

Mothers with young children: Caring for the self through the physical activity space

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ABSTRACT

Mothers with young children have been consistently identified in public health discourses as having lower levels of leisure time physical activity than the general population. They are subsequently positioned as an at risk population susceptible to, for example, weight gain and postnatal depression. Women's ethic of care and good mother discourses work together to constrain mother's physical activity levels. In addition, public health discourses attempt to mobilize mothers into engaging in regular, rigorous sessions of leisure time physical activity, which often creates a calculative relation to self as women try to meet the expectations prescribed by health professionals. In this article, however, we employ Foucault's ethics of self to explore how 18 mothers with young children problematized and resisted prescriptive notions such as the ethic of care to create a space to begin to practice self-care through participation in leisure-time physical activity.

KEYWORDS: leisure activity; meanings; subjective well-being; women's leisure

Introduction

Though much has been written in recent years about women and leisure-time physical activity (LTPA), there continue to be gaps in our understanding of individual women's experiences. Whereas in the past a collective interpretation of women's experiences was predominant, there is an increasing realization that women are not an homogeneous group (Henderson & Allen, 1991) and that women have varying experiences of LTPA throughout their lives (e.g., Dionigi, 2002; Shaw, 1992). Although previous research (e.g., Currie, 2004) has provided evidence that women benefit from LTPA in a range of forms and are actively making space for LTPA in their lives, this is not necessarily the case for all women. Mothers with young children, in particular, still face a range of constraints to their participation in physical activity including fatigue, obligations to other roles, lack of time, and lack of social support and childcare (Bellow-Riecken & Rhodes, 2007; Mailey, Huberty, Dinkel, & McAuley, 2014; Miller & Brown, 2005). Likewise, mothers of very young children engage in fewer out-

of-home activities than mothers of older children or childless women and are likely to do no physical activity other than walking for transport and housework (Deem & Gilroy, 1998). In addition, powerful discourses of femininity such as the ethic of care and intensive mothering, position women so they shoulder the majority of the responsibility for their babies and toddlers, family life and family health (Lewis & Ridge, 2005). As a “sedentary” and “at risk” population, women (Australian Bureau of Statistics [ABS], 2009) are also urged by health policy to engage in disciplinary practices (e.g., physical activity) to regain control over their bodies after child birth and stay fit and attractive to others (Dworkin & Wachs, 2004; Hamilton & White, 2010).

Public health discourses also suggest that mothers with young children should engage in LTPA to prevent mental health conditions such as postnatal depression (PND) (ABS, 2012). Postnatal depression affects up to 15% of childbearing women postpartum (Meltzer-Brody et al., 2013) and in Australia it is considered a major public health issue for mothers and their families (Australian Institute of Health and Welfare [AIHW], 2012). Women themselves have identified that LTPA is an important aspect of postnatal well-being (Currie, 2009; Daley, MacArthur, & Winter, 2007). They also, however, report difficulties continuing with formal exercise in the postnatal period for various reasons including high stress levels (Lox & Treasure, 2000), lack of energy, feeling unwell, and lack of time and space for LTPA (Doran & Davis, 2011). Further, for some women, the expectations to achieve specified levels of LTPA in relation to frequency, intensity, and time can place an additional burden (e.g., feelings of mother guilt and inadequacy) on those who are already vulnerable and deemed “at risk,” including new mothers who are at particular risk of inactivity (Albright, Maddock, & Nigg, 2006). A discourse of duty also creates a calculative relation to self as women attempt to

constantly ensure that they are measuring up in terms of their exercise behaviors (O'Brien, Lloyd & Ringuet-Riot, 2014).

In response to concerns about women's sedentary behaviors, previous research highlights the need for individually tailored programs with flexible delivery mechanisms. For example, "interventions" such as pram (stroller) walking, supervised exercise sessions, and homebased exercise training are advocated to help women change their LTPA patterns to ensure that they do not become a health risk (Daley et al., 2007; Marshall et al., 2013). In addition, health agencies such as the National Institute for Health, Clinical Excellence (2004) in the United Kingdom recommend that exercise should be considered as a "treatment" for women who develop mild or moderate depression during the postnatal period. These interventions are largely prescriptive and focus on solutions to women's health "problems." Perhaps, more importantly, they ignore the everyday meanings, such as changes in gendered embodiment and enjoyment that women have identified as important to their engagement with LTPA (Velija, Mierzwinski, & Fortune, 2013; Spowart, Burrows, & Shaw, 2010). Similarly, the considerable research in this area has largely centered on the "effects" of exercise on physical and mental health. For example, Demissie et al. (2011) found that mothers who participated in adult and child care, indoor household, and work-related LTPA were more likely to experience elevated depressive symptoms at 12 months postpartum. Conversely, participation in recreational and outdoor household LTPA had no link to depressive symptoms.

