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“Celebrating diverse motherhood”

Physically disabled women’s counter-narratives to their stigmatized identity as mothers

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Abstract

This study examined how disabled women negotiated their stigmatized identity as mothers by presenting counter-narratives to the culturally dominant narrative of disabled motherhood. Eleven Finnish physically disabled mothers were interviewed. The data were analysed by focusing on these counter narratives, their linguistic features and their functions in the interviews. The disabled mothers produced four types of counter-narratives about their motherhood experiences: 1) celebrating diverse motherhood through individual coping, 2) performing motherhood through collaborative caring, 3) boosting motherhood through praising one's children, and 4) normalising (disabled women's) motherhood through identifying with the mother community. All the counter narratives included explicit or implicit references to the culturally dominant narratives of disabled motherhood, but instead of taking their stigmatized identity for granted, they adopted a critical position towards it. Producing counter-narratives enabled the disabled mothers to position themselves as good mothers and care-providers, and not as questionable mothers or recipients of care.

Key words: motherhood, disability, counter-narrative, stigma, narrative research

Introduction

Motherhood can be claimed to be 'one of the most dominant cultural narratives', as it includes strong and relatively permanent normative ideals about how to behave in the maternal role (Andrews, 2004; Miller, 2005; Frederick, 2017). Good mothers are supposed to love and care for their children self-sacrificingly, create a stable family environment, and take responsibility for the whole family's well-being (Hays, 1996; Arendell, 2000; Tardy, 2000; Choi et al, 2005; May, 2008). In many Western countries, good motherhood is above all defined by the ideology of intensive motherhood, which means that motherhood is child-centered and demands much time, constant involvement, and a lot of emotion work and energy (Hays, 1996). Caring is thought to be substantially linked to femininity, which constructs motherhood as a master status as well as a 'natural' identity for all women (Arendell, 2000). Although the ideology of shared parenthood stresses gender equality and the capability of men to perform the same kind of nurturing as mothers in early care, the culturally dominant narrative of

good motherhood continues to emphasise the primacy of the woman's role in childrearing (Hays, 1996; Perälä-Littunen, 2007).

Despite its dominance, several scholars consider the cultural narrative of a good motherhood problematic and rigid, and have criticized it for several reasons (Miller, 2005, 2007; Sevón, 2007; May, 2008; Kerrick and Henry, 2016; Frederick, 2017). Mothering has been described as an ambivalent experience, embodying both positive feelings of joy or satisfaction, and negative feelings of exhaustion and incompetence (Tardy, 2000; Choi et al, 2005). Therefore, feminist research has questioned the master narrative of motherhood as oppressive and unnatural, even unachievable for all women (Tardy, 2000; Choi et al, 2005; Miller, 2005, 2007). The idealization of mothers has led to their being targets of blame and scrutiny, and as Sevón (2007) argues, has two distinct impacts on mothers' everyday lives: it leads mothers to pursue intensive mothering and creates a moral imperative that leads mothers to reflect on the quality of their mothering (see also Tardy, 2000; Miller, 2005, 2007; Perälä-Littunen, 2007; Kerrick and Henry, 2016).

The demand that women reflect on their motherhood has special relevance for various minority groups, such as disabled mothers, whose motherhood is culturally excluded from the ideal of 'perfect and normal motherhood' (see Frederick, 2017). According to Frederick (2017), earlier research on motherhood has mainly ignored disabled women, a group of mothers who find themselves at odds with the narrow standards of normalcy embedded in modern motherhood ideologies. In addition, due to the pathologization of disability, disabled women are usually perceived as genderless persons or 'risky mothers' whose disabled bodies are not capable of producing healthy children and who encounter more barriers in their motherhood than mothers on average (Prilleltensky, 2004; Malacrida, 2009; Shpigelman, 2015; Frederick, 2017).

The present study focuses on the stories Finnish physically disabled mothers told about their motherhood and how, by producing counter-narratives against the dominant negative cultural

meanings of disabled motherhood, they sought to negotiate and resist their stigmatized identity (see Juhila, 2004; May, 2008). Counter-narratives are produced when people's experiences are not in alignment with the culturally dominant narratives in which they are invited to position themselves (Andrews, 2004). Thus, counter-narratives enable people to present themselves as morally acceptable members of their culture (May, 2008) and to challenge dominant social norms on how one should live in everyday life situations (Andrews, 2004). This study reveals the cultural resources that disabled women drawn on to convince others of their goodness as maternal carers despite the culturally problematic 'spoiled' identity that attaches to them as mothers (see Goffmann, 1986; Juhila, 2004). Our research questions were the following: (1) What kinds of counter-narratives do disabled mothers produce that challenge the dominant cultural narratives regarding disabled women's mothering? and (2) How do disabled women position themselves in different counter-narratives?

