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**Hee-Jeong Yoo, Laura Lewis, Deepy Sur, Dawn Thurman,
Erin Kuri, Janis Favel, Christine Walsh, and many more**

“Do You Want to Be My Mother?” A Personal, Professional, and Spiritual Inquiry into the Life of a Social Worker, Practitioner, Academic, and Mother

Drawing on findings from in-depth interviews utilizing a narrative approach, this article considers the experiences of one woman, Ksenija Napan, who is both a mother and a social worker engaging in social work education and practice. Throughout the interviews, Ksenija reflected on the reciprocal, interactive, and deeply transformative relationship of being a mother, a social worker, and a researcher in the field of social work education. The interviews explored how mothering can transform social workers as professionals and how being a social worker affects motherhood. Ksenija also considered her social work practice as an academic across two diverse countries: Croatia, and Aotearoa/New Zealand.

The positionality of the paper is that the narrative approach has much to offer social work particularly by highlighting the stories that ordinary people tell. The paper argues that personal narratives illustrate the social role of stories and also provide insights into understanding the interactions that occur in the cultural contexts of both private and public spaces.

Introduction

This article aims to provide an insight into the societal and professional contexts and lives of mother social workers via the personal narrative of one mother social worker, Ksenija Napan. It argues that for women who are both mothers and social workers, their experiences can profoundly affect their practice. The experience of giving birth can also offer further insights for exploring the identity of mother social workers, their identification with mothers and children they work with.

The research utilized interviewing; a foundational method of qualitative research, which is frequently used in social science research. Qualitative interviewing is an accessible and effective method to collect data about the attitudes, beliefs, and experiences of participants (Nathan, Newman, and Lancaster 392). Throughout the qualitative interview sessions, Helene Connor posed semistructured questions to her colleague, Ksenija Napan, and invited her to critically reflect on her personal, professional, and spiritual life as a mother of two sons, a social work practitioner, an educator, and a researcher within the field of social work scholarship.

In writing this article, we drew on insights from the qualitative interview data and our experiences both as women and social practitioners while being cognizant of the gendered worlds we inhabit. Our intent was to blur the boundaries between the personal, professional, and spiritual as well as between the researcher and the researched. The blurring of boundaries was an important consideration as the personal, professional, and spiritual are closely interrelated. We also highlight the relationship between two academic women where the interviewer (Connor) holds the space and prompts the interviewed (Napan) with relevant inquiry questions to deepen the experience and elucidate new knowledge associated with being a mother, social worker, and academic. Both authors are mothers and are social work educators. We attempted to emphasize the value of a dialogical process based on qualitative interviews between two mothers as a valid research process and explore how the spirit of mutual respect and reciprocity enhances both friendship, collegiality, and social work practice.

The article is organized into three parts. Part one, “Do You Want to Be My Mother?’ A Tale of Two Births” can be read as an intrapersonal aspect of Ksenija’s personal narrative. Intrapersonal aspects of stories may involve intra body-mind experiences (Fraser 190). This is evident in the two birthing stories narrated by Ksenija, which have deeply spiritual components.

The second part of the article, “Integrating Motherhood, Social Work Practice and Academia” can be read as both the interpersonal and cultural aspects of Ksenija’s story. Interpersonal aspects of stories involve other people such as family, friends, colleagues, and the like, whereas cultural aspects of stories often refer to larger groups of people and sets of cultural and social conventions (Fraser 190).

The third and final part of the article, “Mothering and Social Work as an Act of Being, Doing and Loving” can be viewed as the structural aspect of Ksenija’s narrative. Structural aspects of narratives overlap with the other aspects of stories but also integrate influential policies, social systems, and modes of social organization, such as gender, class, and ethnicity (Fraser 190).

“Do You Want to Be My Mother?” A Tale of Two Births

This section reflects on Ksenija’s personal narrative of two birthing experiences. Contextualized within the historical, social, professional, political, and spiritual, these two tales are positioned within dominant cultural discourses of the gendered self in relation to becoming a mother. From a feminist perspective, narrative research can explore women’s lives through periods of transition, such as becoming a mother, and encompass the more private and personal aspects of lives in which these reflections become more salient (Miller 40).