While this research is predominantly framed within biomedical and epidemiological discourses that focus on normalized "outcomes," it nevertheless raises interesting possibilities for thinking about the spaces in which women engage in LTPA. We argue that

greater attention needs to be paid to how mothers with young children creatively negotiate discourses of femininity to find space to engage in LTPA as a practice of caring for the self. Using Foucault's notion of "ethics of self" (1987), this article examines the LTPA practices of mothers, the relationship between these practices and the dominant disciplinary, discursive body practices (Foucault, 1988b) women are urged to take up after childbirth and how mother's "relations of care" are transformed in the LTPA space.

LTPA and resistance

Many scholars have recognized that LTPA, while a relative site for freedom, pleasure, choice, and personal growth, offers the potential for resistance as individuals find personal empowerment through challenging power structures embedded in social life (Dionigi, 2002; Green, 1998; Wearing, 1990). For instance, it has been suggested that although women are variously constrained in their LTPA by hegemonic power structures, gender stereotyping and an ethic of care linked to marriage and motherhood (Deem & Gilroy, 1998; Henderson & Allen, 1991), they are also capable of resisting these normalizing discourses (Foucault, 1980; Rojek, 1989; Wearing, 1998). Women can, therefore, actively work on and constitute their subjectivity, not to conform to normalized discourses but rather to create other subjective experiences (Markula, 2004). Physical activity is an everyday practice through which women may open up a space for "self-fashioning" and a chance for thinking of oneself in ways other than the norm predicts (Heyes, 2007, p. 119). This in turn can lead to feelings of empowerment as women experience a sense of entitlement and begin to transform their lives to create space to engage in LTPA (Currie, 2009; Deem & Gilroy, 1998; Henderson & Bialeschki, 1991).

Evidence for these findings is strongly supported in the leisure literature. For example, Freeman, Palmer, and Baker (2006) addressed the notion of entitlement to leisure and the role of choice in the lives of stay-at-home mothers. These women, who stereotypically may not be viewed as in a position of empowerment, did see themselves as entitled to leisure and negotiated time and constraints to achieve it. Green (1998) found that the leisure context was an empowering avenue for women to resist gender stereotypes, as femininities are reconstructed within the boundaries of the leisure space. Wearing (1998) also identified the empowering potential of leisure to enable mothers to resist gendered role expectations. Each of these studies is founded on an understanding that women experience some oppression in their everyday lives and that leisure participation can offer an opportunity to challenge the structural power relations embedded in their socio-cultural contexts (Henderson, 1994). Such poststructural approaches are grounded in a belief that women can also be active agents involved in the constitution of their own identities, and not just pawns of social structures. As such they raise the question of an individual's capacity to resist normalized discourses.

The same affect can be at play in the LTPA space if the right conditions exist, that is, freedom for women to choose how, when, where and why they participate. Research has shown that LTPA enables women to experience feelings of happiness, fulfilment, embodied pleasure (Spowart, Burrows, & Shaw, 2010) along with feelings of strength and empowerment (Currie, 2004). While these subjective experiences are considered less measurable than standard health benefits and hence do not attract the same degree of import in the evidence-based discourses of public health, they are important to note. When constraints literature on women's participation in LTPA is considered, gender, in particular the "ideology of motherhood" (Spowart, Hughson, & Shaw, 2008) and the related gender-

based roles, sex role expectations, issues of body image (Evans & Allen-Collinson, 2014), and cultural stereotypes (Bialeschki & Michener, 1994) are all evident. These gendered discourses, and the power relations produced, work to persuade women to conform to norms and expectations of motherhood sublimating their needs beneath those of others. Foucault (1982), however, argues power relations can change through the actions of an individual who may take up a particular position in discourse over another. Thus, entitlement, self-determination, and empowerment can be seen as different modes of being for mothers who resist the dominant discourses of motherhood and employ practices of freedom to care for themselves through the LTPA space.

Ethics of self

Foucault's exploration of power via subjectivation marks a shift in his work from exploring techniques of domination to exploring techniques of the self. In his earlier work, Foucault used the notion of techniques of domination to explore the external power relations through which the subject is constituted as an object of knowledge through a docile disciplined body. As an adjunct to this work, Foucault then moved to equipose techniques of domination, with techniques of self through which "human beings are made subjects" (Foucault, 1982, p. 208). Foucault has been critiqued by feminists such as McNay (1992, 1994) for privileging a notion of a masculine self and founding his ethics on masculine notions of control and conquest. We contend, however, that his ethics, when aligned with a feminist poststructural concern with the constitution of gender, provide a means through which we can examine the practices women with young children mobilize to engage in LTPA.