Disabled women's stigmatized identity as mothers

The notion of being a good mother has traditionally been applied only to white, heterosexual, abled, married and often middle-class women, while those excluded from the opportunity to become such proper mothers, including disabled mothers, are objects of mother blame or are positioned as 'bad mothers' (Arendell, 2000; May, 2008; Malacrida, 2009; Frederick, 2017). Goffman (1986) proposed the concept of stigma, that is, a public mark of one's tainted status, to illustrate the consequences of this kind of social devaluation based on an identity that deviates from the norms. He linked stigmatized identity to the culturally dominant categories that define people's position and give them social identity. Thus, people with a stigmatized identity are viewed negatively as persons who have failed in their lives or cannot meet the cultural expectations for living a good life, such as performing ideal motherhood (see Juhila, 2004; May, 2008).

The stigmatized identity of disabled women as mothers has been foregrounded by several studies that have reported on both the physical and psycho-social challenges disabled women with diverse

impairments encounter when seeking to construct an identity as a competent mother (Prilleltensky, 2004; Malacrida, 2009; Payne and McPherson, 2010; Aune, 2013; Shpigelman, 2015; Frederick, 2015). With respect to *physical challenges*, disabled people are generally viewed in light of the medical model of disability, which characterises disability as a problem to be cured or eliminated (Williams, 2001; Frederick, 2017). This discourse defines the impairment as a medical and social risk to the welfare of either the woman herself or her baby. This carries the implication that the mother's impairment will be passed on to the next generation, and has led to the imposition of restrictions on the reproductive freedom of women with certain impairments (Thomas, 1997; Prilleltensky, 2004; Lappeteläinen et al, 2016). In addition, living with an impairment has been thought to have a negative impact on a disabled mother's children by weakening her natural capacity to properly fulfil her ability to nurture (Thomas, 1997; Prilleltensky, 2004). Disabled women have thus been positioned as passive recipients of care dependent on their partners, social services or even on their children, rather than as active and independent caregivers (Grue and Lærum, 2002; Malacrida, 2007, 2009). At worst, disabled mothers' children have been negatively labelled 'young carers' who will inevitably assume caring responsibilities for their parents. Similarly, their families have been identified as 'up-side families' because of the assumed role reversal in caregiving (Olsen and Clarke, 2003; Malacrida, 2009; O'Dell et al, 2010; Rose and Cohen, 2010).

In contrast to the medical model of disability, the social model of disability emphasises the role of social circumstances and material structures in the physical challenges faced by disabled mothers (Thomas, 1997; Grue and Lærum, 2002). In this model, disability is differentiated from impairment and is defined as any exclusion from mainstream activities imposed by a society which is unable to acknowledge the diversity that exists between individuals (Oliver, 1990). The social model of disability emphasises the role of the environment, which has been found to influence disabled mothers' possibilities to participate in every-day life with their children and cope with maternal tasks such as childcare and housekeeping (Grue and Lærum, 2002; Malacrida, 2007, 2009; Aune, 2013).

For instance, Malacrida (2007, 2009) found that disabled mothers' possibilities to provide adequate nurturance were weakened by the inaccessibility of their homes and the unsuitability of the built immediate environment (for example, poorly planned parks and kindergartens).

In addition to physical challenges, disabled women have been reported, above all, to experience various *psycho-social challenges* related to their mothering abilities. Professionals have been found to problematise disabled women's motherhood by labelling their pregnancies as undesirable (Walsh-Gallagher et al, 2013; Lawley et al, 2015) or by disputing their maternal skills (Frederick, 2015). Malacrida (2007, 2012) argues that, in consequence, disabled mothers seeking services and help are burdened in two distinct ways. First, the delivery of disability services may involve heightened scrutiny by other people and health care professionals, rendering them more vulnerable to mother-blame. Second, disabled mothers have often been found to receive inadequate services or inappropriate treatment, indicating underestimation of their motherhood (see also Thomas, 1997; Aune, 2013; Shpigelman, 2015; Frederick, 2015, 2017).

