



# ***Pride and Prejudice: The role of self-efficacy in stigma***

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## **Abstract**

*As part of a multidisciplinary approach to Identity, this paper takes a psychological perspective to the role of self-efficacy in stigma theory. Maintaining a positive sense of self is a central feature of research into stigmatised identities. Breakwell (1993) suggests that there are four motivational principles which are essential to this; self-esteem, continuity, distinctiveness and self-efficacy, yet within the stigma literature only self-esteem seems to be mentioned and it appears to be used as a general term to cover all the other principles. This is important to the work on stigma because as Bandura (1986: 395) suggests, self-efficacy allows the individual to 'produce their own future, rather than simply foretell it'. This study extends the work of Bruffell (2015) and examines the role of self-efficacy in stigma theory with young mothers living in hostels in the south-east of England. Interviews were analysed with Interpretative Phenomenological Analysis and semantic content and language use were explored to identify common themes arising within the interviewees'/women's accounts. Findings from this study indicate that having a baby provides young mothers with the opportunity to create and maintain a positive sense of self-efficacy, which might play a role in ameliorating the negative effects of living with a stigmatised label. Moreover, it would appear that whilst traditional views of stigma might have conflated the concepts of self-esteem and self-efficacy, these findings suggest that these two concepts may operate independently.*

**Key words:** Teenage Motherhood, Teenage Pregnancy, Stigma, Self-efficacy, Self-Esteem, Interpretative Phenomenological Analysis

## **1. Introduction**

Our identity is dependent on who we believe ourselves to be. However, where we fit in society is usually dependent on what others believe us to be. We also categorise others and fit them into neat boxes to simplify our lives. The category in which others place us can have an impact on the available resources and has been linked to many social behavioural outcomes (Crocker and Major 1989; Steele 1997).

Despite a marked decrease in the rates of teenage motherhood in the UK, there is still a strong focus on the lives of young mothers, with early motherhood still being seen as a threat to society (Holgate 2012). Young women are set aside from society and marked out in stigmatising terms as 'Chavs' and 'Pramface' (Hadfield, Rudoe and Sanderson-Mann 2007). What is interesting is that whilst motherhood as an overarching category is perceived

as positive (Raeff 1996), within this positive discourse of motherhood, society can create a discriminating negative narrative in which teenage motherhood is deemed a less than worthy sub-category (DiLapi 1989). It appears that these categories can be fairly narrow, with limited room for manoeuvre and anything that falls outside this narrow band of what is deemed acceptable parenting is stigmatised (Wilson and Huntington 2006).

It has been argued that stigmatised individuals behave in a way that accords with how they believe others perceive them (Snyder 1984; Farina et al. 1971) and conform to the negative stereotype society constructs for them (Steele and Aronson 1995). However more recent work disputes these findings (e.g. Crocker and Major 1989; Finlay and Lyons 2000). Despite acknowledging the negative views that society holds about them, such stigmatised individuals and teenage mothers can believe that they are good mothers and are coping well with the demands of the situation (Bruffell 2015; Yardley 2008; McDermott and Graham 2005). It is arguable that by believing themselves to be *good mothers* the young women are able to have a sense of control over their lives, which can ameliorate the effects of the stigmatised identity.

As part of a multidisciplinary approach to identity, this paper takes a psychological perspective to the role of self-efficacy in stigma theory. It takes a broader approach to language and discourse, and employs Interpretative Phenomenological Analysis (IPA), which, although based in phenomenology, is closely related to the work of Heidegger (1962) and Ricoeur (1981), who argue that in order to make sense of the individual's experience, we need to embed our understanding within the world of language and social relationships (Smith and Osborn 2008: 54). This is of particular importance when examining how individuals with a stigmatised label construct and maintain a positive sense of self.