Foucault wanted to investigate the “interaction between oneself and others, and in the technologies of individual domination, in the mode of action that an individual exercises upon himself [sic] by means of technologies of the self ” (Foucault 1988, p. 19). Foucault’s (1988) technologies of the self consist of the forms of elaboration of particular techniques of self; his ethics of self are an examination of the conduct of one’s relation with oneself.

Foucault (1987, p. 2) argues that these practices permit an “exercise of the self upon the self by which one tries to work out, to transform one’s self to attain a certain mode of being.”

Here the verb “transform” is often interpreted to mean that the “technologies of the self” materialize in “resistant” practices, which an individual which an individual uses to changes power relations” (Markula, 2004, p. 304). However, Foucault emphasized that these exercises of the self on the self can also be a disciplinary practice. They may serve as practices of normalization or conversely they may enable one to also engage in care of the self as an ethical practice of individual freedom.

An example of these transformational, disciplinary practices is offered by Dworkin and Wachs (2004). They argued there was a new third shift of bodily labor and fitness practice not simply done for health reasons but also to normalize appearances most aligned with current signifiers of emphasized femininity. Therefore, quickly regaining one’s prebaby body after childbirth was expected while “letting the body go” constituted failed womanhood and motherhood (Dworkin & Wachs, p. 616). In their study, fitness was framed as not simply an empowering haven for the self but an entire regime of gendered bodily practices that was required by contemporary discourses of femininity. It is, therefore, often difficult to determine if women’s participation in LTPA is an active practice of care for the self or if it represents passive acceptance of dominant discourses that leads them into the effects of compliance and normalization.

Foucault's ethics of the self provides a way of thinking about how identity is constituted through a vast array of gendered power relations that may be contradictory and unstable, and hence be open to change and resistance. In particular, Foucault's ethics of self are practices through which the normalizing discourses of femininity, such as the ethic of care can be resisted. He suggests that "we have to promote new forms of subjectivity through the refusal of this kind of individuality which has been imposed on us for several decades" (Foucault, 1982, p. 216). This new form of subjectivity may be constituted through the individual experimenting with the "limits of ourselves" (Foucault, 1984, p. 46). Through experimentation and interrogation of the limits of subjectivity, it is then possible to resist or transform and create new forms of subjective experiences (Foucault, 1984). The resistant or transformative aspect of Foucault's ethics is where feminism and Foucault converge. McNay (1992, p. 116) points out that his work provides a "way of considering what women might become if they intervene in the processes that shape their lives, and as a result the potential that may arise for the construction of new types of identity." This is an ongoing process of becoming, as subjectivity is always in flux, being made and remade. Part of this interrogation involves a "critical ontology of ourselves" (Foucault, 1984, p. 47) to "unlearn ...all the bad habits, all the false opinions" (Foucault, 1994, p. 97). According to Foucault it is only through this critical ontology, or problematizing the limitations of identity, that ethical practices can become practices of freedom. For mothers, the development of an attitude of self-critique or critical self-awareness that is not directed "at the self" may be rather difficult to cultivate. The development of an attitude of self-critique may converge with already existing habits of self-blame, for example of one's body image (Evans & Allen-Collinson, 2014), which may prevent mothers from engaging in adequate LTPA. This negative aspect of women's self-constitution highlights the importance of critiquing gender

expectations rather than oneself. The important point to consider is how a woman who is trying to find ways to engage in LTPA may experiment with the limits of types of subjectivity. This may be aided through reflections on the social context that limits the type of subjects that women can become. The process of reflection and critique then opens up possibilities for a transformation in “ways of being and thinking” (Foucault, 1984, p. 46) and potentially the creation of an active sense of self-care facilitated through the LTPA space. The purpose of this article is to examine (a) the processes and resistant practices mothers with young children mobilize as they create a time and space for LTPA; (b) the power relations at work within the LTPA practices of mothers and the dominant disciplinary, discursive body practices (Foucault, 1988) women are expected to adopt after having children; and (c) women’s embodied relation to self as they engage in LTPA in ways that change their relations of self-care.