In general, disabled women seem to be aware of the ideology of ideal motherhood and how they are regarded as deviating from it, as this has been found to influence the ways in which they perform their motherhood. Disabled women may resist their stigmatized identity by performing compensatory mothering, that is, trying to hide their bodily difference or to be a supermom, in order to gain acceptance in the motherhood community (Thomas, 1997; Grue and Lærum, 2002; Malacrida, 2009; Shpigelman, 2015). This can lead to a situation in which disabled women live with the fear of losing the right to care for their children if they do not exemplify 'ideal performance' or live up to other people's expectations (Thomas, 1997; Grue and Lærum, 2002; Frederick, 2017, see also Goffman, 1980). In some cases, a mother's disability status has been used as an argument to remove her children from her custody, especially in the case of mothers with intellectual disability or mental health problems (Malacrida, 2007, 2009). To avoid the medical stare and surveillance of professionals

(Frederick, 2017), disabled mothers have even refused help so as to be perceived as good enough mothers. (Thomas, 1997; Grue and Lærum 2002).

Earlier research also shows how disabled mothers have met the above-mentioned challenges by developing their own specific coping strategies in childcare arrangements, accepting the limitations imposed by their impairment and resisting the label of a ‘bad mother’ (Malacrida, 2009; Payne and McPherson, 2010; Shpigelman, 2015). Many studies have reported on the strong commitment shown by disabled mothers to the care of their children and their attempts to shield them from any burden related to their impairment (Prilleltensky, 2004; Malacrida, 2007, 2009; Payne and McPherson 2010; Shpigelman, 2015). In addition, being a mother has been found to strengthen disabled mothers’ abilities and enable them to develop a positive identity as a disabled woman (Malacrida, 2009; Payne and McPherson, 2010; Lawler et al, 2015; Shpigelman, 2015). Thus, disabled women may view their impairment as an empowering characteristic, that is, as a factor which has a positive influence on both mother and child by teaching them resilience and trust in their resources to overcome future challenges (Grue and Lærum, 2002; Prilleltensky, 2004; Malacrida, 2009; Shpigelman, 2015). These findings do not support claims that a mother’s impairment has negative impacts on her children.

Method

Participants and data collection

This study draws on narrative research, which explores how people actively make sense of their life experiences, thoughts and feelings through narratives (Miller, 2005, 2007). The data were collected by interviewing sixteen Finnish physically disabled women. The call for the study was published in the national journal of the Finnish Association of People with Mobility Disabilities, with the aim of reaching participants from a specific group, namely, physically disabled mothers. Twenty-four women with diverse physical impairment backgrounds answered the call, and sixteen were selected to be interviewed. This was due to the funding and time resources available and preliminarily data

saturation assessment concerning our analytical foci on opting for motherhood and on everyday mothering (see Patton, 2015:271). Eleven of the interviewed women were disabled before the birth of their children and five women had become disabled since childbirth.

This article reports the findings for the eleven women who were disabled before becoming a mother and whose identity as mothers might thus have been culturally stigmatized from the beginning of motherhood in comparison with the women whose impairment occurred only after their children's birth. Five of the eleven women had a mild physical impairment, which had only a minor impact on their everyday life while the other six women had a moderate physical impairment, which significantly restricted their mobility. The participants ranged in age from 31 to 57 and had one to three children aged 2 to 30 years at the time of the interviews. Eight mothers were living in heterosexual relationships, two were divorced and one was single. Three mothers had a university degree and eight had vocational training. Four mothers were employed, four were retired for health-related reasons and three were on child-care leave (see table 1). Three of the women identified themselves as disability activists. To protect the participants' privacy, no details or diagnoses of their impairments are given.

Table 1 The participants

Pseudoname	Age	Children's ages	Marital status	Level of impairment
Jenna	31	8, 5	married	moderate
Kerttu	37	2	single	mild
Kaarina	47	24, 22, 15	married	moderate
Teija	31	3	married	moderate
Taina	57	30	divorced	mild
Anja	43	15	cohabiting	moderate
Helena	41	8, 6, 3	married	mild
Sinikka	46	6, 3	married	mild
Marjatta	55	27, 23	married	mild
Merja	34	12, 7	divorced	moderate
Saara	41	15, 11, 8	married	moderate

The first author conducted the interviews following the guidelines set for narrative and thematic interviews (Riessman, 2008). The interviews started with a broad opening question such as “Tell me about your life when you began to feel like having children.” The participants were then invited to talk freely on the interview themes, which included their childhood experiences, choosing to become mothers, everyday mothering, their couple relationship and their future plans as mothers. The interviewer sought to be as sensitive as possible and avoid interrupting the mothers' narration too much. The interviews lasted from one to two and half hours and were carried out in the participants' homes. They were audiotaped and transcribed verbatim.