The role of language can be problematic when analysing IPA. Social constructionists argue that language constructs rather than describes reality. It could be said therefore that an interview transcript tells us more about the way in which an individual talks about a particular experience, within a particular context, rather than about the experience itself (Willig 2001). IPA acknowledges the role of social constructionism and the fact that pure experience is never accessible. It recognises the action-orientated nature of language yet challenges the narrow view of people only as discursive agents (Eatough and Smith 2006). It conceptualises the participant as a 'cognitive, linguistic, affective and physical being' (Smith and Osborn 2008: 54) and focuses on the relationship between the language contained within verbal reports, the cognitions and emotions with which they are concerned. In some respects, this is closer to Langdrige's (2008) notion of Critical Narrative Analysis, which seeks to bring together phenomenology and discursive psychology through Ricoeurian hermeneutics, which brings together the notions of IPA's hermeneutics of empathy with Foucauldian discourse analysis' hermeneutics of suspicion.

In their version of IPA, Smith et al. (2009) take a centre ground approach to this debate by focusing on the meaning of experience, which they refer to as the hermeneutics of questioning. This approach allows the researcher to put themselves in the shoes of the respondent, but also to examine the broader picture and explore the meaning-making process. Ricoeur (1996) recognises

the need to acknowledge and examine the construction of meaning through language. He argues that we can never escape ideology and as such we need to be able to 'critically interrogate' the role of power etc. within any given issue. This is an important point to consider when exploring issues such as stigmatised identities, especially those of mothers who are still perceived as too young to take proper care of their babies.

Stigma is strongly related to the notion of power and control. The language used within the broad range of literature is steeped in words related to control such as discrimination, prejudice, devaluation, etc. The mere fact that, until recently, the majority of the work was conducted from the stigmatiser's perspective speaks volumes about society's views at the time and whose voice was deemed important. Goffman (1963) described stigma as a mark, or sign, that the person was a 'threat' to societal norms and 'spoiled' and 'devalued' by *normal* people. Being members of the lower class, teenage mothers for instance are perceived to be a threat to society's financial resources as the state has the duty to provide financially for them. Dovidio, Major and Crocker (2000) suggest that 'stigmatisation may arise from motivations to justify or rationalise the status quo in society'.

From this it would appear that stigma is about society controlling and maintaining the status quo by attempting to control those that fail to live up to the group norms; this suggests that the stigmatised individuals are left with no control. So how do they maintain a sense of personal control or self-efficacy in their lives? Bandura (1992) contends that self-efficacy is a central tenet to a person's continued well-being. To be a fully functioning member of society, individuals need to believe that they have the capabilities and skills to control their lives. Without the subjective belief that it is possible to act in a certain way, or that s/he has control to act in a certain way, the individual is unlikely to take action and consequently will become a passive recipient of circumstance.

As self-efficacy appears to be an important factor in stigmatisation, it is arguable that it should be a fairly central concept within the stigma literature and yet there is a distinct lack of work that addresses the relationship between self-efficacy and stigma. However, there is a strand within the literature that might explain the absence of self-efficacy and that is the focus on the relationship between self-esteem and stigma. The overarching view of this line of research is that the possession of a stigmatised identity would have a negative effect on self-esteem. However, comparisons between stigmatised and non-stigmatised groups have produced conflicting results (Crocker and Major 1989); in some cases stigmatised groups maintain the same, if not higher, levels of self-esteem than non-stigmatised groups (e.g. Gray-Little and Hafdahl 2000). It appears that self-esteem may be a central concept to maintaining a positive sense of self for the stigmatised identity, however it is not the only one. It has been argued that some of the controversial and inconsistent findings in this area could be related to a failure to differentiate between different aspects of the self-concept (Crocker and Major 1989).

Self-esteem is generally accepted as a central aspect of psychological functioning (e.g. Taylor and Brown 1988; Wylie 1979) and has been linked to many other variables such as, a sense of competence or power (Gecas 1982), an ability to competently function in daily living (Van Dongen 1996) and a

sense of mastery (Wright, Gronfein and Owens 2000). The measures used to assess global self-esteem appear to contain many elements that are strongly related to control and self-efficacy, but self-efficacy itself is not explicated. Rather, there is a conflation of concepts with self-efficacy being subsumed within, and subordinate to, the concept of self-esteem. However, Bandura (1997: 11) contends that distinct from self-efficacy, self-esteem

refers to entirely different things, perceived self-efficacy is concerned with judgements of personal capability, whereas self-esteem is concerned with judgements of self-worth. There is no fixed relationship between beliefs about one's capabilities and whether one likes or dislikes oneself.