Methods

A qualitative, interpretive research design was used to capture women’s descriptions of their experiences of participation in LTPA as mothers with young children. Thus, while the theoretical concepts of “ethic of care” and “care of self” (Foucault, 1987, 1988) were familiar, their relevance to this study evolved from the inductive process of an interpretive paradigm (Gubrium & Holstein, 2000). We chose a two-stage data collection process, which included focus groups and follow up individual interviews, to gain access to the women’s stories. We then used qualitative data analysis to explore their individual experiences in greater depth (Corbin & Strauss, 2008). These techniques allowed us to interpret the women’s words and gain an understanding of their unique realities without imposing existing theories or predetermined notions of women’s outcomes from LTPA, on the

findings (Minichiello, Aroni, Timewell, & Alexander, 1995). Furthermore, acknowledging that women's experiences of LTPA were part of their broader socio-cultural and gendered contexts (Henderson, 1994) and listening to women's voices (recognized from within their own social worlds) offered a more complete understanding of their lives. During this process, we often reflected on our own personal situations and how these compared to the interviewed women and to each other. All of the researchers are full-time academics who are married, and one is the mother of a 3-year-old and of a similar age to many of the women in this study. These conversations made us even more aware of the differences between women in terms of their access to and experiences of LTPA. Thus, following a broad feminist framework, our research was founded on a desire to explore women's experiences from their own viewpoint and to "conceptualise women's behaviour as an expression of social contexts" (Reinharz, 1992, p. 51).

Sample

The initial focus group interviews comprised a convenience sample of women who were members of mothers groups and/or women who had children attending the same day care facility run by a local community service provider. The mothers were drawn from three local government areas in the region of South East Queensland (Brisbane, Redlands, and Noosa Shire), Australia. After each focus group, participants were given an information sheet including an invitation to take part in a further individual interview, the purpose of the one-on-one interview, sample questions, the process for arranging the interview and a statement explaining their right to withdraw from the study after the focus group stage.

Of the initial 30 participants, 18 women agreed to an individual interview. The majority of the 18 women had at least one child under the age of 2. Four women had more than one

child, and one woman had five children. Nine women were pregnant at the time the individual interviews were conducted. The majority were married or in a long-term de-facto relationship, two mothers were employed full-time, nine part-time, and six were not in paid employment. One woman was studying part-time. The 18 respondents ranged in age from 26 years to 41 years.

Data gathering and analysis

Qualitative methods seek the evaluative meanings (e.g., thoughts, feelings, and intentions) that people give to the processes that are being examined and that cannot be observed by researchers (Henderson, 2006; Patton, 2002). In this study, we operated in a discovery mode using in-depth interviews to create an interaction with each participant and gain rich and detailed data related to the women's inner perspectives (Henderson, 2006) of their experiences. Each member of the research team conducted interviews as we felt that participants might be more comfortable talking to other women about the topic of LTPA in relation to motherhood. In this setting, we hoped that our shared experiences as women might allow the respondents more opportunity for self-expression.

Patton's (2002) interview guide approach was used in this study. That is, questions were asked as appropriate to the progress of the interview (Henderson, 2006). This allowed for flexibility to follow any issues or experiences highlighted by individual women.

Initially, a range of open-ended questions based around key themes drawn from the literature were used to guide (but not constrain) the conversation. Themes included how women's lives had changed after having children, how their participation in LTPA had been affected by the demands of motherhood, and what strategies or support systems (if any) they used to facilitate their participation in LTPA. During this process we encouraged the

women to elaborate on their LTPA experiences, describe how physical activity made them feel and why (if at all) it was important for them to keep active after having children. The wording of the questions was flexible to accommodate the women's different communication patterns and to allow a fluid approach to the structure of each interview. The interviews were conducted in locations selected by the women taking into consideration a request from the authors that the interviews be relatively free of interruption. As a result, all interviews took place in the family home. Each interview lasted approximately 1–1.5 hours and was transcribed verbatim from audio tape recordings with the women's consent. During transcription, the women's names were changed to protect their identity.

Transcripts were then analyzed through a process of constant comparison in a search for common major themes (Corbin & Strauss, 2008). This consisted of open and axial coding phases that identified data categories and categorical links and integrated these categories and their properties within the context of a central theme. Thus, while the essential meaning of the women's comments was retained the data were reduced to identifiable themes. The semi-structured interviews provided information that helped to locate the women's stories in the broader context of their lives as they explained their LTPA participation in relation to family, friends, marriage and motherhood. In these ways the women's experiences were identified and informed by discussion of their motivations, opportunities, and life circumstances. Data analysis focused on systematic coding of the transcripts in order to identify emerging themes. Two procedures were used to reduce researcher bias and to ensure the voices of the women were represented clearly in the transcription and coding. First, the researchers separately coded the same three transcripts and then compared analyses (Merriam, 2009). Second, using member checking, the selected

participants were given the three copies of their coded transcript and were asked to assess the interpretations and assumptions of our findings (Miles & Huberman, 1994). These processes resulted in a high degree of consistency across coding and theme development and trustworthiness in the findings as the participants accepted our interpretations of their experiences (Henderson, 2006). A series of selective codes were then created, which resulted in two major themes centered on the notions of time and space and their relationship to women's self-care through LTPA.