Life experiences and their contexts shape us as professionals, and for mother social workers, their birth narratives can help to illuminate the gendered narrative practices of transitioning to motherhood. Personal experiences enable different stories of transition to motherhood to emerge, and sometimes the difficult realities of juggling societal expectations can be challenging and complex (Miller 60). Mother social workers can empathize with the demands of being a “good” mother and are aware of how stressful, pregnancy, birthing, and the first two years postpartum can be. Birth stories and reflecting on motherhood and social work can help social workers become more compassionate and attuned to the interlocking layers of oppression many of the mothers they interact with face (Keefe et al. 231).

Birth narratives can also invite social workers to explore the spiritual dimensions of their own birth experiences and those of their clients. As Dana Schneider argues, social workers can assist women in identifying the meaning and potentially transformative qualities of childbirth (227).

In the summer of 2001, Ksenija was delivering a training session on choice theory, reality therapy, and lead management to teachers at Arrowtown Primary School (Napan, “Choice”). Arrowtown is a picturesque and historic gold rush village located on the banks of the Arrow River in Otago, in the South Island of Aotearoa/New Zealand. It is renowned for its natural landscapes and stunning scenery. One day after teaching had concluded she experienced a powerful spiritual occurrence.

I went for a walk through the bush along the side the Arrow River, and there was this strange frequency in the air. I sensed the shimmering of the air and leaves around me. It felt totally surreal. It was as if an arrow from the sky pointed at me communicating telepathically, “Do you want to be my mother?” Normally, I don’t talk to the clouds, but this was something I could not ignore. I replied, “Sure I do!” and the little voice said, “Can you then convince your husband to be my father?” I replied, “Absolutely not. I’m not going to convince him to do anything. If you really want to come into our lives, then you better do it!” The voice disappeared, the bush stopped shimmering, and I

was totally bewildered at what had happened. At the time, I was forty, and I was intensely thinking about having another child. It was kind of irrational, visceral “cannot not do” kind of thing. For two years, I had been thinking of having another baby, but work was at the forefront of my focus, and my husband was not too keen, yet a possibility of hosting another baby was warming my heart. (Napan, “Personal interview”)

Elisabeth Hallett has researched experiences of prebirth communication for over twenty years. Her research has found that prebirth communication can come in dreams and visions or as an inner voice, such as what Ksenija experienced. Accepting that a transcendent source of consciousness may exist could provide an explanation for Ksenija’s experience. Similarly, an acknowledgment of a transcendent source may also explain the recently discovered ability of neonates to recognize their mother’s face, at birth, despite their immature optic processing (Wade 141). Certainly, Teo, Ksenija’s youngest son, appeared to recognize his mother immediately after his birth, which may represent a period when the transcendent source is active (Wade 142).

When Ksenija returned home after her trip to Arrowtown, she talked with her husband about having another child. He was adamant that he did not want to extend their family. Their eldest son was approaching ten years, and he had no desire to deal with a newborn again. The idea of a new baby was shelved, and instead Ksenija found a mate for the family dog and the family welcomed a litter of new puppies. “Our dog had puppies on my husband’s birthday. I was helping her deliver her puppies, and her labour was so easy. Dogs deliver puppies in little bags of placenta, and she delivered those puppies with ease. A thought went through my mind, “Well if she can do it with such ease, I can do it too” (Napan, “Personal interview”).

The celebration of the new puppies and her husband’s birthday created a space for Ksenija’s second son Teo to incarnate. He was conceived that evening, and by the following morning, Ksenija knew she was pregnant. When Teo’s father heard the news, he totally transformed his reluctance into the delight of becoming a father again. Guided by a friendly midwife and her general practitioner, and with her husband present, her second son’s birthing experience was intimate, loving, and relaxed. Ksenija describes the birth as a spiritual experience enacted with grace and integrity.

