Parenting in Italy: exploring compliance and resistance to the expert-led parenting model during the transition to parenthood

Rosy Musumeci¹, Manuela Naldini²

1. Research fellow in Sociology at the Department of Cultures, Politics and Society, University of Turin, Italy; 2. Associate Professor of Sociology of the Family at the Department of Cultures, Politics and Society, University of Turin, Italy. Received 26 July 2017; accepted 12 January 2018.

Summary. This work explores the role of scientific knowledge and professional expertise in shaping notions and standards of “good”, “proper” parenthood and parenting by analysing ideas and beliefs on parenting roles in heterosexual couples during the transition to parenthood. According to the international literature, perinatal and infancy experts and professionals (midwives, gynaecologists, paediatricians, infant developmental psychologists, and so on) whom women and men enter into relation with during this phase of their life and whose cultural products (books, TV programmes, magazines) they “consume” are relevant actors. They can influence the delivery of the perinatal welfare and health services and the pursuit of policy goals at institutional level. They are also “relevant others” in the process of social construction of gendered parental roles. The article analyses the narratives of 22 Italian middle-class, dual-earner couples interviewed between 2010 and 2015, in Turin (Italy), a first time during the pregnancy, and a second time after childbirth (18 months later), for a total of 88 longitudinal interviews.

Key words: transition to parenthood, parenting roles, professional expertise, gender roles, Italy.

Introduction and objectives of the study

This work explores, from a sociological perspective, the role of scientific knowledge and professional expertise in shaping notions and standards of “good”, “adequate” and “proper” parenthood by analysing the points of view and narratives of a group of Italian parents in the transition to parenthood.

Experts and professionals of different medical sciences or of psychology (such as midwives, gynaecologists, paediatricians, infant developmental psychologists) whom women and men enter into relation with during this phase of their life, are relevant actors in the process of social construction of the welfare service users. Not only because they can influence in different ways the delivery of the services in the perinatal area and the pursuit of the policy goals defined at institutional level, but also because, as sociological and social sciences studies show¹⁴, perinatal experts and professionals are “relevant others” in the process of social and cultural construction of parental roles.

How parents breastfeed or nurse their children, what time they put the children to sleep, what they read to them or how they play with them, what rules they give their children, whether and when to let them go out to play and leave them to grandparents or to “other persons”, all this has become an object of debate, as well as of precise (not always concordant) hints from expert knowledge⁵.

Parents are expected to acquire skills and competences in the difficult ‘job’ of becoming parents, because their child’s emotional, cognitive, and physical development, increasingly put at the centre of society⁶, will depend on their preparation and skills.

The new culture of parenthood requires “intensity” in providing care for the new-born baby, albeit in a differentiated way for mothers and fathers. For example, according to Hays⁷, “intensive mothering” (or “mysticism of maternity”) is the salient and contradictory trait of the new maternity culture at the end of twentieth century. Therefore, a “good mother” is expected to invest “a huge amount of time, energy and material resources in the child […] [and] giving priority to the child’s needs.” A good mother should always be active and open, like a self-service, literally 24 hours a day⁶.

What this intensive parenting, and especially mothering, culture prescribes to the individuals (that means also to some extent what science and experts say and suggest)
in the contemporary historical period seems to contrast with other social expectations and “imperatives”\(^9\). Surely, it is in tension with those coming from the labour market. Women are expected to be in paid work and to reconcile work and family and both women and men are requested to conform to the “unconditional adult worker” model\(^10\). As argued by Hays\(^7\), the relationship with the workplace logic is not easy; limited access to parental leaves, insufficient flexible working hours, shortage of day-care centres and a lack of control over their workload may make it harder for mothers and fathers to respond to the changing needs of their families and the demands of being parents\(^11\).

The emerging fields and experts’ knowledge in child development define new codes of behaviour and the proper social norms that “good” parents should comply with. The results, however, are ambivalent: on the one hand, parents are seen as omnipotent, because the cognitive and intellectual development of the child depends on them, while on the other, they are seen as incompetent, in need of being trained and educated\(^6\). Mothers are especially concerned with this ambivalence: on the one hand, they are encouraged to be “natural”, and on the other to follow the guidance of experts\(^11,12\).