The Finnish Association of People with Mobility Disabilities gave ethical approval for the study. The participants were informed of the purpose of the study before giving their informed consent. They were assured that the information they gave would be treated confidentially and used for this study alone. In addition, they were given the possibility to receive a written transcript of their own interview and to withdraw from the study at any time. All names of the participants and their family members used in this article are pseudonyms.

Analysis

When we studied the women's narratives about their everyday mothering, we found that, instead of purely describing their everyday motherhood, the mothers frequently referred to the cultural prejudices they had faced regarding their competence as mothers and produced narratives countering this stigmatization. The eventual focus of the study, i.e, identifying and classifying these counter-narratives along with their linguistic features and function, thus emerged during this phase of the analysis. The specific criteria used to identify the counter-narratives were the following: 1) references by the mothers to the culturally dominant and often stigmatizing narratives of disabled motherhood (for example, they referred to the assumption that children would suffer from their mothers' disability); 2) resistance to or arguments against these narratives using such linguistic means as negations, presentation of proof to the contrary or questioning the truth value of presented

claims (for example, they contradicted the claims of their helplessness by using the first-person singular when describing the accomplishment of maternal tasks); and 3) narrations of themselves as good mothers by referring to their abilities, success or competence as mothers (for example, they presented themselves as more successful and virtuous educators than non-disabled mothers). The counter-narratives represented so called small stories, that is, brief stories which focused on fleeting incidences of everyday mothering and which the participants used in constructing their identities in the interview interaction (Bamberg & Georgakopoulou, 2008)

After identifying the counter-narratives, we looked for differences and similarities between them regarding what was resisted and how. We also analysed how the mothers positioned themselves in their various counter-narratives, that is, how they situationally negotiated their identities and roles in their narratives and constructed themselves in relation to other characters in their stories and to the culturally dominant narratives of (disabled) motherhood (Bamberg, 1997). The analysis was inspired by Bamberg's (2011) conceptualization of the following three dimensions within which people typically narrate their identity and sense of self: the dilemma of continuity and change (how does the sense of self change or remain the same over time?), the dilemma of sameness and difference (does the person view herself as unique or the same as others?) and the dilemma of agency construction (does the person construct the world to fit herself or is she constructed by the way the world is?). With the help of these dimensions, we analysed and named the following four counter-narratives on a cross-case basis: 1) celebrating diverse motherhood through individual coping, 2) performing motherhood through collaborative caring, 3) boosting motherhood through praising one's children, and 4) normalising disabled motherhood through identifying with the community of mothers.

This study has its limitations, particularly regarding the sampling strategies used. The inclusion criteria for the study were purposefully broad since earlier research on Finnish disabled women's experiences of motherhood is almost completely lacking. Despite including mothers at different life stages and with children of different ages in the sample, the counter-narratives produced by the

mothers were surprisingly similar (except for the last counter-narrative type, all the counter-narratives appeared in every interview), which, despite the diversity in the mothers' backgrounds, strengthens their theoretical transferability. However, our focus on the narratives of physically disabled women reduces the transferability of our findings to other impairment groups. Therefore, although Disability Studies typically aims at identifying common or collective experiences of disabled persons above and beyond individual impairments, further research is needed, especially on the situation of intellectually disabled women, whose position regarding their rights to be a mother is likely to be more complicated than that of other groups of disabled women.

Focusing solely on the counter-narratives produced by disabled mothers might also have excluded other aspects of disabled women's motherhood experiences from the analysis. However, it should be noted that the interview questions did not invite participants to present counter-narratives to the norms of good motherhood; instead these counter-narratives were spontaneously produced by all the mothers in the interviews. This spontaneity indicates that it was important for the mothers to consciously or unconsciously challenge the culturally dominant narratives of disabled motherhood in their stories, in turn justifying our study design.

Findings

The findings are presented through the four types of counter-narratives identified in the data as representing disabled mothers' different ways of negotiating their stigmatized identity. Interestingly, when producing these counter-narratives, the mothers seemed to show strong attachment to the culturally dominant narrative of 'good' motherhood as a reference point and a resource. In addition, they positioned themselves as good enough mothers in various ways in each counter-narrative.

1. Celebrating diverse motherhood through individual coping

In the first counter-narrative, the mothers resist the idea that their impairment might have weakened their capacity to take responsibility for their children or everyday chores, or hindered them from carrying out their maternal agency. They do this by drawing on the ideal of intensive mothering and giving concrete examples of their daily practices and child care arrangements. In this way, the mothers position themselves as competent mothers whose impairments have not interfered with their execution of their maternal role.