Findings

In the following section, we discuss the two main themes. In the first, resisting the ethic of care for self-care, we examined how women negotiated discourses of motherhood and femininity to create time for LTPA. In this theme, the participants described the everyday practices that enabled them to begin to care for themselves. The second theme, embodiment of LTPA through transformational experiences, considers how these everyday practices changed how women relate to their embodied self. Here, the women discussed how engaging in and experiencing LTPA in a transformative space of their own, expanded and opened up possibilities for ongoing practices of care for the self.

Resisting the ethic of care for self-care: "My time and I really love it"

Within public health discourses, women are positioned as an at-risk population due to their suggested sedentary behavior and are urged and directed to take up LTPA in order to reduce these risks and optimize their health (ABS, 2009, 2012). These health initiatives promote 30 minutes a day as the norm for maintaining good health. However, these initiatives overlook research identifying that mothers with young children are chronically time poor (Gunthorpe & Lyons, 2004). They also ignore how powerful discourses of

femininity and an-other orientation often results in women attending to the needs of the family ahead of their own (O'Grady, 2005). As women within this study attempted to find time to engage in LTPA after the birth of their child they often spoke about experiencing "mother guilt" and feeling "selfish." At the same time, they drew on dominant discourses of motherhood (e.g., mother as nurturer, as giver) to re-frame their positioning as a physically active mother as something that contributes to rather than detracts from their capacity to "perform" as caring mothers and partners. Eva, (married, one child) said that LTPA enabled her to be a "better mother" and the family benefited as a result.

While the ethic of care may have prompted women to engage in LTPA, they had also found ways to resist and challenge these discourses of femininity and problematize these discursive constraints by recognizing the importance of having "me time" for LTPA. Lisa (married, one child), for example, spoke about "me time" in terms of putting herself first and doing something for herself. Other women also spoke about the importance of taking time out to be "active." Amanda saw LTPA as a process of learning how to begin to care for herself,

I will try to be really kind to myself and say "okay, well I'm going to, not go to the dump tomorrow I'm going to go for an extra-long walk because I didn't get a walk today. So more than doing something about it then, acknowledge that its happened and say, paying yourself first is actually alright and you know, like a lot of women I don't necessarily always feel comfortable with that but I've just learned over time that if I don't have those "outs" and my own time, you know...

This meant prioritizing time for LPTA rather than waiting for an opportunity to participate if and when it became available between domestic duties. Kelly, a married mother of three, had also struggled with feelings of selfishness when she decided that she needed some time to

go to the gym. After a period of four months when she was unable to go, however, she realised how important it was for her to prioritise some LTPA for herself.

It is a priority. I have to do it. I have to do it too ... that is why it's either a Monday or Tuesday and then I've got the rest of the week to choose which other day I do it and umm, no you have to do it.

While Kelly's remark could have been driven by a sense of obligation in "having to do" LTPA to stay healthy and be a good mother, she emphasized that her LTPA is time for herself.

Other women also resisted the ethic of care through organizing and planning their time so they then felt a sense of entitlement to LTPA. As Elise (married, one child) explains,

Yeah, I try and tell myself. I have to pre-plan it and go, "right, yeah, Wednesday night, have a quick dinner and then I'm going to spend some time on myself." So I guess it's just a bit of planning. I tell Harry (my son) just so he knows he's not going and he's not going to get my company.

Di, in particular, who was married with five children, highlighted the importance of time for herself when she said, "Especially since you've got kids and that's such a full on thing anyway, it's really important to be able to take time out for yourself." Taking time for LTPA often meant that they had to relinquish the care of their child to either their husband or childcare provider, organize for the next day's activity the previous night or create a regular, if modified, routine in order to continue their engagement in LTPA. Gabby, a married woman with one child, did not engage in much LTPA prior to having her child. An opportunity arose for her to work with a personal trainer and rather than viewing exercise as a "chore" or duty she recognized that this "time out" for LTPA was important.

It's time away for me too. And I actually see women come after me with their children and I just think, "Oh, I couldn't relax" that's my time and I love it. If Olivia was there I'd be thinking, "Oh, what's she doing, what's she touching?" and I wouldn't relax. Cause I look forward to it. Just to have that time when I'm

by myself. But I do a lot of things, I have a lot of time out for myself. I make sure that I do.

Gabby's comment raises a key point for women when speaking about time for the self.

Through questioning the limits of normalized motherhood, and taking "me time" women had created a reflective space where they could be on their own and find ways to engage with the self that were transforming their relations of care. In the next section we consider this further and explore how women move beyond a duties discourse. They engage in LTPA as an embodied practice of self-care as opposed to LTPA becoming another task they "have" to do, adding an additional responsibility to their already over-burdened lives.

