo and Benjamin, 2010; Krumer-Nevo and Sidi, 2012).

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10.7 Conclusion

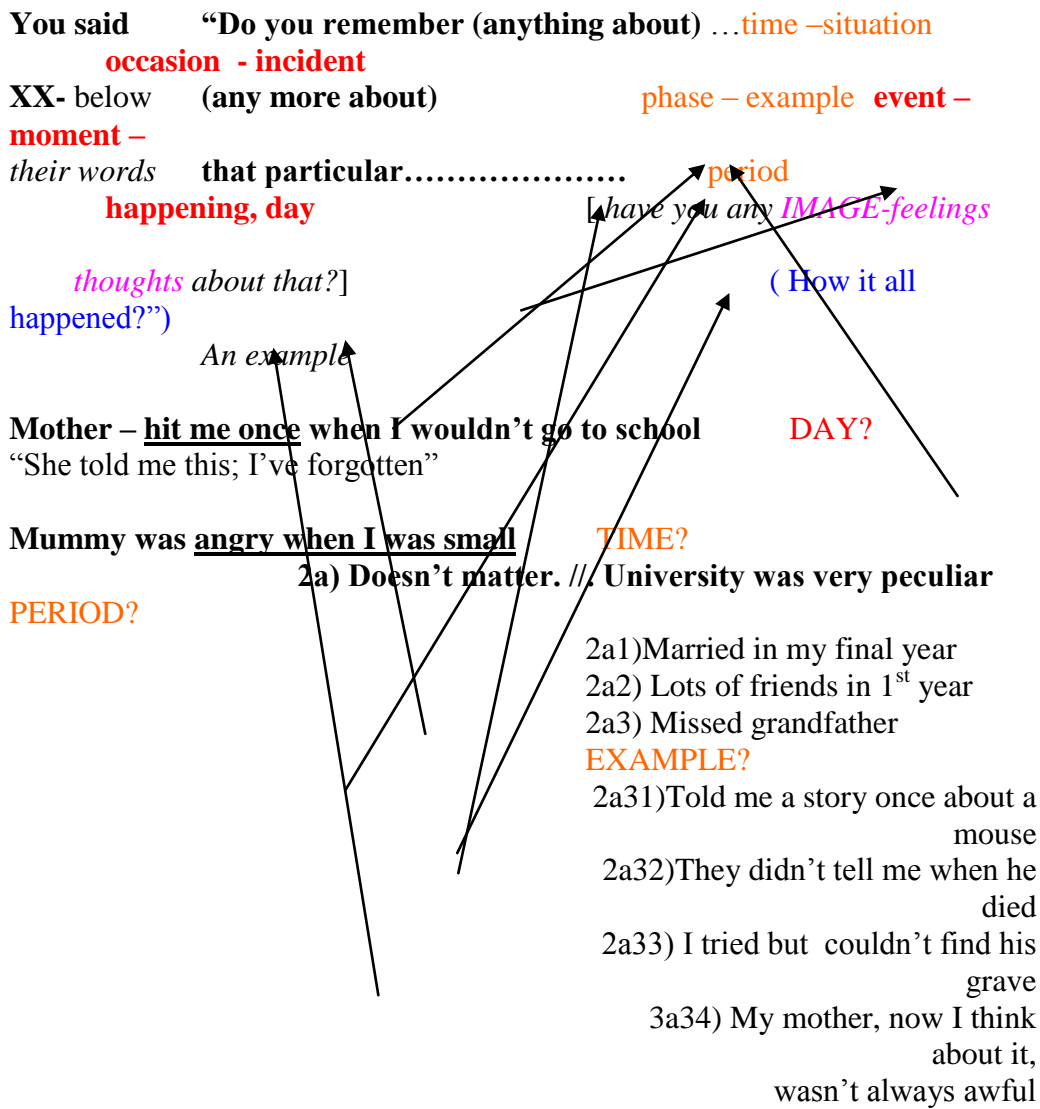
By way of a concluding statement, I would like to suggest that BNIM's aptness for the description and analysis of change and transition gives it considerable potential as a research method for investigating other aspects of social life in Ireland as well as single women who become mothers. Biographic research and the insights gleaned from the detailed study of individual lives could translate into the kind of differentiated social policy that would reflect the needs of individuals and families in Ireland. As noted in a recent OECD report, solutions to the extent of inequality experienced by 'single mothers' 'will need to be found to break through the cycle of poverty which is endemic' (OECD, 2011). Societal attitudes towards parenting and family roles are shifting slowly (Fine-Davis, 2011). However, social security policies such as the One Parent Family payment and related secondary supports need to facilitate co-parenting; and family policies, such as 'maternity leave' need to broaden their criteria to acknowledge the role of father as parent. Unless social policy facilitates the sharing of childrearing by both parents, women will continue to bear the burden (Fine-Davis, 2011).

Appendix I - Figure 1 Notepad Example (Wengraf 2012, p. 520)

BNIM notepad for questioning in Subsession 2

FIRST. If appropriate, verbally recognise any emotional upsetness or difficulty [and only if necessary help work it through] so as\ to help interviewee cope with it. [This may be their difficulty or, in some circumstances, your own]

SECOND. Pause, and then move from the ‘emotional recognition’ to N-pointed question:



I’m always feeling stupid **THOUGHT / IMAGE?**

I always feel good in the countryside **EXAMPLE?**

Appendix I

Grandma died before I was born **TIME?**

Went to university and did reasonably well **PERIOD?**

Father – can't recall anything **FEELINGS?**

Notes when using this formula

- Note that you always ask about the first and last item; that you never go backwards; that you push for PINs, especially on the first item so as to set the PIN-target for yourself and your interviewee. The magic words on the right in bold are the best; you use ones in the middle or on the left to get material to be able to circle back and use the ones on the right. “Do you remember any more about that particular occasion (etc); how it all happened”

- FIRST, MIDDLE, LAST*

Don't leave the first and any later chosen Sub-session-One item till you get one
PIN!¹⁹ Or flat refusal or request not to push that line of questioning further

- Use MAGIC FORMULA at the *top of the page* (inserting your chosen appropriate magic word):
Be *mechanical*, stick *rigidly* to the magic formula at the top of the page:
“You said XXX;....Do you remember....?”. Try to use straight away or eventually the words in BOLD from the right-hand bundle
- AFTER EACH RESPONSE**, check at the bottom of the page to see whether you got a GOOD-ENOUGH PIN or not: If you didn't get a good-enough PIN, PUSH FURTHER for a PIN on that item.
Don't give up too easily – but you must accept a clear request by the interviewer to stop a line of questioning.

¹⁹ PIN = Particular Incident Narrative: A close-up story of something that happened at a particular time and place.

“We were there, a Saturday evening...he said...she said...What I do is...I'm thinking ...Then what happens is... Afterwards I remember feeling (I'm still feeling it a bit) feeling.... Now I feel a bit different, I feel... ... Looking back I think it was quite a critical moment, because....”

Appendix II - The Eleven Stages of BNIM Analysis

From: Figure 2 An 11-Stage Model of BNIM interpretation procedures (Wengraf, 2012, p. 408)

1. Listening to the Audio, Constructing the Transcript

Track One: Living of Lived Life

2. creating the Chronology of 'Objective' Biographical Data
3. using that Chronology to do a Biographical Data Analysis first in a kick-start panel, then reviewed and revised by you, followed by your summarising your current understanding of the pattern of that lived life in a provisional short document

Imagining

4. Imagining different ways in which such a pattern of living the lived life might be told by the person who had lived that life

Track Two: Telling of the Told Story

5. constructing the Text Structure Sequentialisation, the sequence of segments in which the telling of the told story was told
6. using that sequentialisation to do a Teller Flow Analysis and then a Teller Field Analysis, started off in a kick-start panel, then continued reviewed and revised by you, followed by your summarising your current understanding of the pattern of that telling of the told story in a provisional short document.
7. Using micro-analysis panels where and when helpful.

Relating Lived Life to Told Story

8. thinking about how to relate the separate patterns of the living of the lived life and the telling of the told story, going back to the original transcript, tape and field notes where and when appropriate. Constructing and testing structural hypotheses relating the two tracks.

Constructing a Case-Evolution Narrative

9. on the basis of (8), writing up and then reviewing a short document summarising the 'history of the mutations of the case' as you see it. This normally involves constructing a model of a succession of case-phases in the history of the situated subjectivity in question.

Many, most or all of the above procedures are carried out for each of your focal or gold-star cases. Non-focal cases may be examined in much more summary ways. Depending on your overall research design, you are likely to do between 3 and 6 of such cases.

Checking your derived apprehension of the cases with the experience of the interview

10. Going back to the Audio+Field-Notes, Listening again to the interview, correcting and understanding your errors of interpretation.

Appendix II

11.....Comparing Case-Evolution Narratives, Theorising from Cases
Comparing case-evolution narratives, and theorising and typologising from cases. Comparing and contrasting the results from all cases allows for the development of a conceptualisation of all cases in terms of a fully-theorised answer to the researcher's central research question.