Teo came into this world through an amazingly easy childbirth in July 2002. Just like Mia’s [dog] labour, it was really easy and painless. He fell asleep during his birth, which babies normally don’t do, as they are engaged in the labour. I was entranced, and he was entranced as well. I had to drink a glass of cold water to wake him up to engage in the birth. He was a very happy newborn and he was a happy child. He

really danced into this world with permission. (Napan, “Personal interview”)

Ksenija had an uncomplicated pregnancy, labour, and delivery utilizing self-hypnosis. Kate Moore and Graham Burrows have found hypnosis can contribute to a woman’s confidence in her ability to cope with labour (24). It can also reduce her anxiety and fear of pain, enable her to deliver her child drug free, and generally facilitate a calm and relaxed atmosphere not only for the mother but also for the staff and family. Similarly, Lisa Irving and Sheryl Pope have also identified many benefits of hypnosis for childbirth, including psychological outcomes in which depression and anxiety are reduced, and there is an increased satisfaction with the childbirth experience (25). Margaret Macdonald argues that natural birth can be viewed as a particular set of gender expectations and that women’s bodies are naturally competent, and with the appropriate support, women can manage the pain of labour and in some instances find it empowering. Yet the gender expectations of natural birth are articulated within an alternative framework of midwifery as subversive and politicised (251).

Natural childbirth and birthing at home are not a new phenomenon (Harris 10). The practice of midwifery was valued and respected, and homebirths were an accepted aspect of maternal care (Harris 10). With the growth in obstetrics in Western countries, the birth process gradually became hospital based and segregated from the mainstream of maternal health (Harris 11). Lesley Barclay argues that after World War II, hospitals and maternity care institutions began to rely more on highly specialized staff and complex technical equipment which substantiates and perpetuates “medical dominance” (8). In the context of Australia, she argues the independent status of the midwife disappeared and was subsumed into nursing; the role became more obstetric nurse than midwife. As a result, home births in Australia disappeared as a viable option to hospital birth. Similarly, in New Zealand, there was also a decline in homebirths after World War II, although by the late 1990s, homebirths offered by midwife collectives were becoming a viable option though not actively encouraged (Dixon et al.11).

In contemporary society, many childbearing women have advocated for homebirths and maternal care to be provided by the midwifery profession. Most women who choose a homebirth want a natural birth, with little or no intervention, in which they are in control of their environment and can adapt a birthing process of their own choice (Harris 15). Homebirth safety and availability are important issues for women and midwives. In their study on the place of birth and outcomes for a cohort of low-risk women in New Zealand, Lesley Dixon and colleagues found that a greater proportion of Indigenous New Zealand women planned to birth at home or in a primary unit (11). Both Indigenous and non-Māori women who planned to birth at

home were generally older mothers and were more likely to have already had one child. The study also found that fewer women were transferred while in labour to a hospital setting and that there were no significant increases in adverse outcomes for babies birthed at home.

Ksenija's second son was born when she was over forty years old. Women giving birth after the age of thirty-five years are constituted as "elderly multigravida" mothers and frequently problematized in obstetric and midwifery discourses (Jarvie, Letherby, and Stenhouse 104). For Ksenija, the gap of ten years between her sons enabled her to "renew" her mothering, which has its challenges. Mothering a preteen and a baby while working full time was a significant issue for Ksenija, as her boys' personalities and interests were completely different. Yet as Rachel Jarvie, Gayle Letherby, and Elizabeth Stenhouse discuss, the "renewal" of mothering can also constitute a "renewal" of the self in the face of impending menopause and the diminution of mothering (105). For Ksenija, it also gave her the opportunity to counter the trauma of her first son's birth and parent mindfully in a more relaxed way.