As Frank Furedi\(^13\) points out, in his work *Paranoid Parents*, the transformation of children’s upbringing into a topic of growing attention by experts, as in the expanding market of parents’ rescue manuals, and talk about “helicopter parents”, “anxious parents”\(^14\), both by policy makers, with interventions in support of “parenting”, coincide not only with a new vision of childhood - which focuses on the one hand on children as a subject, and on the other, highlights their vulnerability and the risks they may be exposed during their development - but also with the definition of parental incompetence that ends up making parents feel constantly “under judgment”\(^1\). At international level, the issue of parental control and hypernormality of experts has started to be the subject of wider reflection\(^15,16\), much less in Italy, and when it is reported, it focuses on the dysfunctional family dimension associated with the activities of parents.

Starting from a parents’ perspective, the following questions are raised in this article: which is the role of experts and professionals in the social construction of “good” motherhood and “good” fatherhood and best for the child? Which are the main experts’ discourses on parenting as perceived by the interviewees? How (future) parents get access to expert and professional knowledge? First-time mothers and fathers interviewed comply with or, on the contrary, challenge the expert-led discourses on parenthood? In the following paragraphs, we try to answer these questions.

**Data and methods**

To analyse how experts’ knowledge is mobilized in (parents-to-be and) first-time parents’ accounts on building parenting roles, we analysed 88 longitudinal interviews conducted between 2010 and 2015 in Turin (Italy) with 22 Italian middle-class dual-earner couples during the transition to parenthood, before and one and a half years after their first child’s birth.

Participants were contacted through snow-ball sampling mostly through gynaecologists or midwives. Participants were informed of the purposes of the research and their real names were replaced with an alias before the analysis to protect their privacy.

The semi-structured, in-depth interviews addressed the following issues: educational qualifications, life story, work experiences and career orientation, family situation and type of relationship, kinship and social networks, the couple’s story and relationship, their current and past day-to-day organization and division of domestic, allocation of family and paid work responsibilities, couple’s ideals, plans and practices on parental roles, caring the baby, the use of childcare services, and their life plans for the future. In this article, we refer mainly to those parts of the interviews in which the respondents express and discuss ideals, beliefs, plans and practices around childbirth, caring the baby and parental roles.

The interviews were codified using the Atlas.ti\(^\text{TM}\) programme to identify recurring themes and narratives. At the time of the antenatal interviews, most native Italian respondents were 30–39 years old, had a university degree and a skilled job in the service sector.

**Results**

The narratives of the respondents offer a prevalent representation of parenthood culture and of parenting practices, which see the presence of the mother in his/her early years of life as “good for the child”. Being a good mother means, above all, assuming the greatest, nearly exclusive responsibility for caring the baby. While a good father is one who does all he can to provide more income for the family and assure a good livelihood\(^16\). Very much in line with the international literature\(^17,19\), and as noted in our recent work\(^20\), in most cases Italian (future) fathers and especially (future) mothers interviewed tend to mobilize, interpret and use so-called “scientific evidence” and expert knowledge in their accounts to meaning and justify ideals about “good” and “proper” parenthood, beliefs on childhood well-being as well as family-work reconciliation strategies implying separate roles and different types of involvement for the father and mother. Women tend more than men to seek information and advice on pregnancy, childbirth, breastfeeding and childcare through a variety of sources (books, bestsellers, magazines, movies, websites, radio broadcasts, and television shows). Childcare plans and arrangements are characterized by the “intensive mothering”\(^7\) model. In this sense, couples’ plan before and decisions after birthchild on parental leave are emblematic: in most cases it is the mother who takes parental leave to care for the baby full time, while fathers only
rarely take it up since both he and she believe that the mother’s presence especially during the first year of life is best for the baby.

In the interview, excerpts in this article, any non-verbal communication and attitudes/behaviour not visible to the reader (facial expressions, gestures, etc.) are enclosed between // and described in brackets. The words/phrases pronounced with emphasis are in capital letters. The proper names of people and places have been replaced by three asterisks (***) [***]. [...] indicates that part of the quote is omissis.