Embodiment of LTPA through transformational experiences

Women spoke about how LTPA allowed them to feel good, created a space of well-being, gave them feelings of pure pleasure and enjoyment, and was a space of becoming. Women may not have overtly resisted the calculative logic evident within public health discourses to manage health risks; however, they did personalize and consider more deeply how LTPA affected their emotions and their embodied relation to self. This in turn enabled them to problematize various ideals of prescriptive LTPA behavior. Leisure-time physical activity was an enabling practice and not a self-management technique to reduce "risks" and meet normalized public health guidelines. Gabby, a married mother of one child, had always resisted LTPA because she did not think it was important and never thought that she would become someone who enjoyed exercise to the extent she does now. As a consequence of having a personal trainer she valued LTPA for the way it made her feel: "It's about feeling good about yourself, and feeling fit and healthy ...I definitely love it. Love it. I couldn't give it up now, now that I have really got stuck into it." Rather than trying to manage any risks to

her mental health, Gabby was engaging in LTPA as a transformative practice, a technique of engaging with her body that left her feeling “really happy and rested.” In this way LTPA took women to another space that was much more than forestalling mental health issues or reaching prescribed levels of fitness.

Other respondents also spoke about LTPA in ways that suggested prescribing exercise (e.g., pram or stroller walking with other mothers) to treat or prevent postnatal depression, lose body fat, or enhance physical fitness, but they overlooked some very important meanings that contributed significantly to their overall well-being. Many of the women in this study chose to walk, with othermothers, with their child in a pram or alone. Bea, a married mother of two children, purchased a pram so that she could continue to walk with her baby. She found, however, that having to attend to her child and frequently change nappies (diapers), took away the “spiritual aspect” of walking. In contrast, walking alone gave her some “mental space” away from her responsibilities. She was not striving to achieve any particular goal or measure of success, but rather walking by herself enabled her to maintain “balance” through changing how she felt. The complexity of women’s engagement in LTPA is captured eloquently in the meaning that Bea attributed to her experience.

I love walking and I find it refreshing and on all levels I find it healing and refreshing and if I can use that word, it’s a bit corny. But you know what I mean? It’s kind of ...I come home and I just feel really like (sigh) you know? That was great. So it’s more than just physical because its umm ... so you know ... I know some people that are at the gym and they’re this and they’re that and it’s a very focused and its very umm, ahhh, goal driven and things like that ...that’s not how walking is for me.

Bea’s comment raises a very important point about how women can feel about LTPA.

Physical activity for these women was not only pivotal to maintaining good physical and

mental health, it enabled them to experience broader personal benefits often associated with the leisure experience, such as relaxation and self-efficacy. In this sense LTPA was in many ways both a reflective and restorative space.

For other women, the embodied dimension of LTPA allowed them to engage with their bodies in ways that evoked emotions of pleasure and enjoyment. This is a contrast to how some women often feel during pregnancy when they engage in self-surveillance to ensure that both they and their baby are healthy. It is also a contrast to policy maker's positioning of women as a sedentary and at-risk population. For the women in this study, LTPA had importance beyond the time spent keeping fit and potentially preventing and/or managing postnatal depression. The experience was a way of sustaining them through the day and providing them with a space for self-care. Leanne spoke of the pleasure derived from the exertion of exercising. She described herself as "very active" before getting married and becoming a mother of two children. While her LTPA had dropped off due to the demands of motherhood, Leanne was still able to reflect on the enjoyment and pleasure she derived from her engagement and how "pushing herself" and "increasing her heart rate" and "getting a sweat up" gave her a "big buzz." She had also set herself a goal of running 10 kilometers, and while she recognized that this was a challenge, felt that "if you can do that, so why couldn't you do other things?" In this way LTPA was transformative for Leanne, as it had enabled her to resurrect and sustain her identity as an active and fit person, not simply a mother and wife. Leanne's LTPA had also allowed her to engage with her embodied self in ways she had not thought possible since becoming a mother, thus expanding notions of her feminine identity.

Respondents also indicated that engaging in LTPA had made them feel stronger physically,

and gave them a sense of capability. Women enjoyed their own physicality and embraced the notion that part of their identity was connected to feelings of strength. This is in contrast to discourses of femininity that are mediated by an image of weakness and limit women's engagement with their body. Women were problematizing this relationship and embracing the strength they gained through engaging in LTPA. Elise, a married mother with one child, had put together an exercise routine at home that allowed her to feel fit and strong. She enjoyed being responsible for when and how she chose to exercise, and as she approached forty, felt confident and "more comfortable ... in my own skin." In this way rather than becoming obsessive about exercise and engaging in self-surveillance to ensure that they are meeting prescribed guidelines of health behavior, women were engaging in LTPA for the way it enabled them to change their embodied relation to self.