Ksenija's initial transition to motherhood was difficult and challenging. She gave birth to her first son, Tibor, in the winter of 1993 at the Clinical Hospital Merkur in Zagreb. The Croatian War of Independence¹ was into its third year, and she was working on her PhD and lecturing at University of Zagreb. She was also working as a psychotherapist, translating books, creating professional development seminars, and volunteering at a refugee centre. Life was incredibly busy and stressful yet also meaningful and fulfilling. Giving birth enabled her to re-prioritise various aspects of her life, so her son and her full-time job at the University of Zagreb became a priority. "Tibor was born when I was developing the Contact-Challenge method as part of my PhD. It was like growing two babies! He was born in the middle of the war. War makes people crazy, so not only did we decide to stay there during the war, but we had a baby" (Napan, "Personal interview").

Some years later, Ksenija recalls Tibor saying, "Mum, when I was deciding where to be born, I could not choose between Croatia and New Zealand and then I decided to be born in Croatia but grow up in New Zealand".

Ksenija considers her first pregnancy as an oasis in a desert of madness—an example of unconditional, *agapē* type of love that generated energy and stamina to survive an extremely challenging political context. Tibor entered his parents' lives self-determined and knowing what he wanted from the beginning. He was an intelligent, independent, and resolute child, who grew into a competent, reliable adult with a strong sense of social justice. It was in his blood and bones, as if he absorbed it through his mother's DNA and the context where he was born.

Ksenija often refers to Croatia as a beautiful country with terrible politics. Her description of giving birth to Tibor is a harrowing and distressing tale:

It was absolutely terrible. The hospital was awful and dirty, and I overheard a midwife telling a nurse how she hated her job, as she had to come to work with pneumonia. The moment I heard this, I crossed my legs and said, “I’m out of here,” but it is not easy to run away in the middle of labour in an open rear end hospital nightie. In Croatia at that time, they would not let partners be present at birth. My clothes were taken away, including underwear, and a big woman with whiskers shaved me with an old-fashioned razor and gave me an enema. It was like being in a surreal horror movie. I was put in stirrups and made to lie on my back, which is the most unnatural way to deliver. They wouldn’t let me walk. They wouldn’t let me do anything. They swore at me, and it felt like being locked up in a mental hospital. The labour lasted more than twenty-four hours because I did not want to deliver that way, so it was me fighting the birthing process. I was given an episiotomy and then stitched up without an anaesthetic. I was so traumatized [that] it took me ten years to gather enough courage to have another baby. I had read all these books about having a natural birth, and I didn’t expect that giving birth could be so brutal and that women can treat women in such a disgraceful and dehumanizing way. (Napan, “Personal interview”)

Ksenija’s story of the medical/interventionist model of birth she experienced exposes the position of subordination and loss of autonomy many women endure when giving birth in hospitals, where the competing discourses of the obstetrician and midwife within an institutional ideology are often at the expense of a woman’s physical and mental health (Hogan 50). A further critique of the medical intervention model for labour is that the promised pain relief may come at the cost of increased anxiety for the mother (Fox and Worts 338). This was certainly the experience for Ksenija.

Her experiences of a medicalized hospital birth in poor conditions with no support from the midwife, versus being supported by a friendly, skilled midwife in a well-functioning birthing unit, was appreciative, safe and respectful. It is also in keeping with a study by Andrea Merg and Pat Carmoney who interviewed eleven women who had a homebirth after a previous hospital birth. Their stories were gathered through in-depth, semistructured interviews and then thematically analyzed. The major themes that emerged across all participants included respect/autonomy vs. disrespect/coercion, trust vs. distrust, accomplishment vs. failure, empowerment vs. power struggles/powerlessness, allies vs. adversaries, and satisfaction vs. dissatisfaction (70). Their research suggests that a mother’s subsequent psychological wellbeing, as well as her successful bonding with her child, is directly connected to her birthing experience. The women’s stories challenged the medicalized hospital births and indicated that the midwifery model of care

may provide a more appropriate choice for most childbearing women (70). Ksenija described many of the themes outlined by Merg and Carmoney, and it was clear that the hospital birth she experienced in 1993 remained a vivid traumatic experience some twenty-five years later, whereas the story of her second experience demonstrates that hospital birth can have many features of a home birthing experience with the addition of safety, just in case something goes wrong.