Appendix III

Appendix III - Overview of BNIM Data Collection and Analysis Procedures

1. Preparation of a transcript from the BNIM interview recording for the BNIM Analysis Procedures

BNIM tool	Aim	Actions	Information source	Place in final presentation
Verbatim Interview transcript	To create a transcript from the interview recording	1. Transcribe audio recording of interview verbatim ²⁰	<ul style="list-style-type: none"> Interview recording 	<ul style="list-style-type: none"> Preparatory work

2. Track I & Track II Analysis for Each Case

TRACK 1 – THE LIVING OF THE LIVED LIFE				
BNIM tool	Aim	Actions (relating to the BNIM 11 stage model)	Information source	Place in final presentation
BDC	To ascertain the Chronological order of ‘publicly verifiable’ facts/events experienced in the lived life.	2. (BDC creation) The researcher creates a BDC synopsis of ‘objective’ biographical information relating to the ‘facts’ of the person’s lived life. This synopsis is written in chronological order.	<ul style="list-style-type: none"> The verbatim transcript (subsession 1 & 2) Subsession 3 (when used as an interview or to check factual data of the lived life) Other data gained from interaction outside the formal interview 	<ul style="list-style-type: none"> Preparatory work for the Lived Life Interpretive Panel and the development of the BDA
Lived life Interpretive Panel analysis	<ul style="list-style-type: none"> To develop ‘critical distance’ from the data and to pursue a broader interpretation of events, 	3a. The researcher facilitates a kick-start interpretive panel to look for <ul style="list-style-type: none"> Experiencing hypothesis. Counter hypothesis Tangential hypothesis Following hypothesis Structural hypothesis about events in the BDC. 	<ul style="list-style-type: none"> The BDC document. Flip chart notes taken during the panel analysis. Researcher notes taken after the panel analysis 	<ul style="list-style-type: none"> Preparatory work for the development of the BDA Example in Appendix IV referred to in the methodology chapter.

²⁰ These actions are numbered to correspond with the BNIM 11 stage model (Wengraf, 2012, p.405). See Appendix II.

Appendix III

	<ul style="list-style-type: none"> • To avoid binary thinking and • To avoid researcher bias 	<p>The objective facts/events are presented to the panel in 'sequential chunks', one at a time future blind. Each time a chunk is presented, the panel is asked questions to elicit the hypotheses described above.</p> <p>Key questions asked during panel analysis (Wengraf 2001) are:</p> <p>A. How could the interviewee have experienced this event (in relation to their personal, social and cultural circumstances of the time) (<i>Experiencing hypothesis/ counter hypothesis/tangential hypothesis</i>)</p> <p>B. How could the sequence of events so far shape the future lived life? (<i>Experiencing hypothesis/counter hypothesis/tangential hypothesis/following hypothesis</i>)</p> <p>C. For each hypothesis generated, what event could be expected later in the biographical data? (<i>Following hypothesis/tangential hypothesis</i>).</p> <p>D. What can we say about the pattern of the lived life? (<i>structural hypothesis</i>)</p> <p>Hypotheses are multiplied and strengthened or refuted by the data as it is presented to the panel.</p>		
Analysis of phases and Turning points in the Lived life	To bring attention to phases of the lived life and potential turning points in the pattern of the lived life	3b. The researcher undertakes analysis on the possible phases and possible turning points of the lived life and documents these.	<ul style="list-style-type: none"> • The BDC document. • Flip chart notes taken during the panel analysis. • Researcher notes taken after the panel analysis • The original transcript • Any other information gained outside the formal interview 	<ul style="list-style-type: none"> • Preparatory work for the development and production of the BDA
Biographical	To locate the	3c. (BDA creation) The researcher analyses the	<ul style="list-style-type: none"> • The original transcript 	

Appendix III

Data Analysis	interviewee and the pattern of the lived life in the socio-historical context of the time period (for the reader) – to contextualise the case so that the structural influences (constraints) are visible)	<p>information obtained from the Lived Life interpretive panel (3a), and (3b) and revises both the BDC and the original transcript.</p> <p>In addition she undertakes substantial research into the social, economic and political history of the time broadly and in relation to the particular events/issues relating to the lived life of the interview subject to create a full BDA.</p>	<ul style="list-style-type: none"> Any other information gained outside the formal interview The BDC document. Flip chart notes taken during the panel analysis. Researcher notes taken after the panel analysis Historically researched information about the time period in a specific location and social milieu 	<ul style="list-style-type: none"> BDA = Column 2 of the 4 column, 1 page reminder Socio-historical contextual Information= Column 1 of the 4 column, 1 page reminder See Appendix IV for an example of the 4 Column document.
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Imagining: What different ways might such a pattern of living the lived life might be told by the person who had lived that life?				
BNIM Tool	Aim	Actions	Information source	Place in final presentation
Imagining/Hypothesising about the Telling of the Told Story based on what is known about the Lived Life (BDA)	To explore the different ways in which a person who lived that life might tell their story (in order to keep an open mind about the way in which the telling of the told story might happen)	<p>4. Hypothesise about the possible structure of the Telling of the Told Story based on BDA pattern (at the end of the Lived Life Interpretive panel 3a above or by the researcher alone after the BDA)</p> <p>Question that informs this process: <i>What different ways might such a pattern of living the lived life might be told by the person who had lived that life?</i></p>	<ul style="list-style-type: none"> BDC BDA summary 	<ul style="list-style-type: none"> Preparatory work for the doing the TFA-f (to be aware of what could have been done by the interviewee)

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TRACK 2 – THE TELLING OF THE TOLD STORY				
BNIM tool	Aim	Actions	Information source	Place in final presentation
Text Structure Sequentialisation (TSS)	To ascertain the structure of the telling of the told story/ interview within the text of the transcript.	<p>5. (TSS creation). This is a description of the sequence of structural changes in the biographical account. It involves close analysis of the transcript and splitting the textual structure and defining the topic according to when:</p> <ol style="list-style-type: none"> 1. The speaker changes, and again when: 2. The topic changes and again, when: 3. The Text Sort changes. There are 6 different types of text sort in the BNIM text sort typology: <ul style="list-style-type: none"> • Description • Evaluation • Argumentation • Report • Particular Incident Narrative • General Incident Narrative • Typical incident narrative 	<ul style="list-style-type: none"> • The verbatim transcript • The audio recording 	<ul style="list-style-type: none"> • Preparatory work for use in the Telling of the Told Story Interpretive panel • Example in Appendix VII referred to in the methodology chapter
Lived life Interpretive Panel analysis	<ul style="list-style-type: none"> • To develop ‘critical distance’ from the data and to pursue a broader interpretation of events • To avoid being seduced by the story from the now perspective of the interviewee • To avoid binary thinking 	<p>6a. (Told story interpretive panel analysis) The researcher facilitates a kick-start panel to support the telling of the told story analysis. The panels are presented ‘chunks’ of the TSS, future blind one at a time. Each time a chunk is presented, the panel is asked questions to elicit hypotheses which may result from the questions below to look for:</p> <ul style="list-style-type: none"> • Experiencing hypothesis. • Counter hypothesis • Tangential hypothesis • Following hypothesis • Structural hypothesis <p>Key questions (Wengraf 2001) put to the panel are:</p> <p>A. What was the speaker experiencing at this point in the interview/in the story of the time? (<i>Experiencing hypothesis, Counter hypothesis, Tangential hypothesis,</i></p>	<ul style="list-style-type: none"> • The TSS document. • Flip chart notes taken during the panel analysis. • Researcher notes taken after the panel analysis 	<ul style="list-style-type: none"> • Preparatory work for use when writing up the TFA-f • Example in Appendix VIII referred to in the methodology chapter

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	<p>between interviews</p> <ul style="list-style-type: none"> To avoid researcher bias towards particular interpretations 	<p><i>Following hypothesis)</i></p> <p>B. Why is the speaker using this specific sort of text to present it? (<i>Experiencing hypothesis, Counter hypothesis, Tangential hypothesis, Following hypothesis</i>)</p> <p>C. Why is the speaker presenting this experience or topic now? (<i>Experiencing hypothesis, Counter hypothesis, Tangential hypothesis, Following hypothesis</i>)</p> <p>D. Why might the speaker have changed topic? (<i>Experiencing hypothesis, Counter hypothesis, Tangential hypothesis, Following hypothesis</i>)</p> <p>E. What might the speaker do next (<i>Experiencing hypothesis, Counter hypothesis, Tangential hypothesis, Following hypothesis</i>)</p> <p>F. What might be the agenda? (<i>Experiencing hypothesis, Counter hypothesis, Tangential hypothesis, Following hypothesis, Structural hypothesis</i>)</p> <p>G. What might be the pattern of the telling of the told story? (<i>Structural hypothesis</i>)</p> <p>Hypotheses are multiplied and strengthened or refuted by the data as it is presented to the panel.</p>		
Teller Flow Analysis (TFA-f)	To reconstruct Flow of the interview (diachronic)		<ul style="list-style-type: none"> TSS document Notes from the Telling of the Told Story Interpretive panel Researcher notes taken after the panel analysis Transcript Interview Recording Field notes 	<ul style="list-style-type: none"> Preparatory work for use when writing the TFA-s and later when writing up the HCE
Interpretive panel Microanalysis	To enhance a deeper understanding about particularly contradictory/	<p>6b. (Interpretive panel microanalysis) The researcher facilitates a micro-analysis panel to look deeper into puzzling sections of text.</p> <p>The panels are presented with very small ‘chunks’</p>	<ul style="list-style-type: none"> Transcript 	<ul style="list-style-type: none"> Preparatory work for use when writing the TFA-s and later when writing up the HCE

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	challenging pieces of text	<p>(often single words or phrases) directly from the transcript of the puzzling piece of text, future blind one at a time. Each time a chunk is presented, the panel is asked questions to elicit hypotheses which may result from the questions below to look for:</p> <ul style="list-style-type: none"> • Experiencing hypothesis. • Counter hypothesis • Tangential hypothesis • Following hypothesis • Structural hypothesis <p>Key questions: A. Why does she make that point about that topic in that way? B. What might he be trying to say? C. What might he be trying to conceal?</p>		
Thematic Field Analysis (TFA-s)	Structural analysis of the now perspective of the interviewee on her experiences (presented in the interview) into Thematic Fields	<p>7. (TFA creation) The researcher analyses the information obtained from all previous analysis undertaken on the telling of the told story pattern to create a full Thematic Field Analysis.</p>	<ul style="list-style-type: none"> • TSS document • Transcript • Interview Recording • Field notes • Flipchart notes from Telling of the told story and Microanalysis interpretive panel discussions • Notes from panel analysis 	<ul style="list-style-type: none"> • TFA-s = Column 3 of the 4 column, one page reminder • See example of the 4 column document in Appendix IV referred to in the methodology chapter.