Extract 1

‘I couldn’t carry her [the child], I had a pram inside and I pushed her in the pram. I had a nursing table that I could lift the child onto from the pram and change her nappy.... Regarding washing the child, I have wondered afterwards how I managed it. I did it so that I dragged the water in a bowl from the toilet to the child. Normally, the child is taken to where the water is. It is also very interesting that a child who is not chased after doesn’t run away. In other words, my children never ran away from me and I never needed to chase after them.... She, my firstborn, was very alert we did not have any problems. I don’t know if it seems hard to believe but it wasn’t really any trouble. With my lastborn, we were able to get around outside by my supporting myself with the pram. When we lived in flats, it was maybe about fifteen metres to the playground and there was a bench there where I sat. My firstborn pushed her own pram near me. She came right away when I asked her. We didn’t have any problems.’(Kaarina)

Extract 2

‘However, I am in a happier position now that I have a car and I can get around with it on my own. I have been guilty of neglecting the child by letting her sleep in the car. There was something about it in the paper. I have always done it when I have errands to run, my children are asleep and the baby has slept there... She has always been slept happily and I have been fully able to take care of things. I can’t do in any other way. What limits me very much is that I can’t go anywhere with the baby. If I have the baby in my lap, I can’t do anything. I can’t when both my hands are occupied. That was when I had the idea that I can let them sleep. If I run errands in the winter, the car has to

be heated first so that the baby can withstand the cold. You can easily shop for groceries then.'(Helena)

The starting-point for the counter-narratives produced in extracts 1 and 2 is talking about one's restrictions in taking care of the children. These difficulties are expressed using negation, which reveals the absence of the caring practices expected of a mother. For example, Kaarina describes how she was not able to hold or carry her children (Extract 1) and Helena describes how, unlike other mothers, she was not able to go anywhere with the baby (Extract 2). However, although acknowledging that their bodily differences restricted their ability to perform motherhood, Helena and Kaarina do not position themselves as helpless mothers but give examples of the creative and flexible ways of taking care of their children that they have come up with, such as how to wash or lift the baby in an unconventional way, how to go by car instead of walking or how to support oneself on the pram when going outside. Note that Helena also narrates how she has infringed the general moral code of good care by leaving a child alone in the car; however, she does not try to excuse it but instead celebrates her resourcefulness in finding ways to manage on her own. Simultaneously, by speaking in the first-person singular and by stressing the active efforts they have made to discharge their everyday responsibilities with their babies, Kaarina and Helena reverse the image of an ill-coping, disabled mother and position themselves as both competent and relatively independent caregivers.

Also noteworthy in this counter-narrative is the emphasis the mothers place on the relative ease with which they run their lives. Kaarina reports how their everyday life goes smoothly by drawing attention to the easy temperament and obedience of her children: the firstborn was very "alert" and neither of the children had run away when they were spending time in the playground. Similarly, Helena highlights the satisfaction of her child with their unusual arrangements when she was going shopping. In addition, Kaarina's phrase "we didn't have any problems" contradicts any implicit claims

that she would be challenged by the tasks of mothering, and instead implies her empowerment in maternal care. By presenting their maternal skills in this way, both mothers resist their stigmatized identity as potentially inadequate mothers and legitimate their position both as experts on the care of their children and as agents who take care of their children in practice.

2. Performing motherhood through collaborative caring

The second counter-narrative produced by the disabled mothers challenges the norm that one should coping with one's maternal tasks independently and manage on one's own. Instead, the disabled mothers embrace collaborative caring with other adults and emphasise the importance of interdependence in the context of parenthood as elsewhere. Thus, they do not position themselves as mere objects of help or as lonely survivors, but as co-operative caregivers.

Extract 3

'Of course, it suddenly felt like oh no, everybody must think that I'm a lazy person who is just sitting there, isn't she... I don't remember it properly anymore. Somehow, I had a bad conscience that my partner and mother-in-law have to do everything and that I should cope with all that [household and child care]. There was lots to do in the world and there I was staring at fluff on the floor that I should do something about but can't...I didn't need to have such a bad conscience. I was so silly.... It [the child's birth] had devastated me so much. My partner had more so called mother's and woman's work to do like he had to do housework here... It's always gone well... we are such a good team. Many people have said that it is nice to watch you when you're changing nappies. When we were visiting and changing nappies, we did it between the three of us.... We are so close-knit, we smooch like a young couple who have to do everything together. Infant swimming and all that, we are and do a lot together. It has become such a natural way that Ville [partner] knows pretty much when we are going somewhere how he has to reach out his hand if I need support. It has become so normal with us.'(Teija)