Couples’ beliefs, ideas and arrangements on the central indispensable role of mothers is based a great deal on scientific knowledge (and the shape it assumes in the different form of dissemination), as in Agnese’s (36, tertiary education, secretary) states:

we are convinced that, from the readings that I did, that the presence of the mother for the baby is indispensable. Then, from the third year the child begins to develop sociality and it is there that the father’s figure begins to be more crucial because it is a child’s way to the outside world [...] since we believe in this thing here, consequently [...] (we decided to organize ourselves this way) (Agnese Mercorella, I wave).

Based on my experience, I would say that the ideal would be for a woman to stay at home until the baby is 3 years old; this is also argued by many childhood experts that I follow and I believe in... The child should stay with the mother for the first 3 years, so it would be nice if the working world could be organized in order to allow women to return to work after 3 years of absence for the care of the child and at the same time support them economically (Agnese Mercorella, II wave).

And her husband Angelo (36, secondary education, manager):

we are already preparing for home birth, which means having a different perspective on the birth. [...] For example, (we are reading) the writings of Leboyer (a French gynaecologist and obstetrician). I read “Birth Without Violence”. (Angelo Mercorella, I wave)

A case – let’s say – “extreme” in terms of strong faith in the infancy experts to justify the first-time parents’ beliefs and decisions on childcare practices, nurturing, reconciliation arrangements, and gendered parental roles is that of Sofia Tingi (33, tertiary education, educator) and her husband Tancredi (37, tertiary education, primary school teacher). They both place considerable trust in infancy experts to justify the first-time parents’ beliefs they adopted for their baby, Sofia affirmed:

We want to follow the recommendations of the World Health Organization that says you have to give milk to the baby until the child requires it, and then it will be... [...] if it is scientifically tested that breast milk is good for the baby, I do not see why I should take pills to dry up my milk or give him infant formula... [...] when it is scientifically tested that most eating disorders or an insecure attachment to the parental figure derives from this type of feeding (Sofia Tingi, I wave)

In this case, as in most of the accounts, biological facts, such as breastfeeding, played a decisive role, which automatically made the role of the father secondary in the early stages of the child’s life. Father’s role was perceived as increasing in importance subsequently, as the potential for interaction with the child also increased. Parental roles and tasks were defined, in parents’ accounts, as separate and distinct along gender lines. Gender boundaries are maintained also through pre-birth courses which contributed to the differentiation between the roles of men and women during pregnancy: most of the hospital-run courses taken by the informants involved fathers-to-be only in the final part of the course, and sometimes only one session provides for attendance by fathers.

Challenging the expert-led parenting discourse means, in some cases, not to pursue and try to perform a self-directed parenting but challenging the medical-led parenting model by joining pregnancy and birth assistance and visions of this and of breastfeeding centred on their naturality and on the belief (vehicled by non-medical experts) that medical assistance is not strictly necessary. Medicalization and humanization/naturalization look like the two faces of the same expert-led model.

Discussion and conclusions

In this article, we explored, through a sociological lens, the role of scientific knowledge and professional expertise in shaping notions and standards of “good”, “proper” and/or “adequate” parenthood and parenting by analyzing the narratives of a group of 44 Italian mothers and fathers living in couple and in transition to parenthood and their beliefs on the most “appropriate” parental behaviour and roles.

First of all, qualitative study shows that the mother’s presence is considered, from the parents’ perspective, the “best for the child,” especially since the couples believe in breastfeeding the child as long as possible, very much in line with the intensive motherhood model.

Secondly, contrary to the findings of other studies, in Italy, fathers are not seen to be, in our parents’ words, either essential, or indispensable.

In both these two main findings, parents’ compliance with expert-led models plays a crucial role. It is worth to say that among the interviewees, in the cultural and
social construction of gender during transition to parenthood there is an active role played by women. Our study shows that are overall mothers (and mothers-to-be) to read, to search in the internet and to become the main source of ("more or less scientific") knowledge also for fathers. Women activate themselves much more than men to use more frequently experts’ knowledge or institutional health recommendations, to argue, and to justify their plan and their practices on baby care and in the work-care arrangement.

References