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Development of a BNIM 4-column (1. Socio-historical data, 2. BDA phases, 3. Subjectivity Phases, 4. TFA) in preparation for BNIM case-summary				
BNIM tool	Aim	Actions	Information source	Place in the Final presentation
BNIM 4-column Case Summary reminder	To create a one page summary to support the thinking of the whole and serve as a later reminder of the case.	<p>8. The researcher creates a framework document representing the lived life/told story phases and the individual's mutating subjectivity over the life story in a 4 column one page summary of the case.</p> <p>1. Socio-historical data (2)²¹</p> <p>2. BDA phases (1)</p> <p>3. Phases of situated subjectivity (4)</p> <p>Looking back through the interview as a whole hypothesise about how the subjectivity evolved throughout the experiences of the lived life to the present now perspective evident in the interview and TFA</p> <p>4. TFA-s (3)</p>	<ul style="list-style-type: none"> • BDA • Socio-historical data • TSS • Interview transcript (all subsessions) • TFA-f • TFA-s 	<ul style="list-style-type: none"> • Preparatory work for the HCE • See Appendix IV referred to in the methodology and perhaps in the chapter in which the case is presented

²¹ The numbers in brackets refer to the order in which these columns are filled in.

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Constructing a History of the Case-Evolution (for each Case)				
Aim	Objective	Action	Informed by	Place in the final presentation
To communicate the evolution of the participant's subjectivity in the life story.	Construction of a history of the case evolution	9. (History of the Case evolution) Considering all previous stages of analysis, the researcher constructs an informed interpretive account of the individual's story moving between the particular and the general, considering the historical subjectivity of the case along and its contextual embeddedness. This represents the outcome of the nine stages of BNIM used on each individual case.	<ul style="list-style-type: none"> • All documents • All interview and recordings 	<ul style="list-style-type: none"> • Three Chapters in dissertation (one for each case)

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3. Cross-Case Theorization and Theory Development

Cross Case Theorization and Theory Development				
BNIM tool	Aim	Actions	Information source	Place in the final presentation
Review	Review all the cases	10. Going back to the Audio+Field-Notes, Listening again to the interview, correcting any errors of interpretation.	<ul style="list-style-type: none"> • Case accounts • Interview recording • Interview transcripts 	<ul style="list-style-type: none"> • Preparatory work
Cross Case Comparison	To provide a theoretically Informed answer to the Central Research Question (CRQ).	11. (Cross case theorisation) The researcher compares and contrasts case account narratives, critically theorising from cases to create a fully-theorised answer to the researcher's central research question using ' Generalising and Particularising theory '. The description of the cases and the theorisation of the answer are expressed in a public theory-language appropriate to the public research community being addressed.	<ul style="list-style-type: none"> • Case accounts 	<ul style="list-style-type: none"> • Chapter Eight

Appendix IV - Examples from the Analysis of Mary's Case

1. Mary - Turning Points and Phases of the Lived Life

Biographical Data Analysis I: New Difficulties financially force her to grow		
Phases of Lived Life		
1962-1980	Birth until college, rural upbringing	Very little mention in sub-session 1
1980-84	Teacher Training College	Seemed to be a given in this story
Early 1990s	Travelling	
1994 -1996	Working as a teacher, socialising	
<i>1996, summer TURNING POINT I</i>	<i>Loses job Turning point</i>	<i>First important point discussed, permanency possibility, losing job Things no longer 'easy'</i>
Summer 1996 – September	In denial of the Pregnancy: Preparing to cope	
September 1996-January 1996	Conceals Pregnancy, embarrassed Goes to another city for maternity care Shamed in the Employment Exchange	
<i>TURNING POINT II: January</i>	<i>Stands up to Lone Parents Inspector</i>	
February 1997 –	Attitude changes, more authoritative Pregnant in hospital, changes doc after the pregnancy	
March 1997	New Mother	

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2. Interview 6 - Field notes

Post interview

I interviewed Mary in her home. It was a cold December day and the heat was bursting out of the house. It is a small semi-detached house in a nice estate. It is white and well maintained. I see a Hoover as I walk in the front door. The smell of bacon and cabbage wafts through the house. I am seated at a small kitchen table and presented with tea and biscuits. The room is hot and steamy and very comfortable. Everything about the house and the atmosphere says Irish Mammy. Mary is busy with the tea and the dinner.

When she begins her story she sits. She tells her story in a quiet way and acts like she doesn't want to engage too deeply in it as it may upset her. The distractions seem to be purposefully placed. She begins her story by talking about losing her job just prior to her pregnancy in 1996.

There are many contradictions in Mary's interview. Her demeanour is an example of one of these contradictions. Mary was friendly and open toward the researcher during the interview and through the invite I received into her home and her body language it was obvious that she wanted to tell me her story. She wanted to tell me, the female person her story. Yet, she was not as comfortable with the interview, she was nervous of exposure and she spoke with a lowered voice throughout. She kept busy also during the interview, constantly up and down to the cooker, checking the dinner, making tea and biscuits almost as a diversionary tactic or a relief from the emotion.

Notes taken during the transcription process

Mary told a story of a very tumultuous period of her life - a period that she has survived but maybe not recovered from emotionally. She is very emotional at times during the interview with her emotions literally spilling out of her as tears and overcoming her to the point where she had to stop the interview to gather herself. It is more difficult now listening to the emotion in the tape than it was in person.

Notes taken during the writing up of the polished notes

Writing the polished notes has made me more aware of my questioning style using BNIM. In many cases I began to ask my question but I did not complete the question, I only said the first part. Re-listening to the recording, this seems to be for a number of reasons 1. The interviewer is slow speaking when asking the questions, gently reminding the interviewee of their train of thought and possibly uneasy about probing too deeply, maybe because the interviewee is emotional. 2. The interviewer is unsure of the method of asking questions and not very good at it. 3. The interviewee picks up their train of thought quite quickly.

There are certain questions that I would ask now that I didn't see during the interview. For example, I did not ask any questions about items that I had marked in my original notes: Item 4 (doctor), 5 (Lifestyle before the baby), 10 (meeting with the CURA (pregnancy support) representative). These are

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vivid images especially no.4 (the doctor comes up later and seems to have made a lasting impression), and no.10 with the CURA representative.

Luckily the interviewee is naturally predisposed to speaking narratively.

The questions are all from sub-session 1 and I do not follow up on things that came up in sub-session 2. Undertaking this exercise illuminates the interview process and highlights where further work needs to be done in perfecting the interview process, where questions could be improved. For example, I am over reliant on the use of the phrase ‘that particular time’.

Notes taken after the BDA Panel Workshop

This first segment of the BDA panel work is weak in counter hypotheses and tangential hypotheses. It takes a while to get into the swing of doing it. I found the directions for the questions of the panel difficult – getting my questions straight. This was compounded by the different directions on page 262-264 (Wengraf, QRI book), I was unsure of which to use. I since see that it is clearer in the section starting on p. 436, complemented by the appendix starting on p.691, and the appendix p. 705.

During the interview, the panel reflected on the fact that the research participant goes to college and becomes a teacher and doesn't mention too much about it, it is almost a given for her suggests a middle class upbringing, without struggle, education is prioritised in her family. The fact that she becomes a teacher, not a doctor or university lecturer or the CEO of a multinational also tells us about her family, her upbringing. She is a woman in the West of Ireland coming of age, or making career choices in the 1980s and so her field of choice may be limited. Teaching was an acceptable job for women to go into. Employment prospects were probably more positive especially in a city in the public sector than in a West of Ireland private sector?

Mary spent some time travelling prior to her job in 1994 which would not have been as common as it is now, then.

Predicting the Telling of the Told Story style was an interesting task and really helped me to think about how it might be structured, think about the sorts of texts that might be used and in what type of stories they might be used and for what purpose. When it came to actually doing the TSS this was useful as I was more familiar with the text sorts and therefore I was better able to classify the texts and describe her style and then analyse this or think about why she told her story like this now in this way.

Notes taken after the TFA Panel Workshop

The reflective panel that supported the analysis of Marys ‘told story’ also noticed and highlighted this in the workshop. Mary tends to be up and down in her story telling, she tells a story that is full of deep emotion and then follows it with an interlude of emotionless facts. The reflective team also highlighted that the overall story had a negative almost tragic undertone.

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The fact that the research participant goes to college and becomes a teacher, and doesn't mention too much about it in her story suggests that it was an easy path for her to take, possibly it is almost a given for her, which suggests a middle class upbringing, without financial struggle where education is prioritised. On the other hand, the fact that she becomes a teacher, not a doctor or university lecturer or the CEO of a multinational also tells us about her social milieu family, her upbringing. She is a woman in the West of Ireland coming of age, or making career choices in the 1980s and so her field of choice may be limited. Teaching was seen as a good job at that time and it was seen as an acceptable job for women to train for at that time. There was a certain amount of respect, success in the position yet containment, acceptability also.