In the beginning of extract 3, Teija refers implicitly to the norms of good housekeeping and women's traditional responsibilities by stating that "it suddenly felt like oh no, everybody must think that I'm a lazy person." Negative feelings, such as suffering from guilty conscience and worrying about other people's thoughts (arising from the failure to conform to these norms), are, however, relegated to the

past through use of the past tense. In her alternative narrative, Teija resists the primacy of the mother in childcare by emphasising the importance of an ungendered division of labour and drawing on the cultural narrative of shared parenting. Performing parenthood collaboratively is constructed as a ‘natural’ and ‘normal’ solution which does not undermine Teija's maternal agency but rather has welded the parents into a team. The same emphasis on collaborative caring also occurs in extract 4, in which Kerttu describes her need for formal personal assistance in everyday life.

Extract 4

‘Then of course, because I’m a physically weaker person I’ve got help with Elina's care. I have been able to mould the kind of help we have and it is in the form of a personal assistant to me, not just domestic services. I have been able to influence that help. I am not just an object but I really can coordinate all that I need.... I’m not a person who is dictated to about how everything is to be done. I am the one who says what things I really need help with because of my physical limitations. But I hold the strings all the time. On the other hand, Ilona's help was important in the early stages. This personal assistant who did and could support me. It was. I don’t know whether it would have gone so well if I hadn’t had it.’ (Kerttu)

Access to the services of a personal assistant was “tremendously important” and seems to have been key in Kerttu’s good mothering. This does not, however, mean that her dignity as a mother is weakened, nor change the fact that it is Kerttu who “holds the strings”. Also, by reporting that she has consumer-directed personal assistance services instead of agency-directed ordinary municipal domestic services, Kerttu seeks to convince the listener that she has control over her life, even if she not always the main caregiver. This is evident in the repeated use of the first-person singular “I” and the deontic modal verb “can/may” (e.g., “I have been able to influence that help”) which construct strong maternal agency for her and distance her from the stigmatized identity of disabled women as objects of help.

Kerttu’s fundamental power in decision-making concerning her need for help and its quality and quantity invites respect from her personal assistant. The meaning of extract 4 is the same as that of

extract 3: although physically disabled women are “physically weaker” caregivers, and thus dependent on other people's assistance, collaborative caring does not objectify them or undermine their position as autonomous decision-makers and responsible carers.

3. Boosting motherhood through praising one's children

The third counter-narrative produced by the disabled mothers rejects the negative assumptions that disabled women's motherhood puts the wellbeing of their children at risk. Instead, the mothers position themselves as more successful than non-disabled mothers by emphasising their close relationship with their children and eulogising their children. The children thus serve as evidence for their success as mothers and educators.

Extract 5

‘I have experienced myself as having more possibilities to be a mother. In turn, my children have experienced that their mother can be like I am. I think it has changed my children's lives. I can see from my children that they are able to take the environment much better into account than other people and see things more perceptively and deeply than other children. We have somehow a better connection. This is a feeling I've had and now as an adult we have a somehow closer relationship than mothers and children usually have. It may be because I have spent so much time with them which few mothers can do although they would like be with their children at home. We have had talk as a pastime. Since their childhood we have had the kind of communication that is possible for only a few.’ (Kaarina)

Extract 6

‘They [children] learned to be independent from childhood. They have never wondered about me why I have this impairment. It has been such a natural thing for them that they don't... There was an interview about us in the paper and this interviewer asked about something... asked Liisa and Lotta... Liisa was asked what effect it had, having a mother who is different. Liisa said... she wouldn't be our mother if she didn't have that impairment. I think she gave a pretty good answer. It was in a way a very natural thing and she didn't think about it... Lisa said during the interview that our mother is unique. I thought it was really good that they don't ponder it [impairment] much in that way... just take it as normal.’(Jenna)

What is noteworthy in extract 5 is Kaarina's way of constructing an ingroup-outgroup dichotomy between disabled and non-disabled mothers by describing herself not through sameness with non-disabled mothers, but through her difference from and even superiority over other mothers (see Bamberg, 2011). The use of comparatives (for example, "more possibilities to be a mother", "a somehow closer relationship") implies that Kaarina's impairments have not limited her ability to create a loving relationship with her children, but actually enabled her to enjoy a more unique and fulfilling connection with her children compared to non-disabled mothers. In addition to narrating her possibility to invest more time in being with her children, the children's experience of their mother's impairment is narrated as having contributed positively to the children's sensitivity and depth of understanding in comparison with their peers. Similar evidence is also present in extract 6, where Jenna praises her children "learned to be independent from childhood." Both Kaarina and Jenna thus position their children as privileged because of their mothers' disability and represent their own abilities as educators as above the average.