Several studies have also researched the outcome of negative birth experiences on the wellbeing of women and babies. Lísá Sigurðardóttir and colleagues advocate that midwives and other maternity care workers initiate a conversation about birth experiences as part of the routine care for all women within the first weeks after birth to detect the women who may need to further process their experience. For Ksenija, the negative birth experience she had with her firstborn affected her physical, emotional, and psychological wellbeing. Yet as she felt so disrespected and disempowered, she would not have been able to talk about her experiences with those involved in her maternity care. She was, however, able to reflect and process the experience due to her training in social work and as a psychotherapist and her bond with her newborn was loving and tender.

Birthing experiences for social workers who are mothers can profoundly affect their practice with mothers and their children, particularly for social workers who work in child protection (O'Sullivan and Cooper 2). Mother social workers working with mother clients are often deeply aware of the emotional dynamics and maternal pain associated with birthing (O'Sullivan and Cooper 5). Although such insights and empathy can contribute to positive social work, there is also a need for mother social workers to incorporate reflective space and supervision to consider the emotional aspects of their work and deepen their understanding of themselves and those mothers they work with (O'Sullivan and Cooper 13).



Unknown photographer, 2018. Ksenija with her two sons, Teo and Tibor, and Billy, the dog.

Integrating Motherhood, Social Work Practice, and Academia

Prior to becoming a mother, Ksenija describes herself as being in love with her work with a strong sense of vocation in her life:

I love my work. I am passionate about it, and it is my calling. I was the youngest person ever employed at the University of Zagreb. At that time, my students were my babies. (I still affectionately call my current students “my babies” or my puppies” and as patronizing as it may sound, they do not seem to mind.). I saw my job as being a facilitator of their personal and professional growth. In the eighties, social work education was very theoretical and not catering for students’ needs, so I wanted to teach in a transformative way. I was bored as a student, and I did not want to be boring as a teacher. This

is how the contact-challenge method (Napan) was born. I guess that every PhD writer can identify with the notion that writing a PhD is like giving birth. Creating something innovative and practically useful was my dream. Isn't that a dream of every parent, too? Creating humans that are innovative and capable for sustainable survival. (Napan, "Personal interview")

Refocusing from the madness of war to birthing a new infant enabled Ksenija to breathe life into her PhD, which was about developing an innovative method of educating social workers. And although it was conceived in her homeland of Croatia, it was completed in New Zealand. Mothering and the creation of her PhD became a parallel process.

In Croatia, social work students generally enrol straight from high school and are only eighteen or nineteen years old when they first have contact with social work practice. The contact-challenge method engages social work clients with extensive lived experience of working with social workers to help students prepare for professional practice. In turn, students reciprocate by supporting clients in the ways clients see fit. When the contact-challenge method was initially piloted, there was some reluctance from clients based on their mistrust of social workers. In the early 1990s in Croatia, social work was predominantly perceived as a tool of social control. For example, social workers were seen as bureaucrats who had the power to provide financial support but would rarely engage in activities that would enhance a client's quality of life. At the time, social work education was evolving and focused on knowledge and skills that engaged individuals, families, and communities. It was important to challenge the traditional perception of social workers as patronizing and merely philanthropic. Eventually, the client's mistrust was replaced with enthusiasm, and soon it became a matter of prestige among social work clients with chronic mental or physical illness and disabilities, or older people placed in homes, to have their own student for a duration of a school year. Clients requested and had to be assured that students would not do any kind of therapy with them. Concurrently, to learn practical and clinical social work skills they worked in groups practicing problem-solving skills with one another and on their own self-identified problems. Many students come to social work because of their own personal experiences, believing that learning more about human problems may help them heal. From this perspective, they could be constructed as "wounded healers," a concept well known in social work (Straussner, Senreich, and Steen 126). Social work educators need to acknowledge there is a risk that social work students who have unresolved personal issues may continue projecting them onto clients and consequently be less effective in their practice. However, self-reflection of lived experiences can also be extremely valuable for their professional practice (Ferguson 425). The contact-challenge method attempted to address this. It

