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The struggles and triumphs of the invisible subject: the experiences of mature women students caring for those with learning disabilities whilst studying in Higher Education

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UNIVERSITY OF PLYMOUTH

THE STRUGGLES AND THE TRIUMPHS OF THE INVISIBLE SUBJECT: THE EXPERIENCE OF MATURE WOMEN STUDENTS CARING FOR THOSE WITH LEARNING DISABILITIES WHILST STUDYING IN HIGHER EDUCATION

by

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Author declaration

At no time during the registration for the degree of Professional Doctorate in Education has the author been registered for any other University award without prior agreement of the Doctoral College Quality Sub-Committee. Work submitted for this research degree at the University of Plymouth has not formed part of any other degree either at the University of Plymouth or at another establishment.

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Abstract

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Abstract

The caring role entails substantial social, physical, emotional and financial costs, especially for women with caring responsibilities, which presents challenges and restrictions for them when participating in activities outside the care-giving domain, such as engagement in education. Against these odds and despite the considerable demand caring places upon carers, a limited number of mature women caring for those with learning disabilities are navigating access to and participation in Higher Education. Considering the effort that this group of women expend attempting to combine multiple identities, and compared to the considerable research in Higher Education about the experiences of other groups of students such as: student parents, students with disabilities, and students who are 'non-traditional'; little is known about the experiences of mature women students caring for those with learning disabilities and the impact on their studies in Higher Education. Furthermore, their experiences remain largely invisible to their universities. This study aims to address this gap in research and seeks to understand how mature women students caring for those with learning disabilities negotiate their roles and identities as carers and students; it particularly focuses on how their caregiving experiences within their homeplace impact upon their personal experiences of finding time and space to study for a Higher Education degree. The research is valuable because this group of students faces a unique set of challenges in terms of the considerable time spent caregiving, the high-level and long-lasting nature of caregiving, the lack of respite services, managing the unpredictable nature of learning disabilities, and limited opportunities to engage with social, academic, work and leisure activities due to the intensive level of caring. The study utilises Gouthro's (1998) theoretical construct of the 'homeplace' as an important aspect of the 'lifeworld' and as a site of living and learning where women's identity, labour and relationships are shaped and have an impact upon their educational experiences. This study is underpinned by constructionist ontology and interpretive epistemology utilising semi-structured interviews as a research method to collect qualitative data from four research participants. The study findings indicate that mature women students caring for those with learning disabilities viewed their caregiving in their homeplace as being both pressured and precious experiences. The pressured aspect of their caregiving experiences was due to constructing caregiving as an intensive emotional labour and their identities as being constrained. The precious aspect of their caregiving experiences was due to constructing caregiving as negotiation of relationships with families and friends. Both the pressured and precious aspects of their experiences, impacted upon how they negotiated their roles and identities as carers in the homeplace and as students in Higher Education.

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Chapter 1 Introduction and research rationale

This first chapter sets the scene initially by offering a personal reflection on my own experience of caring for a child with a learning disability in terms of clarifying the various challenges and opportunities to grow and develop in light of my own experiences combining caring and studying. I highlight the complex nature of negotiating multiple identities as I tried to meet the needs of both my family and my studies. The personal experience of caring and studying provided me with a strong motivation for conducting my research on mature women students caring for those with learning disabilities, in particular the need to clarify how the experience of caregiving has the capacity to absorb carers' time and energy while, simultaneously, it gives back to the carers an abundance of rewards that motivate their capacity to care, study and contribute to their families and society at large.

The personal reflection on my own experiences of caring and studying offered a personal motivator to conduct this research, but I was also made aware by research in Higher Education that students with caring responsibilities face considerable challenges due to combing caring and studying with implications for how they experience participation in Higher Education studies. Therefore, in this introductory chapter, I follow my personal reflection by offering my research rationale that aims to build and extend current research on students with caring responsibilities to include a group of students whose experiences of caregiving in their homeplace and the implications on their experiences of participation in Higher Education have not received considerable attention. This group is mature women students caring for those with learning disabilities.

I will now commence with my personal reflection.

1.1 Personal reflection on the experience of caring and studying

My interest in mature women students' experiences of care and education stems from my lecturing work that brings me into contact with diverse groups of students who often talk to me about their families, studies and the issues they encounter as they try to accommodate these demands. On a personal level, I am reminded of Acker (1981: 96) who argues that 'many of us study aspects of our autobiographies partially disguised as a 'detached' choice of an interesting problem'. I agree with Acker's observation with regards to being motivated by an interesting problem as a site of research launch. However, my motivation to make the experiences of women with caring responsibilities visible is far from being detached.