The relationship between these two concepts is at best unclear. Within the stigma literature *self-esteem* appears to be an umbrella term, which is measured as a product of the stigmatised identity. However, by measuring self-esteem as simply an outcome, we are unable to examine the full role that either motivation plays on sense of identity or the actual relationship between the two concepts. It is also important to remember that both self-esteem and self-efficacy are domain-dependent in that self-worth will be linked to those areas of our lives which are important to us and in which we feel confident and capable (James 1892/1950). For some people self-worth will be measured in terms of financial success, whilst for others it might be creativity, and for some it might be being a good mother. For young mothers, who may have been failing in school (Hofferth and Hayes 1987), it is arguable that having a baby will give them the opportunity to develop skills they can be proud of.

By qualitatively examining self-efficacy from the young women's perspective, we will be able to explore the role of self-efficacy in maintaining a positive sense of self. Therefore, the research questions are:

- How does the teenage mother construct and maintain a sense of self-efficacy?
- What effect can self-efficacy have on outcomes for the teenage mother?

## **2. Methodology**

This study focusses on interviews with young mothers in 2005, living in mother and baby hostels in the South of England and aims to elicit a range of views about the ways young mothers construct these life changing events.

30 young mothers were recruited at three different stages of the process of becoming a mother: shortly before birth, shortly after birth and around a year after the child's birth. There were ten young women in each category aged between 14 and 19, most of whom were between 15 and 16 years old when they fell pregnant. Data was collected via individual, face-to-face, semi-structured interviews, which covered general aspects of their lives at the time of interview e.g. how they saw their lives in the future and specific experiences of becoming a mother. Pseudonyms have been used to protect the women's anonymity.

Interviews were transcribed and analysed following an Interpretative Phenomenological Analysis approach/paradigm, an analytical framework

which encourages examination of the individual's lived experience and allows for the mutability of self. As part of the process of IPA there is an initial noting stage which focuses on semantic content and language patterns, and any points of interest are noted. Throughout the process of analysis, the aim is to make sense of any patterns of explicit meaning emerging in the talk although inevitably this also involves a degree of interpretation as the researcher seeks to make sense of how and why participants say what they do.

### **3. Analysis**

Several themes emerged from the transcripts, however for the purposes of this paper I will only focus on a selection relating to how self-efficacy develops and the role it plays in the effects of stigma.

Following Bandura (1992) I understand self-efficacy as developing through three main sources - mastery skills, vicarious experience and social persuasion.

#### **3.1 Mastery Skills**

They relate to learning and mastering necessary sub-skills. The young mothers weigh up and evaluate the abilities that they already possess and the possible outcomes, plus their ability to achieve these outcomes. Most of the young mothers, like Lucy, believe that they are natural mothers as they are already used to looking after children.

[Extract 1]

Lucy: Erm, I'm quite used to being responsible for other people. I was for my sister erm, when she was growing up 'cos my Mum runs a bar... erm, and she got really bad drinking. We never saw her, I never went to school and brought up my sister erm, so I'm quite used to looking after other children and I want to work to with other children as well, erm so, that doesn't bother me 'cos I know I'm quite good at it. And, having a child of mine I'm only gonna be better.

It is the women's belief in their experience that gives them the confidence that they could be good mothers; but they also set themselves the task of learning and developing the new skills that they will need to achieve this.

[Extract 2]

Interviewer: What did you panic about?

Daisy: Just being pregnant really. I didn't know the first thing about babies

Interviewer: What made you decide to keep it?

- Daisy: Because everyone said you can't raise a baby, you're too young. You don't know the first thing about raising kids. I didn't but...well, that's when I thought hang on a minute I'll learn. So, I kept it
- Interviewer: Who did you tell first?
- Daisy: My boyfriend was with me when I found out. Then I told my foster mom a couple of weeks later. She rung up my mom and my mom then rang up my grandma and then the abortion bit was raised. But, I kept her.

This excerpt highlights the element of choice in these women's experience. By deciding to continue with the pregnancy Daisy is taking control and giving herself a choice, which is an essential aspect of self-efficacy, as it allows a person to shape and construct their lives and the way in which they develop as an individual. But perhaps more importantly, the choices available to them give them moral agency that for Bandura et al. (2001) is central to both self-direction and self-efficacy. The young women are faced with terminating the pregnancy or becoming mothers; however, by choosing the latter they show they are able to make arguably principled decisions.