also focused on bridging the theory-practice gap as well. A teaching theory concurrently with student-client meetings and skills training groups (where students practiced problem solving with one another on their real-life problems). Supervision was happening fortnightly in groups with students from various practice settings, which provided an opportunity to learn from one another and exchange experiences. Integration was organic and spontaneous.

When Ksenija moved to Aotearoa/New Zealand she brought her PhD project with her and contextualized it to suit the master of applied social work program at Massey University, Auckland, which attracts students with undergraduate degrees in various professions who want to become social workers. The contact-challenge method was modified to suit the New Zealand master-level context and was researched in more depth. Principles of reciprocity, engagement, communication and respect as well as personal, professional, political and spiritual interrelatedness were well integrated, and clients and supervisors valued these principles highly.

Ksenija was writing her thesis and working with her participants (i.e., social work students, clients, and practitioners) while Tibor was asleep or playing in the playground. She also obtained work as a carer for people with disabilities, usually night shifts, which enabled her to write her thesis while her clients were asleep:

I remember that period as a blur. I was obsessed with my PhD. It was constantly in the back of my mind. I practiced mindfulness to be fully present with Tibor and then would shift focus and be fully present when I was writing. Being a new migrant, a main breadwinner, a teacher, a student, a researcher, a wife, a mother and building a social network in a new country was on one level challenging, but on another joyful as Aotearoa/New Zealand felt like home from the moment I landed here. I felt the wairua [spirit] of this land without even knowing what wairua meant. Coincidentally, upon completing my PhD, I started working as a lecturer on the same day as Tibor started primary school.¹ (Napan, “Personal interview”)

Ksenija’s students encountered many challenging situations during their contact with clients, yet the context of trust and support enabled students to extend themselves and achieve the learning outcomes. The principles of unconditional positive regard, social justice, dignity and worth of the person, the importance of human relationships, integrity, and competence permeated the process. Their practice became embodied in a Merleau-Ponty sense, to the fundamental question of his philosophy, “What does it mean to perceive?” (Alloa 1). Merleau-Ponty’s insight that neither the body nor the world is the source of perceptual experience but that it arises in and through their dynamic

interaction (249) has the potential to overturn accepted notions of normalcy, naturalness, and normativity (Weiss 77). For example, Gail Weiss argues that Merleau-Ponty's phenomenology of embodiment has the potential to critique the medical model, which argues that disability manifests as a malfunctioning body. By overturning this perception, disability in the non-normative body can be viewed from a social model in which inhospitable social and physical environments refuse to accommodate bodies that vary too much from the norm (90). Insights into Merleau-Ponty's philosophy and the ways disability and other areas of social work can be perceived and critiqued were helpful to students embarking on their formative training. Combined with an action-oriented approach, students would learn greater self-insight and were enabled to learn from experience via the real-life challenges they encountered (Marsick and O'Neil 174). The contact-challenge method also provides a space for "relational learning," in which students learn from the relationships they have with one another and with their clients (Mercogliano). A further innovation with the contact-challenge method is that students can participate in situated activities—a learning process described by Lave and Wenger as legitimate peripheral participation (LPP), which enables learners to participate in communities of practice moving towards full participation, in this case, social work practice (94). All these elements move beyond theoretical academic knowledge while introducing students to relevant theories of social work practice.