Women also spoke about how LTPA occupied them to the extent they were so absorbed in the activity that everything else disappeared. In this regard, women's engagement with LTPA represented a movement away from conventional notions of needing to be fit and healthy for others, to be a good mother, worker, and wife, to a different relation to the self where women were seeking to creatively find the space to engage in practices of care for the self. Kelly (married, three children) stated that when she played tennis she did not think about her daughter; she simply concentrated on what her "grip was doing and what foot's doing what." Similarly, Grace's (married, one child) swimming sessions were her "own domain" where she could focus on swimming and the enjoyment that "being alone in the water" afforded her. Candy (married, one child) also experienced a sense of escapism and rejuvenation when she got out into the fresh air for a walk. Other women expressed similar sentiments, that LTPA took them away from their responsibilities, allowed them to feel relaxed and gave them clarity.

Certainly the embodied aspect of LTPA, women feeling good through engaging with their body, sweating, using muscles, pushing their heart rate up and having fun, was very different to the prescriptive aspect of LTPA. This aspect of LTPA is not considered in “treatment” programs designed to reduce mother’s susceptibility to postnatal depression. It is also not considered in public health programs that focus on changing women’s sedentary behaviors to reduce postnatal weight, potential obesity and family health issues. Women’s experience with LTPA changed their embodied relation to self: taking pleasure in movement and through self-reflection and understanding, they could transform themselves. This suggests that it is women’s desire to reconnect with their body and sense of self, rather than a need to manage themselves for risks that is perhaps most important for their mental health. The former presumes women are in control and seek to create an enabling LTPA space for their own self care. The latter presumes a physical or mental problem does, or might, exist, and needs to be overcome through externally prescribed LTPA standards.

The women in this study have shown the importance of engaging in LTPA for the way it affected their well-being and the connection with their embodied self through feelings of strength, capability, pleasure, and enjoyment. Being active was now a choice not a burden, a relation of care that enabled women to engage with LTPA within timeframes, at levels of intensity and in types of activities that suited the individual. Through the work “of the self upon the self” and through everyday practices women were finding a different sense of time and space in which to engage in care for the self (Foucault, 1987, p. 2). This time and space allowed women to transform their relations of care to begin thinking about caring for themselves. Thus, the organizational effort women put in to ensuring they were able to engage in LTPA and problematizing the limits of the ethic of care through their own sense of entitlement enabled them to engage in LTPA as part of a process of becoming a different

self. The planning and organizational rituals brought legitimacy to the activity and in some sense mirrored getting organized for work the next day. As such, these techniques of self, did not feed back into a disciplinary regime of normalization but rather helped to re-define LTPA as emotionally and relationally important for these women.

Discussion

In this article, we explored how mothers with young children negotiated time and space to participate in LTPA and in doing so, engaged in a range of practices focused on caring for the self. Using Foucault's notion of "ethics of self" (1987), we examined these LTPA practices and how mother's "relations of care" were transformed in the practice of self-care through LTPA. The findings indicate that, for these women, participating in LTPA held meanings beyond managing risk, family responsibilities and personal appearance. In this study, women became active agents in the re-conceptualization of the LTPA space as a place for self-care, growth, and self-reflection.

Self-care through the LTPA space was initiated through a range of practices. The women separated themselves from the "constant demands" of others (children, family and friends) by asserting their own needs for LTPA. In line with Wearing's (1998) work, women also facilitated their participation by planning and organizing for upcoming activities and using temporal markers (taking time out) to create opportunities. In addition, the women identified and defined an embodied, emotional and relational space for LTPA engagement (being in a special place that was related to LTPA experiences only). This was equally important as a space for recognizing, articulating and valuing the embodied and emotional modes of being associated with LTPA (concentrating on individual needs, experiences and meanings). Similar to Miller and Brown's (2005) findings, physical activity was both a

“pleasure” and a “release” for mothers. This experience changed their embodied relation to self (Heyes, 2007) and as a consequence, the LTPA space was constructed by and for each woman.

Women enjoyed the physicality of their involvement, challenging notions of feminine weakness. This is similar to Velija, Mierzwinski and Fortune’s (2013) work on women becoming empowered through changing their gendered embodiment in the martial arts space. Yarnel, Hutchinson and Chow’s (2006, p. 155) study also found that learning how to fight fires “required young women to learn about their bodies, to use their bodies and therefore, *to be embodied.*” Embodied learning for these young women included the opportunity to re-evaluate the limitations and strengths of their bodies, which empowered them to feel more confident about themselves. By extension we argue that women embrace not only their gains in strength, but the pleasure and enjoyment they experience through engaging in LTPA. In this way through changing their embodied relation to self, LTPA becomes a practice of self-care Fullagar (2008, p. 47) also argues that through active leisure women can come to see themselves as more than someone’s mother and are able “to step outside themselves for a while as they practice a different relation of self-care.”