My daily life for the last 30 years has revolved around caring for my son who is diagnosed as Autistic with learning disabilities. Caregiving in my case involves love and labour, characterised by love and affection, a sense of responsibility as well as the necessity to perform caring tasks that enable my son to lead a better quality of life. This intensive and ongoing interaction between me as a caregiver and my son means that caregiving has a negative as well as a positive impact. In a sense, by drawing upon my own experiences of care and examining the experience of women like myself, I am hoping to create useful knowledge which can be used to make a difference. For me undertaking this research becomes a process of validating experiences and is about growing and gaining strength from knowledge and reflection

Quinn (1998) points out that all research has a history. My research confirms Quinn's assertion. My interest in mature women's perspectives evolved through my own experience as a carer and as a mature student who participated in Higher Education in my early 40s. I started my Higher Education later in life, when I was 40 years old,

and often vocalised proudly that 'I am a product of widening participation'. I had a promising educational start in my 20s, which was disrupted due to dislocation from my country of origin and by the birth of my disabled son and the ongoing care that he required. Being a wife and mother and an informal carer took primacy identities for many years and the aspiration to return to Higher Education and to the experience of being a student was delayed until the opportunity presented itself; this was the retirement of my husband and the receipt of formal support from health and social care provision. This gave me the space to participate in a BA (Hons) Social Science degree.

My husband and I dreamt of having a big family that we would shower with love and affection, little did we know that the challenge ahead would test our ability to pursue a normal, orderly life with smooth ebbs and flows. A life that is full of unexpected rewards and complex challenges.

I had my eldest son when I was 26 years old. He was diagnosed with autism by the age of three. He was an astonishingly beautiful baby with brown eyes and curly brown hair, smiling and gurgling. When he was diagnosed, the sadness that engulfed me was truly unbearable. I experienced pain that was so profound it transcended being just physiological sensation in my body, to more of an emotional pain that was deeply intense. The pain could not be measured objectively through what is premised through a biomedical model lens, but it was an emotional interpreted pain that I felt when I was told that my son's condition was incurable. My pain paralysed my ability to see a bright future. But, gradually, something happened to shift my pessimistic outlook. I remember one day asking myself: What good am I to my son if I remain passive and sad? I went about working on shifting my way of thinking to a more creative and proactive approach to improve the quality of my son's life. I read self-help books to help me find strategies to cope and these books proved very helpful. I started reading about autism and I

spent time talking, playing, colouring, and going out into the community with my son. I focused on anything, which helped him to be part of the social world rather than his lonely world.

Being a carer involved material as well as emotional facets. The material aspect involved caring as work and as labour in the form of meeting the physical demands of my son's personal care, the routine house work activities, the planning for community activities that improved the quality of his life etc. The emotional aspect entailed supporting my son emotionally, giving affection, concern for his wellbeing, reassuring him when he experienced anxieties, etc. Such an intense environment brought with it initially a painful experience of an intense feeling of loss, of what might have been. I felt that my son's opportunities would be affected because of his disability and the road would be challenging for him and the rest of the family. Yet, I was compelled to care for and love him through a deeply held sense of duty and obligation to support the development of his potential. He was and still is at the centre of my life and I was and still am committed to care for him by choice and affectionate kin relationships. The caring is motivated by love, a deep sense of attachment, a responsibility and reciprocity.

I experienced caregiving as having two dimensions: loss of self and reimagining new self 'a transformed self'. Initially, persistent caregiving and intense nurturing incurred physical, emotional, social and economic consequences upon my sense of wellbeing. It brought about restrictiveness and social isolation, resulting in an engulfing 'loss of self' as termed by (Skaff and Pearlin, 1992). On the one hand, I had this tremendous love for my son that was consuming, yet on the other, I sensed a crumbling away of my previous self that was social, proactive and markedly motivated, to a self that was burdened with anxieties and worries about what was to become of my son. The

restrictiveness that care-giving brought about started to rob me from constructing an active valued self. It felt that no one knew that I existed. Being isolated, lonely and invisible is a difficult place to occupy. Then, gradually, I was awakened from the depressive slumber with a thought of seeing and valuing the love that I offered through caring as contributing to my son's potential to live a fulfilling life. I reflected on the learning that is occurring while loving and labouring to mother and care, such as: adaptation, flexibility, compassion, empathy, reciprocity, patience and spirituality. Learning that is maybe invisible to outsiders, but clearly felt and appreciated by my family. The experience of caring has led me to re-evaluate my experience and my sense of identity. I did not want to feel or be seen as deficient or as a passive person, but wanted to lead a life as an active person with aspirations and dreams that would not be buried by the huge commitment that I found myself negotiating as a young mother. I wanted to grow up with my children not feeling restricted and unfulfilled, but I wanted them to be proud of my achievement. I started to see the light at the end of the tunnel through hope and the aspirations that I sought to get involved fully with care, although by now my twins had arrived which meant my life was truly becoming a whirlwind of childcare and domesticity. I started to have a desire to connect with the social world outside my caring role.

I stepped outside of my home to gain a sense of social identity that connected to others outside my homeplace; however, I did not want to sever or compromise my identity as a wife, a mother and as a carer. I wished to combine my multiple identities. I did not see myself as separated but connected. I went out into the world with this perception; however, that connected sense of who I am did not find presence in my experience in Higher Education.