Having a baby allows the young mothers to realise and recognise that they can do things for themselves. By becoming mothers, the young women gain self-efficacy having to take control over their lives and environment. They have to learn the new skills that allow them to look after themselves and they appear to be enjoying taking the responsibility and in the process becoming independent people.

[Extract 3]

- Veronica: It's good. It's really good. Knowing that every decision you make could affect the way your child will grow up...you have to change to make things better.

### 3.2 Vicarious Experience

The development of self-efficacy also requires constant reinforcement and reassurance for the young mothers that they are coping. Bandura (1992) contends that most performances are evaluated in relation to social norms and criteria and social comparisons will be an essential component in assessing how the individual believes they are doing. This can come from positive assessments of other young mothers who are in a similar position and coping well with motherhood. Or it can also come through their babies. Having a baby provides physical validation of their skills - not only are their babies surviving, they are thriving. The young mothers also gain validation when their babies learn new things; it is as though they gain a vicarious sense of self-efficacy as their babies master new skills, and achievements, knowing that they have helped and facilitated this development. This constant feedback about skills helps the young mothers cope when things aren't going so well.

[Extract 4]

- Simone: They [her family] just keep me off, if you know what I mean. If I go through a bad patch or I feel a bit like I can't cope no

more they pick me back up and they say yes you can, you know you can, and it makes me sit there and think to myself yes, I can. I don't know why I'm sitting here saying no I can't because I know I can...

Watching them grow. With Chloe it's something new every day. With Sam she's learning how to toddle. It's sitting there and watching all of that and thinking they're mine, you know. I'm really proud of them.

### 3.3 Pride and Achievement (Motherhood as a Job)

The development of self-efficacy is partly dependent on 'social persuasion'. Embedded within this is the concept of pride.

The word 'pride' appears to have many different definitions varying in their strength of feeling. However, what is of note is that some definitions use the notions of pride and self-esteem interchangeably. Moreover, what is of more importance here is that whilst pride is seen in some definitions as something that is intrinsic to the individual, a state of 'being', in others it is seen as a product of an external influence, e.g. wealth, beauty, rank or achievements and talents.

It is the latter influence that is of interest here as it is arguable that achievements and talents are strongly related to self-efficacy. Ben-Ze'ev (2000) suggested that the ability to demonstrate superior performance and abilities is strongly related to levels of pride. Within these definitions self-efficacy is subsumed within the concept of pride or self-esteem. It is arguable that the definitions are partly responsible for the conflation of self-esteem and self-efficacy in the stigma literature.

Pride is an important part of how these young mothers make sense of their situation. They are proud of their abilities as mothers, but they are also conscious of other people's views of them and are pleased when other people acknowledge what they have achieved. In most cultures giving birth is considered an achievement and celebrated accordingly. It does not appear to matter what age the mother is when they give birth, both mother and baby are lauded by friends and family. Society might disapprove of teenage mothers, but it is still considered an achievement to produce a new life and young mothers are proud of this achievement.

Many of the young mothers interviewed felt that before they had their children they weren't achieving very much, they were disengaged from school and wasting their time; having fun, but going off the rails.

[Extract 5]

Rebecca: Nah. I knew what I was doing. If I wasn't gonna be stopped doing it, then I was gonna carry on doing it. So, if my Mum is not telling me don't do it, I'm gonna carry on. I know that when I was 13, I thought it was all good coming in at 1 or 2 in the morning and then not going to school the following morning.

Having a baby has given them an opportunity to achieve something. It is important to remember that not all young people are capable of the academic achievement that society demands and becoming a mother is a valid option for some young women and something they can be proud of.

[Extract 6]

Anna: I see it as the *best job in the world*, being a mother. Everyone wants to have a career. Parents expect us to get jobs. But this is a job, bringing up children... errm... So I don't think there is any need not to benefit from being a mother. If you are proud of having a child that...I think you have to be in the right mind.