The panel speculated about where she may have contact with others – what kinds of groups would she be able to access? Choir in the church GAA matches, making tea, one of her siblings/cousins friends? The panel are continually anticipating her relationship given that they know and are trying to see where her relationship develops. They are really preoccupied about where it all happens. This speculation provides some background information about the time period and the opportunities for women in this time period. Interestingly the panel members are not Irish but Canadian and Finnish so it also provides information on their views/stereotypes of women of the time.

During both the BDC and the TFA workshops I was highly aware of the way these panel sessions kept the discussion focussed on the data and thus the *system of relevancy with the interviewee* during this part of the analysis. This was so apparent that I was easily able to maintain it through the next solo part of the analysis.

Notes taken while writing up the BDC Narrative Summary

This section was easy to write up based on the experience of the BDC workshop and the notes taken. Identifying the turning points in the story was more challenging depending on the focus of the reading of the story and the dominant parts in the story. I think that the final reading – which combines the different elements, is the more comprehensive and therefore the most useful.

Notes taken while writing up the TFA Narrative Summary

Writing the Teller Flow Analysis and the subsequent Thematic Field analysis which I combine was the most challenging aspect of the process so far. I viewed it as a necessary step required to bring me to the stage of being able to write up the Case History and the account of the Case Structure but as I was learning while writing, and still learning (as with all parts of this procedure) I am not sure I completed the task sufficiently well or did justice to the narrative of the interviewee. I feel inadequately qualified to write about these things (narrative structure, the subjectivity of the interviewee. I wonder what they would think of my musings / analysis and I wonder that they would be hurt by them. This makes me anxious. I wonder how to become more 'qualified' to complete these tasks properly. Because of my

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fear in doing so, it makes me slower too!! Also while I can in some way report what happens in the narrative as I do in this section, I am very uncertain about ‘what it all means’! And while I may have some ideas towards this from my literature reading and other experience in this area I am terrified of saying what I think and defending it!

Yet when I got down to actually doing it, I found that from all the other steps that I had done I actually had a lot to say (a lot more than I thought I would and that it was actually very descriptive). The process itself of teasing out the different ways the TFA could be looked at helped me to think about the text and the telling in a different way and to see a lot more than I had previously done.

Notes taken while reviewing all the other notes/other aspects of the process

Notes taken while theorising on cases

3. Predictions of the Told Story Based on the Lived Life

Predictions of the Told Story Based on the Lived Life	Thoughts after TFA Analysis
Mary might tell a story of her pregnancy being a rite of passage, of her growing up. Even though she was 34 when she became pregnant and as she says herself she was a ‘bit old’, she had spent the previous 12 years post college, working and socialising and not thinking about the future. The pregnancy is a shock but the making of her. She tells a story of becoming more confident, assertive and this new focus gives her direction. If it is a story of growth and change then the pregnancy might be the focus of a long narrative told confidently and nostalgia. Her story would be well rehearsed and air-brushed or told with rose tinted glasses. Her narrative will be framed with arguments and evaluations making her current perspective dominant and clear.	The first part of this is true to some extent however she perhaps does not see it this way. Her story in some way is a rite of passage on at least a change in direction, of her growing up... The pregnancy is a shock but the making of her. She tells a story of becoming more confident, assertive and this new focus gives her direction. However she does not have this view point and is still traumatised by her experiences.

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<p>Mary might tell a story of a crisis pregnancy that caused huge trauma and was very upsetting for her. Her emotional narrative stops and starts because of the emotion. It is deeply distressing to listen to. She is still traumatised and has not recovered. She is a victim of the circumstances and her life revolved around the trauma. She is deeply descriptive.</p>	<p>This prediction is also partially true, her pregnancy is a crisis and she does tell an emotional narrative. It is distressing to listen to. She is still traumatised by that period of her life and the stigma still follows her.</p>
<p>Mary tells a story of shame, embarrassment and stigma. She is a teacher and becoming pregnant outside of marriage in 1996 is a fireable offence. She has not recovered from the shame and still hangs her head low. Her narrative style is tight lipped reporting. She is still embarrassed - things like that don't happen to girls like me. Almost in denial, has spent her life ignoring the absence of the father. She sketches the bare details of her story, the experience bringing her more shame. She does not reflect on this or evaluate.</p>	<p>This is also partially true Mary does tell a story of shame, embarrassment and stigma. However her style is deeply narrative with lots of PINs and GINs and description and she does argue her view and evaluate so there is evidence that she has grappled deeply with her circumstance.</p>
<p>Mary tells a story of poverty and struggle. Being a single mother means she cannot work as much, particularly when the child is young and this is a big change for her. She must get social welfare. Her story is mainly argumentation - the long struggle, did this all on my own.</p>	<p>Not supported by TFA analysis</p>
<p>Mary tells a story in which her life was ruined. She is mourning for her previous life of socialising and fun. Tries to recreate that as the child grows up. Her style is light hearted shallow narratives as she embodies this character.</p>	<p>Not supported by TFA analysis</p>
<p>Mary tells a story where her child is the new and only focus, everything else was let go. Job, friends, social life, love life. Her story comprises of narrative argumentation and evaluation. There are lots of PINs and GINs about her child and his life.</p>	<p>This is true to some degree, she mentions at one point about letting herself go, how she changed. She does say that the child is a pleasure in their lives and she references what her supportive friend from work said that it all changes when the child is born. Even her subjectivity seems to change when the child is born and then she becomes mother rather than single mother. However the analysis does not support the content or the language style in the final line.</p>

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Mary tells a story of loneliness and the journey to find the love of her life. Her style is argumentation – what about me.	Not supported by TFA analysis
Mary tells a story of her interrupted career just as she was about to get a permanent job. An interruption to her career at this stage for what ended up being a few years due to having a small child on her own meant she was unable to take challenging jobs and progress her career. Thus she never reached her true potential or her dream of becoming permanent. Her style is argumentation as she puts forward her vision of she could have been.	This may be true in her life but it is not the story she tells.

4. Interview 6 Teller Flow/Thematic Field Analysis Narrative Summary

Subject Position

Mary begins her narrative in sub-session one from the point of view of Mary the Teacher who just lost her job (Segment 2). She then continues her story as the pregnant woman, who realises her pregnancy but ignores it for a period as she prepares to face it (Segments 3-10). She alternates between these two subject positions and that of the vulnerable pregnant woman for most of the first three quarters of the narrative (until Segment 36). The vulnerability is present because of her single status as a pregnant woman (segments 13, 14, 20, 21, 26-31, 33-35).

The second part of the narrative sees a shift and we meet for the first time Mary the Irish citizen (segment 32) as she asserts her strong views on the Irish health system and Mary the assertive pregnant woman (segment 36). There is a distinct change in her attitude to her pregnancy and herself during her encounter with the Lone Parents Allowance inspector in the winter time. When he comes to visit her home she felt that *'he treated me as if I had no intelligence whatsoever, that I had never owned anything in my life, eh... that I was just one of these, another pregnant person in his eyes with a baby who wanted to live off the state and at that stage I was stronger, a stronger person, and I challenged him and I said to him "You will not treat me like this and you will behave properly and appropriately towards me and I am entitled to this allowance and in no way will you decide for me what to do and what not to do. Your job is to take my details and see it through" and eh... I think I was entitled to say that to him. So eh... that happened then and the Lone Parents came in'*. By the end of this segment her voice is stronger. In going into this experience she reasserts herself, perhaps regains part of what she has lost with the shock of the pregnancy and ends this segment a stronger single pregnant woman.

Having gone through all these different subject positions she ends the narrative as a mother. In the final sections of the narrative (Segments 36-46) we meet Mary the mother four times (Segments 38, 41, 42, 45).

Beginnings & Endings

Mary begins her narrative by talking about her work and she ends sub-session one by talking about early motherhood and the commonalities with other mothers both married and unmarried. Her experience of single motherhood it appears is housed between these two parts of her life; she goes from teacher to concealed unmarried single pregnancy to motherhood. She ends her sub-session one by talking generically/normatively about the experience of early parenthood and the commonalities with other women. This final topic appears to be the end her 'experience of single motherhood' as in segment 46 she reflects on how hard it is for single mothers, she tells it as a strong unmarried single mother, or perhaps just a mother?

Topics

The topics that Mary touches on in her interview, broadly, in order of appearance are: her work, her pregnancy, her family and support, her

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partner, the stigma of being an unmarried single mother, the maternity services and the doctor she encounters during her pregnancy, her health and the birth of her son, her child.

Themes

The main themes that emerge are her pregnancy as a single woman 'single pregnancy', her relationships with family & work in this context, and interactions with work, social welfare, state, maternity services in the context of her pregnancy.

Tone

The mood of the interview is emotional, overwrought, hushed, and secretive as the interviewee still worries about her identity being revealed 13 years later (Quiet tones throughout sub-session 1 and this is made explicit in sub-session 2 lines 6-8).

Text Sorts

Mary's story is characterised by the text sorts she uses to tell her story. By far the most common text in her story is narrative (including high level narratives which this method seeks such as general Incident narratives and particular incident narratives). Narratives account for 43% of her sub-session 1. Description (Wengraf calls de-historicised potential narrative) accounts for 26% of the sub-session 1. Report, which Wengraf says could be described as thin narratives (AND from p. 254, Wengraf, 2001 more detail from 252-255) accounts for 9% of sub-session 1. Evaluation accounts for 7% of sub-session 1. Argumentation accounts for 15% of sub-session 1. These figures are created to give an approximate feeling of the style of the narrative generated by Mary in sub-session one. They are created from the lines allocated to text in the Transcript for BNIM analysis document 1 and the TSS document and are rounded to the nearest whole number.