For the mothers in this study, engagement in LTPA was not restricted to structured and organized forms of sport and recreation. While many of the mothers engaged in exercise and fitness-related activities (e.g., pram/stroller walking, yoga), equally as many participated in what could be called physically active leisure, for example, “getting out into the fresh air for a walk,” doing a workout “at my own pace” while listening to music, and swimming “for fun.” In this way, women were producing a different knowledge relation to the self, one that was predicated on self-knowledge acquired through experimenting with the limits of the

feminine identity (Fullagar, 2003). In many cases, these leisure-oriented activities espoused stronger sentiments of self-care practice since they represented individual choices that suited personal circumstances and interests rather than compliance with rigid standards set down by external agencies.

Importantly, women were able to engage in “pleasure in embodied movement” that was not directed at “measures of self-improvement” (Fullagar, 2003, p. 58). For example, freedom of choice in terms of how they engaged in LTPA gave women an opportunity for self-expression by allowing them to choose when, where and how they would be active and the meanings they attached to their participation. In Miller and Brown’s (2005) study, women who actively prioritized LTPA were seen to be taking control of their own potential for involvement and increasing their levels of self-efficacy for continued participation.

However, Miller and Brown (2005) also found that mother’s primary reason for being active was the responsibility to the well-being of the family. For example, the mother’s individual health (one aspect of self-care) was viewed as an essential component of the overall health of the family unit and was subsequently an additional responsibility within the existing ethic of care. In contrast, we argue that women in our study used LTPA predominantly for self-care and, as such, it became a vehicle to resist prevailing ideologies around motherhood. In this space, women could experience those “characteristics of empowerment which allow a (re) positioning within their active confident relations with others, and from this, their active relation to socially recognizable gendered norms” (Raisborough & Bhatti, 2007, p. 474). As Markula (2004, p. 313) stated, an everyday activity has the potential to become a “practice of freedom” which through self-reflection and understanding, the self could be transformed.

For these women, the time set aside for LTPA and the space it represented facilitated and legitimised multiple experiences such as pleasure and enjoyment, fun, escape, challenge, fitness, and peace. Furthermore, the leisure orientation helped mothers to practice self-care by pursuing LTPA for fun and to feel good and therefore resist any externally imposed purpose (e.g., to achieve fitness “outcomes” by complying with health guidelines) and the ethic of care, so long a discursive barrier to women believing they had a right to LTPA. The ability of these women to experience an activity to the point where their ethic of care for others faded into the background provides a strong example of the relevance of LTPA to their sense of self-care and relation to self.

Recommendations for future research

Undertaking a longitudinal study of women and their practice of self-care through LTPA would allow the influence of life changes (e.g., another child or a return to work) and women’s responses to these changes, to be examined. In addition, a deeper understanding of the transformative qualities of the LTPA space is needed. For example, for some women in the current study, being in the outdoors produced feelings of pleasure, enjoyment, and wellness. For others, being alone created a space for self-reflection and separation from their roles as mother and wife. Thus, the physical, social, and emotional context of the LTPA space is an important consideration in women’s practice of self-care. These insights might be extended through a comparative study examining how and if women across the life-course also negotiate discourses of femininity to engage in LTPA as a practice of self-care. Finally, we accept that in asking mothers with young children to participate in a study about physical activity, we may have excluded those women who perceive themselves as inactive.

In doing so, we have lost their stories and need to ensure that future research is fully inclusive.

Conclusion

Perhaps the most important aspect of this study was the realization that women were creating highly personal “subjective experiences” (Markula, 2004) in the LTPA space, which provided opportunities for transformation through self-reflection, understanding, and knowing self. In this way, the women were challenging the dominant discourses of motherhood that “invite and persuade mothers to conform to norms and expectations” (Spowart, Burrows, & Shaw, 2010, p. 1187) and were seeking the freedom, and the possibilities that go with such freedom, to engage with and care for the self. According to Foucault, however, subjectivity is a constant process of becoming, continually being made and remade. It would be important, therefore, to critically reflect on women’s existing and future practices so that the opportunity emerges to question the limitations of this perceived freedom and identify new possibilities for “being other” (Lloyd, 1996).

The findings presented here highlight how the women in this study had come to understand their own needs and sought to re-imagine their selves through the LTPA space. While there was no sense that these women would completely transform the wide-ranging constraints traditionally associated with motherhood and/or reject the ethic of care and its inherent responsibilities for children and family, they had re-interpreted their understanding of motherhood. To some extent, they were “living an alternate version of motherhood” (Spowart et al., 2010, p. 1188), which included an element of entitlement to LTPA and an active “sense of self-care” (Foucault, 1987) through the emotional, embodied, and relational space they set aside for LTPA.

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