Anna is not only proud of what she has achieved as a mother, she also sees motherhood as a career in itself. Broucek (1979) refers to a competence pleasure, a sense of pleasure that is derived from a demonstration of competence, e.g. passing a test or successfully raising a baby. Anna obtains a sense of pride from her ability to successfully raise a baby as not only does she get to redefine the dimensions in which she gains self-efficacy, she can also redress one of the main criticisms that are levelled against young mothers, i.e. their reliance on Social Benefits.

[Extract 7]

Sandra: Yeah. I see it...I've heard people say things like my mate is older – older ladies, or whatever you want to call them...they say things like she only got pregnant cos she wants her own place. Or, she's sponging off the Social. That's like the sort of thing you hear a lot and that upsets me because I didn't...you know at the end of the day I had a baby – I chose to have this baby but I do need help. I'm not just staying at home, I'm going back into college when my baby is 13 weeks old and it's not going to be easy, but I'm going back cos I want to give myself a better life. I'm not staying at home and expecting the council to pay for me. I don't think you can have a life...I will be able to give my child what she needs more than...yeah..

From this we can see how self efficacy develops and the positive impact it can have on the lives of young mothers. However, it is not all plain sailing for the young women. Self-efficacy is not a constant factor and fluctuates according to the situation, and the prejudice of others appears to be most apparent to the young mothers when their sense of self-efficacy is lowered. This manifests itself in different ways during the pregnancy and after birth.

### 3.4 Pregnancy

From the interviews it appears that pregnancy is a particularly sensitive time for the mothers as it seems they are more vulnerable and seem to be more aware of the negative comments that other people make, especially the health professionals that they meet during hospital visits:



[Extract 8]

Veronica: I think strangers are narrow-minded. They don't take the individual's case. They think everyone who is young is you know, ruining their life and don't know anything about children. Whereas that's not always the case. I used to work in a nursery, so I got lots of experience with babies. Fair enough, not newborn babies. You give 'em back at the end of the day. I knew what I was letting myself in for. I think they just assume that you are gonna live off the Social... Not all of young mothers do that. I also, think the midwives are horrible. Before I had him, one of the midwives said that 'cos I was six weeks showing that my baby was too small and that it was my fault 'cos I hadn't been eating! All you teenage moms are the same, blah, blah, blah.... you're stunting your baby's growth. When all I ever did when I was pregnant was eat! I think that was very judgemental

Veronica believes that the midwives and nurses are very judgemental of her and assume that because she is a young mother she is not taking care of herself. This highlights the stereotype of the teenage mother being irresponsible and incapable of looking after themselves or their babies.

These young women believe that it is because they are young that the midwives treat them differently.

[Extract 9]

Alex: When I first went into hospital the Midwife thought my mom was the one who was pregnant, not me (laughs). But, I think a few of the Midwives and that were quite rude and when I tried to tell 'em what I wanted and things they try and put me down or intimidate me things like that. Like try and take over 'cos I'm so young, I was only 15 at the time they did this and did that and got away with it. So my mom came to every single appointment with me so that when they tried to do that she turned round and said nah. And like she was there for me at every one of my appointments.

Alex believes that the midwives deliberately tried to intimidate her and because of their *power* or her lack of *power* they *got away with it*. She felt that they were unnecessarily *rude* to her. In these circumstances, the young mothers find it difficult to gain control and therefore require the services of a proxy agent, someone to act on their behalf and in their interests - in Alex's case her mother steps into the breach.

What is apparent is that whilst they are still pregnant, an interaction with a midwife can make the young women feel less efficacious and unsure of themselves and therefore the comments appear to affect them more. This point becomes clearer when we examine the interactions once they have had the baby.

### 3.5 Early Days

Self-efficacy seems to develop as the young mothers gain more skills and during the early stages of motherhood, when self-efficacy is still relatively low, the young mothers appear to be aware of the negative evaluations, and are ready to judge themselves negatively.

[Extract 10]

Demi: Like when she was born she was in intensive care and I had to watch in case of blood and anything like that and they were on about going to her head with blood with one stage and I said no you ain't, that's her head and you're going to leave that alone, you're not going near that and where she was so tiny it's just seeing her in the incubator and the first time I saw her I blamed myself, it's me what's done this to her, I've done this to her, I've harmed, I've hurt my baby because I smoked and I've been stressed out during the pregnancy and I blamed myself for it, that's what thought it was. It was horrible, for four days, I was constantly crying, then it kicked in to baby blues, I knew about it, my step mum went boo and I cried, they could just do a little signal, know you're a novice, and I cried my heart out and I just blamed myself for what happened to her, I thought it was because of me.