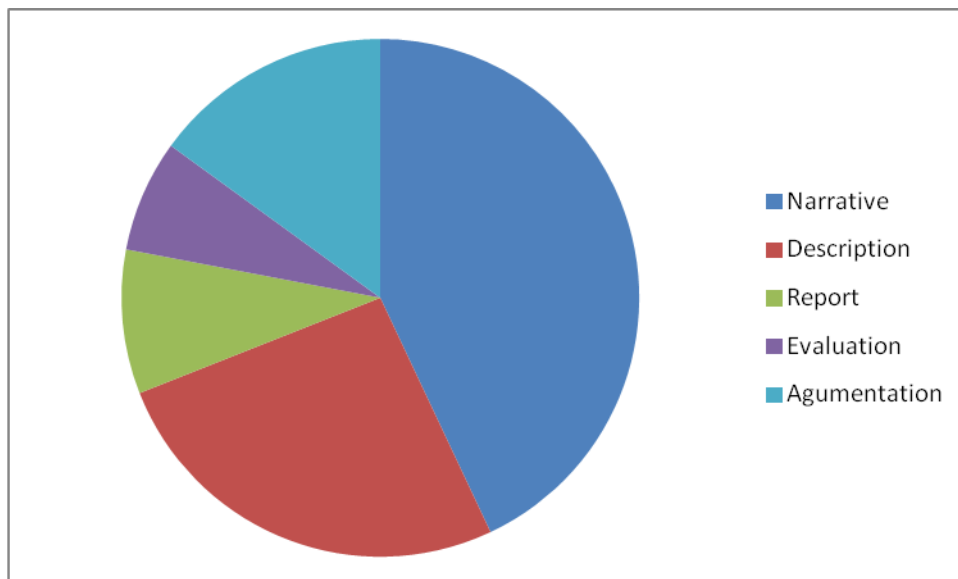


Figure 1 Interview 6 Graphic Representation of the Different Text Sorts used in sub-session 1.

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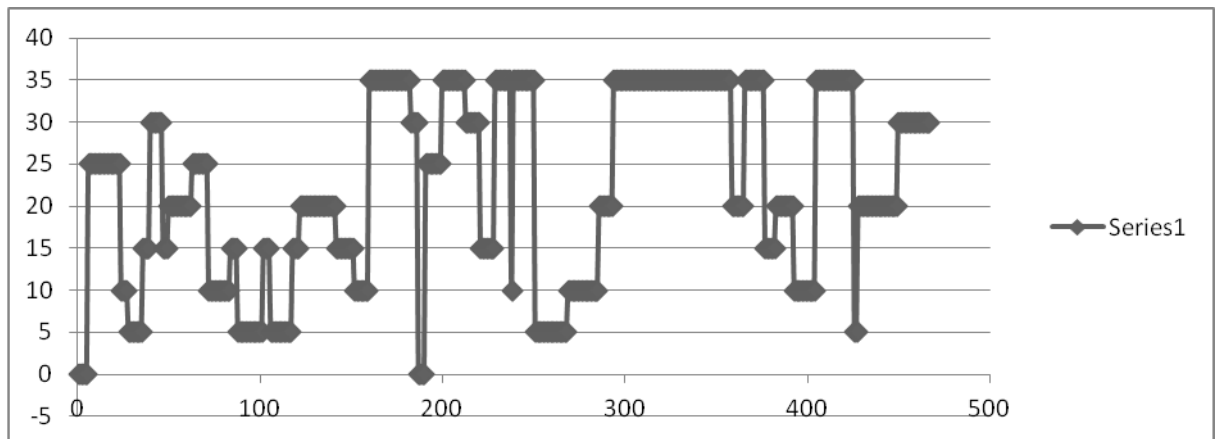


Figure 2 Graphic Representation of Interview 6 Sub-session 1 Text Sort Type Vs No. of Lines in Interview Transcript

Legend for Text Sort Type

PINs	35	<i>Particular Incident Narratives, IN PINS, PIN reports</i>
GIN	30	<i>General Incident Narratives</i>
Narrative	25	<i>Story: Beginning Middle and End. Describable moments.</i>
Description	20	<i>Dehistoricised moment of a possible narrative</i>
Report	15	<i>Thin description/Thin narrative</i>
Evaluation	10	<i>Short Argument</i>
Argumentation	5	<i>Long Evaluation</i>
Interviewer	0	<i>Most distanced from narrative</i>

Adapted from AND p. 254 Wengraf 2001(Wengraf, 2001, 252-255) Language Sort assigned numeric value for graphic purposes, most removed from narrative (the interviewer) to most narrative (PINs)CB

X = No. of Lines in Transcript

Y= Text Sort Type

Marys story comprises of lengthy descriptions and narrative language followed by short reports or evaluations. There are mostly long sections, flowing. Yet in her story she alternates between Fact telling and drama. She tells little bits of information about the emotional topics, moves back and forth between topics, and never gets too involved in telling about one thing. On the first listening it appeared to a be negative story, very up and down, emotional, painful almost difficult to listen to. But with more careful reading it appears to a be a story to change, rite of passage, growing up or asserting oneself and one's voice. The pregnancy gives her strength (in the pregnancy she finds strength??) to forge or create her own life, but it is a hard slog.

In the micro analysis the interviewee talks about revealing her pregnancy or not as the case is, to her partner or other friends/ family in this segment. She tells us how she does not tell her partner because she is afraid; and she is afraid to tell her mother even though she is 34. She is afraid to tell her

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partner and mother and at this point only tells on close friend in the school she was working in. She tells us this because it is an important part of her pregnancy story – the concealment and why. Her pregnancy is her story of single motherhood and the concealment of her pregnancy until the latter months is central to her experience of this, her embarrassment, her shame, her fear at losing her job and the shame at being an unmarried pregnant teacher is central to this. She uses argumentation in this segment to justify rationalises why she concealed her pregnancy for so long. She wants the interviewer to understand her position and to be on her side. This is part of Phase 2 of her TF/subjectivity in her story. She uses argumentation here to really highlight her view point here and justify her concealment.

Key words

The key words that emerged from the TFA panel were: concealment, strength, ability, resilience, breaking through. They feel she is dramatic, resilient, passionate, stubborn, secretive, ashamed, scared.

Images

The images that emerged from the TFA panel were: 1. Radio waves, some strong some weaker; 2. fish emerging from a pond and disappearing back down again; 3. an island in water/ a desert oasis, 4. Something/someone emerging through a door very slowing; 5. Graph, high points and low points, downward tendency overall.

Phases Subjectivity throughout the subsession 1

Phase 1: Early life – up to losing her job (Starting point in the story)
Just living her life, following a laid out path, college, teacher, travel, work.
Doesn't say much about any of these aspects of her life in her narrative.

Phase 2: Discovering her pregnancy, conceals it from everyone, and continues to try to look for work

Phase 3: From when she goes to the doctor she starts to face up to it
Slowly begins to show signs of coming to terms with the pregnancy. Tells her partner, applies for Maternity benefit, stands up to the LPA inspector, this strengthens her

Phase 4: Tells her sister, comes out to family enabled by all the other steps she has taken

Phase 5: Motherhood- where she is now

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5. Interview 6 Micro Analysis Panel Datum from subsession 1 lines 10-14

	Datum (presented to the panel future blind)	Experiencing	Prediction of (Type of) next words in the Text	Effect on Hypotheses of Later Date
1.	then I ehm...	1.1 uncertain about what she will say next 1.2 searching for the best words 1.3 reconsiders whether she will tell this story	FH 1.1.1 pauses FH 1.2.1 pauses and looks directly at the interviewer for direction FH1.2.1 pauses while she thinks FH 1.3.1 pauses then changes direction	Not supported by datum 2 except 1.2.1
2.	found it very difficult	2.1 it is difficult for her to talk about this 2.2 upset 2.3 embarrassed	FH 2.1.1 to get a job while pregnant FH 2.2.1 to decide what to do about the pregnancy FH 2.3.1 to find a doctor as she is a single mother	Not supported by future datum
3.	to tell my partner,	3.1 She is smiling and is very pleased with his response which he tells us next 3.2 it is difficult for her to talk about this, she is upset, thinking about partners response 3.3 He is not important now, thus she says this with amusement	FH 3.1.1 she tells us what partner says, he wants the baby and is delighted FH 3.2.1 she tells us what partner says, he is horrified FH 3.3.1 Laughs at herself for worrying as he means nothing now	Not supported by future datum in the micro analysis, we do not learn about partner's response
4.	I was afraid	4.1 feels the fear	FH 4.1.1 cries	FH 4.1.2

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	to tell him.	she felt then, again 4.2 reports this it does not trouble her any longer 4.3 she says this with surprise	FH 4.1.2 explains/ rationalises why she was afraid at the time FH 4.2.1 shrugs her shoulders FH 4.3.1 laughs	Supported by Datum 5 and 6
5.	I was 34.	5.1 Report short, fact 5.2 Argumentation, she is thinking I shouldn't have been so afraid because of my age	FH 5.1.1 I shouldn't have been so worried I was a grown up FH 5.2.1 Looking back, I shouldn't have been so afraid because of my age	EH 5.2 Supported by Datum 6
6.	and I suppose I was a bit old	6.1 reflective 6.2 surprises herself 6.3 depressed	FH 6.1.1 argumentation justifies her feelings then not telling her partner FH6.1.2 melancholy, down on herself about this FH 6.2.1 laughs, wasn't I so silly looking back FH 6.3.1 see 6.1.2	Not supported by future datum, she is talking about her mother now
7.	but I was still	7.1 tries to present her case 7.2 argumentative 7.3 pleading with the interviewer to listen to her point of view	FH 7.1.1 Talks more about not telling her partner FH 7.2.1 sure about telling my sister FH 7.3.1 anxious talks more about not telling people	FH 7.3.1 Supported by Datum 8 She calls him her partner but does not tell him or is afraid to tell him about the pregnancy,