The challenges faced by students inevitably created teaching moments, and Ksenija used real life examples to discuss a wide array of social work principles. Maintaining boundaries as well as developing communication and negotiation skills required students to consider the ethics and values of professional social work:

There were tricky situations. For example, there was a woman with multiple sclerosis who wanted a student to massage her feet, and the student felt she had to. For five weeks, she would go to this woman's house and massage her feet, not exchanging a word with her, unsurprisingly feeling like she was not learning. Eventually, she disclosed what was happening for her and how she felt like a doormat and that everybody was using her in her life, even her client. This evolved into a personal piece of work supported by another student, and she felt empowered to not only address the issue with her client but in her personal life as well. The client was most appreciative and told her that it was the lack of the student's initiative that prompted her to demand foot massage, and they created a plan which was mutually beneficial. What appeared as a problem, turned into a major learning experience. That ability to reframe and turn potential disasters into a learning experience still characterizes my mothering (Napan, "Personal interview").

The student and her peers, the client, the lecturer, and supervisor all learned from the above example. Henceforth, students were encouraged to check in with their supervisors, lecturers, and peers to ensure any unusual occurrences were discussed. The contact-challenge method uses personal experiences to develop competent social work practitioners. In a similar way, reflection on being a child or being a parent can enhance a social worker's practice. As maternal and childcare social work is often focused on deficits and lack of adequate parental care, it can take much longer to gain trust and be accepted by clients. When social workers relate to clients through reflection of their experiences of being a child or being a parent (without imposition), it is more likely that relationships with the client will lead to more relevant and productive outcomes. Critical reflection and honest review of what is present needs to be addressed. Such reflection can be transformed into a learning experience that has the potential to transform the feeling of being stuck and moving into one of light heartedness and openness.

Conclusion: Mothering and Social Work as an Act of Being, Doing, and Loving

Within the cultural, social, and historical constructs of mother and mothering, motherhood is commonly connected to unconditional love. Contained by this construct, women and mothers are perceived as natural caregivers through which womanhood and motherhood are considered to be synonymous (Donath 343). The ideology of motherhood is a powerful reproducer, and many women who have not been able to have children or have chosen not to may experience regret, as society frequently judges women by a culturally constructed standard in which having children is seen as a woman's calling (Donath 347). Ellen Ramvi and Linda Davies discuss the importance of moving beyond the mythical ideal of the perfect mother yet still being able to draw on the mother-child relationship as a model for communication and rapport (456).

Motherhood itself is rarely associated with regret, and the potential presence of regret is generally disregarded (Donath 347). Nevertheless, many women experience maternal ambivalence and regret becoming mothers and parents (Donath 362). Maternal ambivalence, which is described in psychoanalytic literature as the co-existence of love and hate, has traditionally been regarded as a regressive experience of adult womanhood (Wexler 154). Social workers working with mothers with maternal regret or maternal ambivalence can reposition maternal ambivalence as a normal and important part of a mothers' subjectivity and maternal development. As Sharon Wexler (166) argues, it is important that social workers examine how the myths of the perfect mother inform beliefs and expectations about both social workers' and their own

clients' mothering behaviours (Wexler 166).

The archetype of the mother can be expressed in many ways, such as through direct parenting or through being an aunty, a teacher, or a coach. The relevance of compassion, empathy, connectedness, and the ability to perceive strengths and relate without prejudice is paramount in social work practice. We are taught about professional boundaries as well as the importance of not taking work home and being engaged but not emotionally attached. All these issues are linked to the lived experience of being a practitioner and are always contextual and situational. Social workers learn not to impart their own beliefs and struggles onto clients. Yet while maintaining professional boundaries using one's own experiences as a tool in assisting another person is not necessarily precluded. However, the tensions in direct social work practice relating to self-disclosure and relational ethics need to be acknowledged. Social workers need to be sensitive to the client as well as whether or not it is appropriate to tell their own stories, albeit with the therapeutic intent to support clients' goals and wellbeing. Certainly, a skilled supervisor could help with such dilemmas, and adequate training to develop skills in this area would be useful.

Being in a position of a vulnerable client is a valuable experience for every social worker. It teaches humbleness and how challenging power is not easy. Vulnerability sheds light on resilience and creates space for compassion to grow and professional arrogance to diminish. Ksenija's first birth experience, as appalling as it was, helped shape her respectful attitude towards clients, students, and colleagues. Power can be toxic or empowering. Social work practitioners make a choice in every interaction and every action they undertake.