Not only are these young women experiencing the hormonal changes brought about by childbirth, there are major changes in their circumstances as well. These young mothers have to make rapid adjustments to a new life and responsibilities and rather than just accepting that their babies are unwell or unsettled, they perceive the situation as a result of their inability to be efficacious mothers. Demi actually refers to herself as a *novice* and assumes that her baby's problems are her fault. She is aware that she may have had the baby blues, but she still assumes that her lifestyle whilst she was pregnant had affected her baby.

This highlights that the young mothers appear to be most stressed when they have no control over their baby's behaviour and actions and consequently their sense of self-efficacy is lowered. Bandura (1992) suggests that individuals who are low in self-efficacy are more likely to see their circumstances as harder than they really are, allowing the stress of the situation to narrow their vision and only see problems. Because they fail to settle their babies, they believe they are not doing a good job, while in fact they are performing as any mother would in the circumstances. So, it is not actual performance that is affected, but the belief about that performance and therefore the sense of self-efficacy. Moreover, when their self-efficacy is low the young women appear to think that they are fulfilling the stereotype of a teenage mother.

Extract 11.

Louise: I get mixed reactions. I get people tutting at me, looking at me, staring at me all the time. So...shaking their heads when

Ryan is crying and I can't do nothing about it to quieten him down. And, when I'm on the buses – you know you get special buses you can get the buggy on, I was getting on one of them and this lady she was sitting in the space. I said excuse me to her, can I get there please so I can get the pushchair in. she just tutted at me and looked me up and down. I do get mixed reactions. Some people don't bother. Some people – dunno really, they just judge me.

- Interviewer: Why do you think they are judging you?
- Louise: Cos I'm a young mom
- Interviewer: And how do you think they see a young mum?
- Louise: They can't cope. They are only doing it so that they can get a flat so that they don't have to work.

Vigilance hypothesis (Crocker and Major 1989) suggests that members of a low status or stigmatised group are more likely to anticipate prejudicial behaviour because they are more likely to have encountered it in the past (e.g. Allport 1954; Feldman Barrett and Swim 1998) and consequently are more likely to 'be vigilant' and on guard and perceive ambiguous situations as threatening (Sedkides and Skowronski 1991). In the case of the young mothers it is arguable that during a stressful encounter with other people they are primed to anticipate the potentially negative reactions. At other times, when they are more confident in their roles as a 'good mother', such encounters would be dismissed.

As the baby grows and develops so does the young mother's confidence. The things that worry them in the early days become less problematic as they become more sure of their abilities. Gerry encapsulates this process when she is asked how it feels to be responsible for another person.

[Extract 12]

- Gerry: Scary. If anything happened it always reflects back on you, the littlest things. [...] but at first I was like, I thought if people heard him crying for a long time they would think my God, what's she doing to him or oh she's not even bothering with him. That's what I thought, I was getting really worried what other people would think, sort of thing, so I was like shush, don't cry, you know, trying to stop him from crying because I thought oh my God what are they thinking. But they all said you should leave him otherwise he will want to be picked up all the time so I do it now. I just let him get on with it, a proper little strop.

### 3.6 Rebirth / Rewriting History

An important part of self-efficacy theory is the notion that once self-efficacy has been fostered in one domain it can then be generalised to other areas and situations. Through forethought people are able to plan and execute their futures. They anticipate the likely outcomes of future actions and use these to

set goals (Bandura 1986). The young women want to be good mothers and provide a good life for their babies; this means initiating current actions that will enhance this likelihood.

[Extract 13]

Heather: I think it's made me more determined to do my course and stuff, whereas I was just gonna do it. But it didn't really matter if I dropped out. But, now I wouldn't drop out. I would have to do it. More focussed really.

The higher the sense of self-efficacy the higher the goals that they will set and the higher the goals are set, the higher the levels of motivation to achieve them (Bandura and Wood 1989; Locke et al. 1984).