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				contradiction
8.	terrified to tell my mother	8.1 feeling the fear again, still feels the same as then 8.2 feels so different now, she is surprised/amused	FH 8.1.1 tells us how she didn't tell her FH 8.2.1 But when I told her she was supportive	FH 8.1.1 Supported by datum 9 FH 8.2.1 Not supported in this segment
9.	so I didn't tell her,	9.1 quietly 9.2 embarrassed 9.3 laughs, she is in a very different place now	FH 9.1 tears FH 9.2 head down, pauses FH 9.3 bright now and smiling, talks about eventually telling her	Not supported
10	and I -	10.1 reflective, thinking 10.2 looks at the interviewer while saying this to gauge a reaction	FH 10.1.1 pauses, trying to remember FH 10.2.1 I didn't tell anyone at all FH 10.2.2 Someone saw me at the doctors and it all came out, it was a relief	10.2.1 Supported by Datum 12 Others not supported
11	believe it or not	11.1 smiles, surprised herself, knows that she will surprise the interviewer 11.2 disgusted at herself almost chokes on the words, this believe it or not is to let the interviewer that she is now not happy with herself and how she behaved then	FH 11.1.1 I didn't tell anyone at all FH 11.2.1 she found out anyway and was really upset	FH 11.1.1 Supported by Datum 12 Others not supported I noticed that this is a phrase she uses reasonably frequently in her narrative.
12	even though say things now	12.1 refers to the way things are now, things were	FH 12.1 I didn't tell anyone at that	Supported by datum 13

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		different then, again justifying her position	time	
13	– I never said it to hardly anybody	13.1 strong statement, knows it's unusual 13.2 amused 13.3 upset again at how she way alone	FH 13.1.1 until I was 6 months pregnant FH 13.2.1 until I gave birth FH 13.3.1 until finally someone suspected and that was a relief	Not supported
14	except to one good friend	14.1 only told one person, amazed at her own secret keeping abilities, upbeat 14.2 highlighting that she was all alone, melancholy	FH 14.1.1 talks about when other people found out FH 14.2.1 she was a great friend FH 14.2.2 She betrayed me and told people and that's how they found out and now we don't speak	Not supported in this segment
15	who I worked with in the school I was in	15.1 bringing it back to work, which is very important to her 15.2 Work being the reason that he had to keep a secret	FH 15.1 Talks about how work and that focus got her through the stressful times FH 15.2.1 Talk s about work finding out and getting fired FH 15.2.2Talk about work finding out and se is embarrassed and ashamed but she keeps her job	Not supported -she goes on to talk about going to the doctor and confirming the pregnancy, her first step towards coming out

5. Evolution of Case History for Mary, Interview 6

Topics

The topics that Mary touches on in her interview, broadly, in order of appearance are: her work, her pregnancy, her family and support, her partner, the stigma of being an unmarried single mother, the maternity services and the doctor she encounters during her pregnancy, her health and the birth of her son, her child. The main themes that emerge are her pregnancy as a single woman 'single pregnancy', her relationships with family & work in this context, and interactions with work, social welfare, state, maternity services in the context of her pregnancy. The mood of the interview is emotional, overwrought, hushed, and secretive as the interviewee still worries about her identity being revealed 13 years later (Quiet tones throughout sub-session 1 and this is made explicit in sub-session 2 lines 6-8). Mary begins her narrative in sub-session one from the point of view of Mary the Teacher who just lost her job (Segment 2). She then continues her story as the pregnant woman, who realises her pregnancy but ignores it for a period as she prepares to face it (Segments 3-10). She alternates between these two subject positions and that of the vulnerable pregnant woman for most of the first three quarters of the narrative (until Segment 36). The vulnerability is present because of her single status as a pregnant woman (segments 13, 14, 20, 21, 26-31, 33-35).

Biography

The biography that Mary presents in her interview can be divided chronologically into five main segments, 1. early life of which we know very little, 2. her career which is clearly very important to her, 3. her early pregnancy where she ignores it and 4. her pregnancy where she has come out and faced it, and 5. finally the birth of her child.

Mary was born in 1962 in the country side on a farm near a small town. Her experience of growing up was in rural Ireland. As a child /teenager she lived on the family farm with her parents. Her father died when she was relatively young but she does not mention this at all in the interview. She has one younger sister whom she refers to as her younger sister. Her parents were strict and she was not allowed to go out socially in the city as a teenager. Her parents were very sociable people though her mother didn't drink. She doesn't drink now. The family home was open to visitors and she had friends in the house when growing up.

In the late 1970s, early 1980s she trained as a teacher. She travelled outside Ireland in her 20s. From 1994-1996, Mary worked as a teacher in large city in Ireland, she felt that there was a possibility of permanency. However, in 1996 she lost her job, along with other teachers in that school. She was very disappointed. She taught English for the summer. Mary applied for jobs for September and she secured a job for September teaching in a private school. It would have been a high pressured job with all Leaving Cert Classes.

Towards the end of the summer she was not feeling well, and she began to suspect that she was pregnant so she declines this job. She did not tell

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anyone about suspected pregnancy. Luckily, during the first week in September, a Principal at another school invited her, through another teacher, to apply for a job. Almost immediately she started work covering for a teacher who was to have an operation and would be out until the spring.

In September, Mary went to the doctor. Her pregnancy was confirmed – she was 13 weeks pregnant. Mary was not happy with her doctor or the way he treated her which she said was like a teenager with no life experience, not a woman of 34, a qualified and experienced secondary school teacher, a professional like himself. Despite her unhappiness with his services though she does not complain nor change doctors. Mary suffered from high blood pressure throughout the pregnancy which she says was exasperated by the stress of visiting the doctor that she doesn't like. Mary decides to attend an antenatal clinic in another city as she knows too some nurses and doctors in the local hospital. She decides to have public care as she does not have private health insurance she does not have a permanent job.

Between months three and four of her pregnancy, Mary told her partner. He states that he reacted supportively 'at first'. She went to the employment exchange to apply for maternity benefits, where a clerk shouts maternity benefit here across the room. She found this very distressing and embarrassing and upsetting. She feels that her privacy and her dignity were violated. Later when she applies for lone parents allowance she was visited by a male clerk at home. She feels that he did not treat her well and words were exchanged where Mary stood up for herself.

In late October/November, Mary's landlord wants his house back so she and her sister have to move out. She spends Christmas at home in her parents' house, still nobody in her family or workplace knows of her pregnancy. She is about 5 months pregnant at this time. This represents about mid-way through her sub-session one narrative.

The second part of the narrative sees a shift and we meet for the first time Mary the Irish citizen (segment 32) as she asserts her strong views on the Irish health system. She felt that those who had permanent jobs should take out private health insurance to leave space for those who needed to go public. We then meet Mary the assertive pregnant woman (segment 36). There is a distinct change in her attitude to her pregnancy and herself during her encounter with the Lone Parents Allowance inspector in the winter time. When he comes to visit her home she felt that *'he treated me as if I had no intelligence whatsoever, that I had never owned anything in my life, ehm... that I was just one of these, another pregnant person in his eyes with a baby who wanted to live off the state and at that stage I was stronger, a stronger person, and I challenged him and I said to him "You will not treat me like this and you will behave properly and appropriately towards me and I am entitled to this allowance and in no way will you decide for me what to do and what not to do. Your job is to take my details and see it through" and ehm I think I was entitled to say that to him. So eh... that happened then and the Lone Parents came in'*. By the end of this segment her voice is stronger. In going into this experience she reasserts herself, perhaps regains part of

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what she has lost with the shock of the pregnancy and ends this segment a stronger single pregnant woman.

It is around this time in the pregnancy and in the narrative that she finally tells her sister. Her sister tells her mother who comes to visit straight away and is very supportive. She becomes emotional talking about this support. However the school do not know at this point, nor do they find out. Mary continues working teaching over three different floors in the school up to when she is 7 months pregnant and then leaves. No one in the school knew that she was pregnant. She spoke the teacher that she had replaced and they came to an agreement about her return that would keep the school happy and uninformed of Mary's pregnancy. At this time she was living with her partner which she said was nice, it gave her security to have someone there in the evening.

Not long after she finished work she was admitted to hospital with pre-eclampsia. She had to stay for 3 weeks in the hospital and gave birth to a baby boy, 10 days early by caesarean section. She was very sick after the birth but recovered well, though she couldn't drive after the birth, went for mentions going for walks. She states again towards the end of the interview that her partner was very immature and not responsible, so as time went on, she says she 'left him behind'.