Furthermore, through negations, Jenna also emphasises that for children her impairment is natural. The children are not described as seeing Jenna as a disabled person, but simply as a mother. Thus, the assumption that children with a disabled mother suffer from their mother's disability or feel ashamed of their mother is challenged. This fear that children may feel stigmatized might exist in the mind of an outsider such as an interviewing journalist, but it does not match their children's experiences; for them their mother is "unique". Both Jenna and Kaarina thus disengage themselves from the risk discourse according to which a mothers' impairment is an obstacle to her children's well-being. Instead, they underline their strong commitment to good mothering by promoting their children's wellbeing and acting in the best interests of their children.

4. Normalising disabled motherhood through identifying with the mother community

In the fourth counter-narrative, which was the least frequent type of counter-narrative identified in the five mothers' interviews, the disabled mothers resist being labelled as abnormal mothers with

special needs or different motherhood experiences. Unlike in the previous counter-narrative, in which the mothers constructed differences between them and non-disabled mothers, the mothers in this counter-narrative strongly identify themselves with other mothers and emphasise the significance of motherhood as a feature common to all mothers, whether abled or disabled. In this way, the mothers minimize the significance of (their) impairment for their motherhood experiences and position themselves as 'normal' and ordinary mothers.

Extract 7

‘It was so natural to make friends in the playground, you all have same topic in a way... what do you eat... it was so easy.... The same guilt feelings and worries and joys and these... they are the same as others’. Once I was at some meeting where there was talk about parenthood as a disabled person. There were many people there who just felt guilty about being disabled. Then I said that parents always feel guilty about something. If you... always about something... we all have feelings of inadequacy whether disabled or not... always from time to time. It is not related to disability in any way. We are no more heroes than the others are. Some people see a disabled person as wearing a millstone or a halo so we are in some way good people. They’re two different extremes. Both are awfully tiring.... People suddenly categorise you from one thing to another.’ (Anja)

Extract 8

‘This kind of neighbourly and peer help, which we had, worked extremely well in that area. We weren’t all six of us mothers in the sandbox [at the same time] but there were two mothers stayed there and other four mothers were free... we organised that kind of thing there. I think it worked very well. Likewise we recycled our clothes and did baking together and did things like that. There was no one else who was different in the way I was. I did not feel I was different. We were connected by motherhood and small children.’ (Marjatta)

In extract 7, Anja identifies herself as similar to non-disabled mothers. The sisterhood of mothers becomes visible through the emphasis on the interests (for example, meals) and feelings (for example, worry, joy) common to all mothers. She argues strongly against the negative assumption that because of their impairment only disabled parents are accustomed to feeling certain negative emotions such

as guilt, and explicitly resists stereotyping disabled people either as heroes or as burdened through the affective expression “both are awfully tiring”.

The same kind of self-definition and identification with the community of mothers is present in extract 8, where Marjatta uses the first-person plural in describing the various activities which she and other mothers in her neighbourhood have engaged in (for example “we organised that kind of thing there” or “we recycled our clothes and did baking together”). Thus, in this extract, normal motherhood is not constructed by emotionalities shared by all mothers but instead by shared activities which do not differentiate Marjatta’s mothering from that of the non-disabled mothers. Although she refers to her disabled identity by saying that “there was no one else who was different in the way I was”, Marjatta denies having felt different as a mother. Through this, she emphasises the power of motherhood to transcend individual differences between women.

Discussion

This study explored how a sample of Finnish physically disabled women negotiated and resisted their stigmatized identities as disabled mothers in narrating their maternal experiences. All the counter-narratives produced by them included explicit or implicit references to the culturally dominant narrative that sees disabled women’s motherhood as inadequate, characterised by the abandonment of children, dependency on the benevolence of others, and a deviant family life (Thomas, 1997; Grue and Lærum, 2002; Malacrida, 2007, 2009; Payne and McPherson, 2010; Frederick, 2015; Shpigelman, 2015). Thus, while the mothers were acutely aware that they were disabled mothers, they refused to take their stigmatized identity for granted, but instead, by constructing counter-narratives, positioned themselves as abled, good mothers (see Juhila, 2004; May, 2008).