### 3.6.1 'Do as I say, not as I do'

Within the theme rewriting history is a subordinate theme of 'Do as I say, not as I do'. Part of rewriting their own history is making sure that their children do not make the same mistakes as they have; this includes becoming a parent at a young age. They might be delighted to be mothers, but they wouldn't want it for their own children: Demi emphasises this when she says:

[Extract 14]

Interviewer: What do you think it will be like to be responsible for another person now?

Demi: I think in a way it will be quite good. It shows that you could be more grown up and then at least when you are a teenage Mum you can actually teach, if you have a daughter, you can teach it *being a teenage Mum can ruin your life*.

This is a complex statement, full of contradictions. Demi thinks it will be good to have a child because it will prove to others that she is an adult. It is arguable that these women lack a sense of self as young adults, which they gain when they become mothers. However, the most important part is that as a teenage mother Demi believes that she can prove to her own child that it can ruin your life.

[Extract 15]

Interviewer: Do you think it will ruin your life?

Demi: Yes and no really. I don't think it does because you know. Before I said you can't get a good job when you have the rest of your life with this child. But on the other hand, you've got a child and it's part of your life and it will always be there for you.

What is of particular note within all this is an implicit sense of lack of self-esteem. Despite the fact that the mothers feel that their babies have brought a positive change to their lives, they do not want their children to make the same 'mistake' that they have. They are proud to be mothers, for producing

their babies and they feel efficacious and believe that they have coped well with the situation, but they also appear to suggest that they still feel having a baby at such a young age was not the best thing that they could have done. This suggests that higher levels of self-efficacy can exist when self-esteem is low and that self-efficacy exists independently of self-esteem rather than being subordinate to it.

#### **4. Discussion**

This research addressed two research questions:

- How does the teenage mother construct and maintain a sense of self-efficacy?
- What effect can self-efficacy have on outcomes for the teenage mother?

In line with more recent work the findings from this study seem to suggest that stigmatised individuals can remain unaffected by the negative evaluations that others hold about them and self-efficacy might play a role in ameliorating the negative effects of acquiring a stigmatised label. It would appear that a positive sense of self is linked to positive self-efficacy, however this takes time to develop and it is only through the repeated experience of perceived failure that robust precepts of self-efficacy are developed.

This process of development highlights how vulnerable the identity of 'good mother' is to their sense of self-efficacy during the early days of motherhood.

Self-efficacy is not static, it fluctuates over time and within the situation, with forethought and planning the young women start to create a desired outcome and more importantly avoid detrimental ones (Bandura 1991; Locke and Latham 1990). However, the individual cannot plan for every eventuality as they do not operate in isolation. For young mothers their self-efficacy appears to be dependent on their being perceived as a *good mother* and this identity is not just dependent on their own beliefs, but on the manifestations of their abilities, i.e. their babies. The babies act as a barometer for how their mothering skills are developing.

In the early days, the young women rely on health professionals to assess how well they are doing as mothers by measuring how well the baby is doing, but the baby is not just a reflection of a mother's abilities, they are individuals and do not necessarily perform to order. If a baby is upset, hungry, angry, etc., it will whinge and cry. To a new young mother this can be perceived as because of their actions or lack of ability and not some internal state of the baby.

However, how such incidents are construed is largely dependent on where they take place. In the privacy of their own home a crying baby might not be perceived as a problem, but in a public place, where other people are present the young women appear to become more aware that they might be judged.

It is arguable that this is due to the performance ambiguity, which 'arises when aspects of one's performance are personally observable or when the level of accomplishment is socially judged by ill-defined criteria so that one has to rely on others to find how one is doing' (Bandura 1986: 398). In this case, what constitutes a 'good mother' is subjective and open to individual

interpretation. It is this lack of clarity that can lead the young women to anticipate the potentially negative evaluations of others when the baby is unsettled. However, on another occasion when the baby is 'behaving' and the young mothers have a higher sense of self-efficacy critical comments would pass unnoticed or be deemed as unimportant (Bandura 1997). From this we can see that??? self-efficacy can help to engender the young women's roles as 'good mothers'.

What is the relationship between self-efficacy and self-esteem for the stigmatised individual? As already argued, the relationship between the two is at best unclear. Within the stigma literature the two concepts are conflated with self-efficacy being subsumed within self-esteem. However, the findings from this study appear to support Bandura's (1997) contention that they are distinct concepts and should be considered as such and that levels of self-efficacy should be explored in close relation to the experience or context of the actions.