Subjectivity

Mary's subjectivity moves through five during sub-session one. Phase 1 is her early life – up to losing her job, pre pregnancy which she introduces us to very briefly at the start of the story. She was just living her life, following a laid out path, college, teacher, travel, work. The second phase is about discovering her pregnancy, and coming to terms with it as she conceals it from everyone, and continues to try to look for work, and start a new job. The third phase emerges from when she goes to the doctor she starts to face up to the pregnancy. She slowly begins to show signs of coming to terms with the pregnancy. She does this through action, she tells her partner, applies for Maternity benefit, stands up to the LPA inspector, this strengthens her. The fourth phase demonstrates a shift, she tells her sister, comes out to her family, enabled by all the other steps she has taken. In the fifth phase she leaves single motherhood and enters motherhood, which is where she is now, her present state of subjectivity. Mary's subjectivity moves from doing what was expected to taking a new and difficult path. This stalls her at the start and it takes her a while to accept and face the new direction or challenge. When she finally does, mid-way through her pregnancy after her interaction with the LPA inspector where she stands up for herself and she tells her family he moves away from being a 'single mother' and characterises herself more as a 'mother'.

Mary begins her narrative by talking about her work and she ends sub-session one by talking about early motherhood and the commonalities with other mothers both married and unmarried. Her experience of single motherhood it appears is housed between these two parts of her life; she goes from teacher to concealed unmarried single pregnancy to motherhood.

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She ends her sub-session one by talking generically/normatively about the experience of early parenthood and the commonalities with other women. This final topic appears to be the end her 'experience of single motherhood' as in segment 46 she reflects on how hard it is for single mothers, she tells it as a strong unmarried single mother, or perhaps just a mother? Having gone through various subject positions she ends the narrative as a mother. In the final sections of the narrative (Segments 36-46) we meet Mary the mother four times (Segments 38, 41, 42, 45).

Text Sorts

Mary's story is characterised by the text sorts she uses to tell her story. By far the most common text in her story is narrative (including high level narratives which this method seeks such as general Incident narratives and particular incident narratives). Narratives account for 43% of her sub-session 1. Description (Wengraf calls de-historicised potential narrative) accounts for 26% of the sub-session 1. Report, which Wengraf says could be, described as thin narratives (AND from p. 254, Wengraf, 2001 more detail from 252-255) accounts for 9% of sub-session 1. Evaluation accounts for 7% of sub-session 1. Argumentation accounts for 15% of sub-session 1. These figures are created to give an approximate feeling of the style of the narrative generated by Mary in sub-session one. They are created from the lines allocated to text in the Transcript for BNIM analysis document 1 and the TSS document and are rounded to the nearest whole number.

At first glance, it seems that Mary's story is up and down with long flowing narratives followed by short reports where she eases the tension and takes a break from the emotional drama that still affects her now 13 years after her pregnancy. This is true. Mary's story comprises of lengthy descriptions and narrative language followed by short reports or evaluations. There are mostly long sections, flowing. Yet in her story she alternates between Fact telling and drama. She tells little bits of information about the emotional topics, moves back and forth between topics, and never gets too involved in telling about one thing. Upon closer inspection we see she does have deep in PINs around particular moments that still affect her such as telling her partner, dealing with the EE and the SW. She also uses argumentation to communicate her strong views on certain subjects such as her concealment of her pregnancy from her partner initially and from her family and work for much longer. She also uses argumentation to talk about her views on health insurance and stigma. She separates herself from other single mothers by her age and her social class – she says 'I have assets' and later in ss2 'as if I never owned anything in my life'.

On the first listening it appeared to be a negative story, very up and down, emotional, and painful almost difficult to listen to. But with more careful reading it appears to be a story to change, rite of passage, growing up or asserting oneself and one's voice. The pregnancy gives her strength (in the pregnancy she finds strength??) to forge or create her own life, but it is a hard slog.

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The key words that emerged from the TFA panel were: concealment, strength, ability, resilience, breaking through. They feel she is dramatic, resilient, passionate, stubborn, secretive, ashamed, scared. The images that emerged from the TFA panel were: 1. Radio waves, some strong some weaker; 2. fish emerging from a pond and disappearing back down again; 3. an island in water/ a desert oasis, 4. Something/someone emerging through a door very slowly; 5. Graph, high points and low points, downward tendency overall. Having done further analysis I can see that the panel were very accurate in their understanding of the text.

Appendix V

Appendix V- BNIM 4 Column: Mary (Societal context, BDA phases, Subjectivity Phases, TFA) for BNIM case-summary

Objective Data		Subjective Data	
Broad historical-societal context	Biographical Data Analysis: Phases of the lived life	Subjective phases – mutating Subjectivity at the time of experiencing (hypothesis)	Thematic Field Analysis – structural analysis of the Telling of the Told story
<ul style="list-style-type: none"> 1962, an agrarian society with 35% of the total workforce in agriculture Population and state still heavily influenced by the Catholic Church (with over 95% of the population identifying as Catholic) Economic depression, emigration and unemployment were a feature of the period of her early life (until late 1990s when she gave birth to her son) Politics was dominated by the Fianna Fail up until the 1980s 1965 Succession Act, widows entitled to 1/3 of inheritance estate Free secondary education was introduced in 1967, participation in second level education rose quickly, completion of second level education among the farmer classes rates rose most significantly 1973 social welfare support to unmarried mothers 1974 marriage bar lifted 1976 Equal Pay Act 1982 Eileen Flynn Case – a teacher is fired for becoming pregnant when unmarried 	<p>Phase 1: Rural farming Childhood 1962-1980 Rural upbringing, large family, strict parents</p> <p>Phase 2: College/Travel/Work 1980-83 Teacher Training College Early 1990s- Travel/Worked Abroad 1994 -1996 Working as a teacher, socialising</p> <p>Phase 3: Pregnancy Summer 1996-September 1996 loses job, discovers pregnancy and in denial of the Pregnancy, makes choices about work, starts a new job September 1996-January 1996 Goes to doctor, confirms pregnancy, tells partner. Conceals Pregnancy from family, friends, work. Tells only cousin and one 'friend' at work. Goes to another city for maternity care, Makes preparations for pregnancy: goes to EE January-March 1996 Coming Out, Tells sister, mother finds out, Incident with the Lone Parents Inspector, Finishes work, Pregnant in hospital</p> <p>Phase 4: Mother March 1996- New Mother NOW – mother of 14 year old boy</p>	<p>Phase 1: Childhood – middle class upbringing Goes to college without much mention about it, becomes a qualified teacher <i>'I was out teaching and working and having a social life, sharing a house with my sister, not thinking of family life [smiles] and the future'.</i></p> <p>Phase 2: Early pregnancy Shocked Terrified about telling people <i>'I eh... found it very difficult to tell my partner, I was afraid to tell him. I was 34 and I suppose I was a bit old but I was still terrified to tell my mother so I didn't tell her,'</i> Keeps pregnancy a secret <i>'I can't say this ever'.</i></p> <p>Phase 3: Later pregnancy recognises social positionality and resources <i>'of course my mother had to find out and I knew I had some assets at home so I would be o.k'.</i></p> <p>Phase 4: Accesses resources Mother <i>'couldn't have been better'</i> – yet she also conceals it from her community</p> <p>Phase 5: Ordinary Mother <i>What I found difficult was when I came out of hospital, and most women find this difficult, whether you're a single parent or what ever you</i></p>	<p>I I can't say this ever Mary the teacher who discovers that she is pregnant, Starts with chronological order using work and pregnancy as structuring devices. Moves back and forth between topics: Work, decision to conceal, confirmation, interactions with her cousin, sick, partner, moving house, rationale for concealment, (Narrative with PINs about the time; cousin, doctor, partner, some argumentation around concealment)</p> <p>II Adversaries: doctor, Cura rep, arguing now for her former self <i>'when these things [being pregnant, without support] happen you feel that you could be alone'</i> <i>'... I always regretted, had I met somebody like him it would have been so different'</i> (Mostly argumentation)</p> <p>III Support: Midwives, 'Younger' Sister, Mother, Teacher she replaced in the school <i>'she couldn't have been better'</i> (Contradictions as her mother conceals Mary's pregnancy too) Becomes emotional during this phase (Narrative with PINs)</p> <p>V Resolution of her story,</p>

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<ul style="list-style-type: none"> • 1983 pro-life amendment in the constitution • 1984 Ann Lovett and her baby die in a grotto • 1984 Kerry Babies case • 1985 Liberalisation of the sale of contraceptives • Lone Parent Allowance Payment (1990) amalgamates all payments to women and men parenting alone for whatever reason • 1992 X case, right to travel for an abortion • 1995 Right to information on abortion services abroad • Extra marital births rise from 5% in 1980 to 11% in 1990 to 30% in 2000 		<p><i>are, if you have a Caesarean, '</i></p> <p><i>'I wasn't afraid of babies because I was used to minding children, it didn't make any... you know huge impact to me in that case, I was able to take my little boy and mind him and do what ever I had to do, take him out, drive, do everything.'</i></p> <p><i>'that is 13 years ago and my son is giving us great pleasure. He is great fun, '</i></p> <p>Now perspective = Contradictory perspective I should have had more support, I'm understand why I didn't get more support and buy into this (see why it was undeserving of support); I don't want this for my child, I'm not sure I could be understanding</p> <p><i>'I'm hoping that I would be understanding. Even though I said to my son "I hope you're not a Daddy for a long time yet, for your own sake"'. </i></p> <p><i>'it's probably the way [judgemental about pregnancy outside of marriage] I would have been, had it not happened to me'.</i></p>	<p>Moves about between topics:</p> <p>Work, Birth of the child, Irish healthcare, compares herself to others (Narrative, evaluation)</p> <p>VI Interaction with EE and SW 'Shaming' experience in the EE</p> <p>Asserts herself with the LPA clerk</p> <p>(Narrative with PINs with short argumentation)</p> <p>VII Thereafter Neighbours, Work, Relationship between her son and his grandmother. Evaluations of the way things are for single mothers (Description)</p> <p>Sub-session Two (Any sort of differences from ss1?) Similar narrative flow, argumentation when talking about concealment or her partner</p> <p>Omissions – father, other family members, connecting with family afterwards</p>
Very brief summary of socio-historical context	Very brief summary of BDA pattern	Very brief summary of inferred pattern of mutating subjectivity over the lived-life period	Very brief summary of TFA and how it related to the interview as a whole
Massive economic change Massive social change – education, family structure, social policy with regard to women, contraception, one parent families	Middle class upbringing, middle class security, life mapped out ahead, Unexpected pregnancy brings insecurity, concealment of pregnancy initially, actively prepares for the birth but privately, post birth = mother	<p>6 phases</p> <p>Pre-pregnancy – undisrupted middle class life</p> <p>Early Pregnancy – massive upheaval, visibly an unmarried pregnant 34 year old teacher, trauma, felt stigma, self-imposed stigma</p>	<p><i>I I can't say this ever</i></p> <p><i>II Adversaries: doctor, Cura rep</i></p> <p><i>III Support: Midwives, 'Younger' Sister, Mother, Teacher she replaced in the school</i></p> <p><i>V Resolution of her story,</i></p> <p><i>VI Interaction with EE and SW</i></p> <p><i>VII After the birth</i></p>