The interviewed women produced four counter-narratives about their motherhood experiences. The first two counter-narratives, ‘Celebrating diverse mothering through individual coping’ and ‘Performing motherhood through collaborative caring’, highlighted the ability of the disabled women

to cope with their daily chores and maternal tasks. They resisted the culturally constructed image of disabled women as passive recipients of care who put their children at risk (see Thomas, 1997; Grue and Lærum, 2002) by positioning themselves as competent and responsible caregivers. This was, however, done in partially opposed ways in these two counter-narratives. The first counter-narrative emphasised the disabled mothers' personal competence and mothering skills by drawing on the culturally dominant ideology of intensive mothering, according to which mothers are all-knowing in nurturing their children (Hays, 1996). By aligning with this ideology, the disabled mothers showed strong commitment to their maternal responsibilities and foregrounded their efforts in performing maternal care.

In turn, the second counter-narrative underlined the importance of interdependence and collaborative caring with one's partner or with other people. This counter-narrative presented a clear alternative to the over-idealization of mothers as self-sufficient and independent in carrying out their maternal tasks. The descriptions of the good relationship between the mother and her partner drew on the cultural narrative of equal parenthood, according to which a mother has a worthy partner, whose ability to care is self-evident and free of gendered restrictions (see Eerola and Mykkänen, 2015). Collaborative caring was not, however, seen by the disabled mothers as undermining their own expertise but emphasised the value of interdependence and shared responsibility between various caregivers (see Fine and Glendinning, 2005). This was especially evident in the narratives of the mothers who needed personal assistance but who positioned themselves strongly as the primary decision-makers and caregivers, with their personal assistants in a subordinate role.

The last two counter-narratives, 'Boosting motherhood through praising one's children' and 'Normalising disabled motherhood through identifying with the mother community', contrasted with each other in the way the disabled women positioned themselves in relation to other mothers. When boosting their motherhood through praising one's children, the disabled mothers differentiated themselves from non-disabled mothers by implying that disabled mothers are more virtuous educators

than nondisabled mothers. By glorifying their close mother-child relationship as a mark of their success as mothers, the disabled mothers sought to avoid the stigmatized identity of a mother who puts her children at risk. Conversely, in 'Normalising disabled motherhood through identifying with the mother community', the disabled mothers aligned themselves strongly with non-disabled mothers, highlighting the similarities in their maternal experiences despite their impairments. In this counter-narrative, they shed their stigma by substituting their maternal identity for their disabled identity and by viewing themselves through the sameness they shared with the majority of mothers.

What all four counter-narratives produced by the disabled mothers had in common was their identification with the culturally dominant narrative of good motherhood as a resource for constructing a positive image of themselves. Thus, instead of challenging the norms of ideal motherhood such as intensive mothering, selfless loving and maternal responsibility (Hays, 1996; Arendell, 2000; Tardy, 2000; Choi et al, 2005), the disabled mothers drew heavily on them in seeking to prove themselves good and competent mothers. This was particularly evident in the emphasis they laid on positive themes such as coping and succeeding in their mothering and their avoidance of talk about ambivalent emotions. This result accords with previous findings (see Thomas, 1997; Grue and Lærum, 2002; Malacrida, 2009), and might be due to the conflict between the women's personal narratives and the culturally stigmatizing narrative of disabled motherhood, which may impose greater normative pressure on disabled than non-disabled mothers to be seen as 'good enough' mothers. Goffman (1980) has conceptualized this as 'ideal performance', which in the context of this study means that the disabled women had to describe and perform mothering in ways that would convince other people of their suitability as mothers, and thus legitimate their motherhood. The mothers' counter-narratives thus indicate the enormous lengths these disabled women went to distance themselves from their stigmatized identity and to be seen as 'good enough' mothers.

As previously noted, disabled mothers struggle with narrow standards of normalcy (Thomas, 1997; Grue and Lærum, 2002; Malacrida, 2009; Frederick, 2015, 2017), which means that the challenges

they face are susceptible to interpretation solely by reference to the medical model of disability and through the physical challenges presented by their impairments. Thus, health care professionals may often take negative attitudes to disabled mothers, causing them to encounter more stigmatized guidance during their mothering than non-disabled mothers (see Malacrida, 2009; Walsh-Gallagher et al, 2013; Frederick, 2015, 2017). The fear of being under surveillance may lead disabled mothers to ‘over’ represent their ability to cope and to suppress and hide potentially disagreeable aspects of their mothering or relationship experiences. This suggests that, instead of objectifying them or defining their coping possibilities beforehand, greater sensitivity by professionals, along with general disability awareness would help disabled mothers to construct a positive maternal identity. Such heightened sensitivity would also enable disabled mothers, like any other mother, to talk about ambivalent feelings like disappointment, tiredness and fears related to their maternal experiences without the threat of being labelled bad mothers. This would validate diverse motherhood experiences of women whereupon various emotions and needs for support are permissible and an inherent part of being mother.

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