Social work, like mothering, is more about being than about doing, as being and experiencing a sense of coherence inevitably leads to acting with integrity. Mothering and social work include thinking and reflecting in action as much as being aware of the consequences of every action (or intervention) undertaken. Social work is a science and an art, and it involves practitioners on many levels; mental, physical, emotional, political, and spiritual. Motherhood is similar in that sense. It is not the only path but probably one of the most intense ones that enables many women to experience love in an intensely personal way. This intense experience with all the challenges it brings can be a catalyst for enabling social workers to go beyond their role as agents of social control (especially in child protection contexts). This does not diminish social workers who are not mothers. Aunties, daughters, sisters, and cousins all play equally important roles, even though they are often neglected in Western nuclear family constellations (Booth 226). Male social workers, husbands, and partners increasingly perform traditionally feminine mothering roles. We live in an age of blurred gendered roles and social workers with their experiences of working on the margins are well placed to pave a way forward.

Motherhood is one of the most subjective and transformative experiences, either in a positive way or a regretful one. A mother’s cultural, ethnic, family, and social context will have an impact on determining her parenting style as well as her style of practising social work. This includes her beliefs and her experience of being a daughter, sister, foster mother, step-mother, caregiver, citizen, community member, and the like. Her social work will be impacted with all these variables, and the more she tries to bury them, ignore them, or pretend they do not exist, the more likely she will unconsciously impose them on her clients, which ultimately affects her decision making. This can be perceived as an artificial split imposed by the belief that the domestic and professional spheres should be kept separate. Development of emotional intelligence (Goleman 25) includes self-awareness, an ability to self-regulate, effective social skills, empathy, and being motivated to contribute. Regardless of being developed through motherhood or professional training, these competencies are highly compatible with both motherhood and social work. The self is the main tool for effective social work, and we need to take care of the self in similar ways as master builders take care of their tools. In social work, we do this through self-reflexivity, supervision, collaboration, and life-long learning.

Embracing future social workers’ reality of being, regardless of having children or not, and connecting with their genuine mothering experience (either as a mother or as a child) have the potential of enabling social workers to connect with their clients in a more genuine and authentic way. The lived experience of being parented or being a parent, regardless of it being predominantly positive or negative, shapes the way we see the world and, consequently, how we practice social work. This deep connection—either grounded in unconditional nonjudgmental acceptance or trauma, conflict, and oppression—creates an opportunity for growth and transformation that social work educators need to embrace in their teaching.

Ksenija’s personal narrative has been contextualized socially and historically throughout this article. Her personal narrative has also been implicated in the creation of this work. Both authors have had a point of view that shaped the paper and offered unique insights into one woman’s story of motherhood and social work. As T. Trinh argues, personal narratives offer a “phase of communication,” the “natural form for revealing life” (123).

The authors hope this exploration into one mother social worker’s life has uncovered the importance of reflecting on birth experiences, motherhood, and social work educational opportunities. Personal narratives told with authenticity and embedded in the meaningful activities we undertake, either personally or professionally, tell not only our life stories but also life in all its manifestations. When we acknowledge our sense of the spiritual and are in coherence with the natural world and are open to listening to our intuition we

are “rocked in the cradle of life,” nurtured, and supported. Such invitations as “Do you want to be my mother?” on both the literal and metaphorical level become appreciated callings for participation in the co-creation of life and spiritual inquiry.

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Endnotes

1. The Croatian War of Independence was fought from 1991 to 1995 between Croat forces loyal to the government of Croatia, which had declared independence from the Socialist Federal Republic of Yugoslavia (SFRY) and the Serb-controlled Yugoslav People’s Army (JNA). The war ended with a victory for Croatia with preservation of its borders and independence (On War.com).
2. In Aotearoa/New Zealand, most children start primary school when they turn five years old.

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