It would appear that self-esteem can be derived from self-efficacy in two ways, both internally and externally. The young women interviewed were proud that they had mastered new skills and were coping well with being a mother, but they were also proud that other people acknowledged their achievements.

More importantly this work also demonstrates that self-esteem can be a *result* of self-efficacy, but it can also be a *motivation* for self-efficacy; the young women in this study wanted to do well and to be seen as 'good mothers'. Bandura argues that self-efficacy and action are reciprocally determined, each being dependent on the other. The more skills the young mothers develop, the more they want to do well. However, this maybe too simplistic a description for the relationship between self-esteem and self-efficacy as it only acknowledges one aspect of the relationship, the interdependence.

This work also appears to demonstrate that the young mothers can derive self-esteem from giving birth without a sense of self-efficacy. Self-efficacy in this instance develops over time. This suggests that self-esteem can be derived from, but can also act independently of, self-efficacy.

However, what is also of note within the findings is the theme of 'do as I say, not as I do'. This is an interesting theme in that it demonstrates that whilst the young women are pleased and proud to be mothers, and believe that becoming a young mother has had positive effects on their lives, they are not necessarily proud of their situation and would not want their children to be young mothers. This seems to imply a lack of self-esteem because if they garnered self-esteem from the situation they would want their children to behave in a similar way. However, whilst they do not derive self-esteem from the situation, they do derive self-efficacy from the way in which they have coped, because they have developed skills which have allowed them to fulfil the role of 'good mother'. From this it could be argued that whilst they are related and can help to define each other, self-efficacy and self-esteem can act independently of each other and run in parallel at times.

If we return to the original argument about the role of language in research, we can see that not only should we consider how participants use language, but also how we, as researchers use it. This work highlights the need for more clarification of the concept of self-esteem that appears to have become a catch-

all term for many different concepts. More importantly it has been used as an outcome of stigma, rather than a motivational principle and this loose interpretation does not allow for the full examination of the underlying processes that are involved in the maintenance of a positive sense of self. By using such broad assumptions, we are clouding the issue and not allowing the explication of the fine detail. In its current formulation self-esteem is too broad to be fully useful and is therefore reductionist in its approach and needs to be redefined more succinctly.

This highlights the need to examine such issues from a qualitative perspective. However, it also highlights the complexity of the overlap between methods. IPA acknowledges social constructionism in that it is cognisant of the participant utilising certain discursive devices to give voice to their experience. As such, narratives are inevitably situated within and shaped by practices and language (Smith et al. 2009). If, as has been argued, discourses are understood as forms of structured language, which are situated within a particular time and context, they can have a direct influence on what we experience and so surely, we need to find new ways of relating these two methods. Colahan, Tunariu and Dell (2012) argue for the connection between IPA and discourse analysis to be made more explicit because, as Smith et al. (2009: 196) highlight, both these methods ‘appear to come to the social world in potentially complementary forms [there may be] value in more explicit articulation of the relationship between them’. As such we need to explore the role of discourses within the construction of experience and the role of experience within a discourse.

In conclusion, it would appear that society might have control over access to and power over resources at a macro level, but not over how individuals make sense of their situation. Power is a concept relative to who you are and who you perceive yourself to be. Society might ascribe a stigmatised label to an individual, but this does not mean that the label is deemed relevant to them because control is situated within its context and environment. Self-efficacy in this view operates at the micro level and can provide the means to construct and maintain control at the individual level. This allows the stigmatised individual to maintain a positive sense of self and to successfully operate within an environment that limits their access to the broader power and the associated resources. As Bandura (1986: 395) suggests ‘research shows that people who regard themselves as highly efficacious act, think and feel differently from those who perceive themselves as inefficacious. They produce their own future, rather than simply foretell it’. The stronger self-efficacy is perceived, the more vigorous is the determination to succeed. For the young women interviewed failure is not considered an option

[Extract 16]

Julie: I don't want to be a failure. That's not an option....I don't want my baby to grow up and think you know...I want her to grow up and be proud of where she came from. Be proud of her life and you know, me as well. I want to have a good life for my family.

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