Appendix V

		<p>Later pregnancy – Recognises resources, many contradictions, time of transition, Later pregnancy- accesses resources Post-pregnancy – I am a mother,</p> <p>Narrative of self-differentiation developed from phase 3 as a coping mechanism for the pregnancy</p> <p>Contradictory now perspective- ambivalent about unmarried motherhood</p>	<p>Contradictory now perspective- ambivalent about unmarried motherhood</p>
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Appendix VI

Appendix VI - Biographic Data Chronology

The 'Biographic Data Chronology' BDC is the preparatory material for the biographic data analysis and is prepared in advance of the Biographic Data Analysis Panel Workshop. It is constructed by the researcher using the raw transcript and it follows the chronology of the events in the life rather than the order in which they appear as data in the interview. It records and describes (codes) the key events, actions, the objective facts in the interviewee's life. Life sequentialization of the evolution of objective life events produces an intermediate document from which the interpretive panels take place.

Time	Biographic Data from interview transcript
1962	Born in rural Ireland
	Lived on a farm as a child /teenager, rural area near a large city and near provincial towns, She has one younger sister Strict parents, not allowed to go out in the city Parents sociable, mother didn't drink Family home open to visitors, friends in the house when growing up
Early 1980s	Trained as a teacher
	Travelled outside Ireland in her 20s
1994-1996	Working as a teacher in large city in Ireland, possibility of permanency
1996	Lost job, along with other teachers
Summer 1996	Taught English for the summer
September 1996	Secured a job for September teaching in a private school (High pressure-All Leaving Cert Classes)
	Not feeling well, suspects that she's pregnant, keeps fears a secret
	Declines private school job
September 1996	First week in September, another school Principal invites her to apply for a job
	Starts work covering for a teacher who will have an operation
September 1996	September: Goes to the doctor, pregnancy confirmed, 13 weeks pregnant, decides to keep the baby, keeps pregnancy a secret
	Suffers from high blood pressure throughout the pregnancy

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	Decides to attend antenatal clinic in another city as knows too some nurses and doctors in the local hospital, goes public
	Tells partner about pregnancy
	Goes to the employment exchange to apply for maternity benefits, where a clerk shouts “maternity benefit here” across the room
	Applies for lone parents allowance, male clerk visits home, sharp exchange
October/November	Landlord wants his house back so they have to move out
Christmas	Spends Christmas at home in parents’ house with partner
	Tells sister of pregnancy
	Sister tells mother
	Sister moves out Mothers (plural) come to visit straight away Sister cleans house
Valentine's Day	Continues working teaching over three different floors in the school
	Finishes work in February at 7 months pregnant
	Living with partner
February	Admitted to hospital with pre-eclampsia Stays 3 weeks in hospital
	Has a caesarean section, gives birth to a boy, 10 days early
	Very sick after the birth
	Couldn't drive after the birth, went for walks
	Separates from partner

Appendix VII

Appendix VII - The Six Text Sorts - from GINs to PINs, DEAR (Wengraf, 2012, p. 1026)

From within, and often revealing, the present perspective -	DESCRIPTION As 'done' from now, in the interview', about 'always']	Allegedly eternal qualities of entities, persons, landscapes, systems, contexts – no movement/ no history, no events
'Global' or 'partial' - From within, and revealing, the present perspective -	EVALUATION [As done from 'now', about the alleged 'point' or significance of the 'event sequence']	The 'moral' of a particular story (PIN or Report) or (in case of a "global" evaluation) the 'moral' of the biographical account as a whole, ultimately of the whole life
Present perspective	ARGUMENTATION [As done from 'now', about 'issues']	Theorising, attitude-pronouncing, position-taking, arguing
'Thin Cord' of bare events	REPORT [done from now, conveying a then]	Experience-distant, little or no emotional involvement, bare police report in 'cold fact' terms, as if an 'outsider', like a BDC 'story about'
Pseudo-PINs	GINs (and TINs) And Condensed Situations [done from now, about frequent or 'always' thens]	<i>Generic incident narrative</i> – "the way things always happen(ed)" <i>Typical incident narrative</i> – "imagined-average vignette" <i>Condensed Situation</i> – one image, event, feeling, but a narrative fails to emerge
<i>Episodic</i> (one incident) <i>Epic</i> (many incidents) About-PINs – can be turned into in-PINs	PARTICULAR INCIDENT NARRATIVE (PINs) <i>About-PINs told from a mostly now-perspective</i> <i>In-PINs with part re-living of original experience, partly 'done' from the then-perspective</i>	<i>"So there we are, at the bar..., a Saturday evening...he said...she said...I did...I'm thinking... I'm feeling..... I can see it right now... It's very strange.....Then what happened was... Afterwards I felt.... Quite a critical moment, because...."</i>
Indicate MIXED TEXTSORTS with dominant component first : e.g. " REP/arg "		

Appendix VIII

Appendix VIII – Example of the Text Sort Sequentialization

The 'text sort sequentialization' is the preparatory material for the thematic field analysis and is prepared in advance of the Thematic Field Analysis Panel Workshop. It records and describes (codes) the topics the interviewee speaks about, the changes in these, the text types that are used and the changes in these throughout the interview. Essentially the TSS documents the changing segmental structure of the interview. It is constructed by the researcher using the raw transcript.

Segment	Text Sort	Content/gist
1	Report, lines 18-20, 2 lines	<i>'So I was hugely upset'</i> Told cousin who was also pregnant and a nurse
2	Narrative + GIN, lines 20-24, 3.5 lines	Relationship with cousin was difficult from then on And used to ring me and say eh <i>"I thought you had miscarried because you didn't tell me"</i>
3	Report + Description, 24-25, 1.5 lines	Landlord needs the house back and the girls have to move
4	Description, lines 25-32, 6.5 lines	Describes being ill during the pregnancy and the doctor <i>'giving out'</i> that she wasn't putting on enough weight,
5	Narrative + Evaluation, lines 32-36, 4.5 lines	Got a call during the first week in September from a teacher in a school with the message from a principle to apply for a job. Knew she would only be able to work part of the year.

Appendix IX - Research Information Sheet The Lives of Single Mothers in Ireland

Information Sheet

This information sheet provides information about a research study that is being undertaken by Ciara Bradley in The Child and Family Research Centre, NUI Galway. The research is about the lives of single mothers in Ireland.

Who is conducting this study?

The researcher is Ciara Bradley who is a Doctoral Fellow in the Child and Family Research Centre and a doctoral candidate in the school of Political Science & Sociology, NUI Galway.

What is this research about?

The research is being undertaken as part of a Ph.D. The study is about The Lives of Single Mothers in Ireland.

Who can become involved?

Any one who is a **single, never married mother**.

What are we asking of you?

We are interested in hearing **your story** of single motherhood in Ireland. **You can tell your story in your chosen location, in your own time and in your own way. This will take anything from one to three hours. You can leave the interview at any time or refuse to reply to any questions you do not wish to answer. Participation in the study is entirely voluntary and will only take place once you give consent.**

How will the information be treated?

Only Ciara Bradley will have access to your interview recordings and interview transcripts. All documentation will be treated confidentially and nothing will be published from which a participant could be identified. All information will be securely stored for five years after the completion of the study.

Who can I talk to if I need further advice about participating in the study?

Ciara Bradley can be contacted at the Child and Family Research Centre at 091 495734 or Ciara.Bradley@nuigalway.ie

Many thanks.

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Appendix X

Appendix X – Consent Form

The Lives of Single Mothers in Ireland

Consent Form

1. I have understand the research that is being undertaken and the purpose of this interview.
2. I understand that my interview will be used in research for a PhD and other academic publications.
3. I understand that all information will be confidential and I will remain completely anonymous.
4. I agree to my participation in this interview, to have it recorded and transcribed.
5. I understand that I am free to leave the interview at any time and can refuse to answer any question should I wish to do so.

Signed: _____

Please Print Name: _____

Date: _____

Appendix XI

Appendix XI: Example of Interpretative Panel Confidentiality Form

**Biographic Chronological Data Interpretive Workshop
Confidentiality Form for Panel Participants
(Interview 6 – February 13th, CFRC, NUIG)**

I agree to keep any information that may emerge in the Biographic Chronological Data Interpretive Workshop about a research participant or others in the panel confidential.

Signed _____(Participant) Date _____

Signed _____(Researcher) Date _____

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