Caring and participation in Adult Education

I initially went about seeking opportunities to enrol in various Adult Education courses, such as aromatherapy, reflexology and interior design, to dip my toes once again into the pond of the educational milieu that I had abandoned many years before due to my full commitment to my role as a mother and as an informal carer. The consequence of such absence was a fragile learner-identity, anxious about entering into education once again but desiring connection with other members of broader society in an attempt to reduce my sense of social isolation. The Adult Education courses were held locally; they were short, the time was family-friendly, the assessment was easy to undertake and tutors and peers were supportive. All of these factors were a recipe for successful transition to Adult Education. The success and the enjoyment of this educational endeavour was a factor in developing my desire to continue with my lifelong learning journey. Throughout my experience of participating in Adult Education, I made sure that any courses I attended could fit in with my family responsibilities. My identity as mother and carer was prioritised and I learned to juggle and balance the caregiving needs with my education.

My desire to gain access to Higher Education was in a sense a natural progression. This desire to continue with my education coincided with awareness through the media that there was a call to encourage non-traditional and mature students to participate in lifelong learning through enrolment in studies in Higher Education. This was an appealing prospect to maintain my learner identity. However, another reason for returning to education, this time as a mature woman and carer, was the desire to be

financially independent because I am a proud person and wanted to feel empowered by being able to be employed.

I entered Higher Education at the age of 40. I waited till the opportunity arose when I started to receive support from health and social care provision. My son was in his late teens and able to go out into the community with the support of formal carers at least part of the day. I had been a mother, a carer and a wife for nearly two decades by then, but throughout I was juggling my multiple identities and wishing to access opportunities in the public sphere. Initially I thought of returning to work, but working at that time would have been rather difficult as I had no educational qualifications. I was on my own with the children and my husband was working away during the week and coming back home at the weekend. Initially I thought about the practicality of how to fit education around my caring responsibilities. I sought support from health and social services to help me with caring for my son during the week so that I could return to education, and fortunately I was successful in my application for such support.

I went in search of courses to study that would allow me to gain qualifications with the promise of employment. I thought a degree would open doors for me to access the world of work. My first port of call was the local library and its display of various local college prospectuses. I chose to enrol in a Combined Social Science degree that was running in nearby college. The location of my study needed to be conveniently close to home so that I would be able to study and care. It was held over three days a week which fitted conveniently with the level of support that I was offered from health and social services at the time. However, I had concerns about how to fit the high level of academic study with my family commitments. I realise now retrospectively, that my anxieties and concern were well founded. Participating in Higher Education entailed negotiation of family relationships, especially my relationship with my husband. During

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my degree, my husband was working away during the week and returning home at the weekend; this left me to organise my study around the daily domestic and emotional demands of the family. Studying and caring proved to be very demanding for me.

Thinking about my experience retrospectively, I was trying to accommodate the need and my commitments to what Edwards (1993) and Coser (1974) referred to as the 'greedy institutions' of both family and education. I felt torn between wanting to establish a student identity and maintaining stability at home as a wife and mother. Edwards (1993: 31) argues that 'the mandate of constant loyalty to greedy institutions (means) that any non-compliance, even mentally, could evoke the sense of guilt'. I felt guilty when I did not give my husband attention that he required and guilty when I did not take time to study.

Caring and participation in Higher Education

While I went about negotiating my family relationship to facilitate my participation in education, I entered Higher Education with a great deal of apprehension and anticipation. I had apprehensions about my ability to study at a higher level. I was worried about lack of prior knowledge about the subject of my degree. I had concerns about the challenges of accommodating motherhood, caring and studying. I remember saying to myself to be realistic and quit early if the degree proved to be too challenging academically or if the care situation began to be impacted negatively. I still prioritised my carer identity over any other identities and this would be a feature of my life and the decisions that I make up to the current day. At the same time, I was excited that education was going to give me an opportunity to earn, to develop as a person and to feel empowered through contributing to society. I wanted to make a difference to my family, to myself and to broader society.

The Higher Education environment was an alien environment to that of the Adult Education environment that I had engaged with before. For example, in the Adult Education courses, friendship started soon after the first day. The student cohorts were similar in age and mainly consisted of mothers. We had opportunity to work together or as groups which gave us the possibility to know each other better. We arranged a monthly social gathering which was full of fun and creativity. The lecturers were friendly, available to talk to and explained the assessment in clear way. They asked about our commitments at home, knew that I was a carer and allowed me to leave early to collect my son from his school. It felt like there was room to connect my life at home with my life as a student.

In contrast to Adult Education studies, the Higher Education environment was hectic; the academic day did not leave any room, with the exception of lunch break, to engage in social interaction with other students. The student cohort varied in age which seemed to separate their experiences from those of mature students; I think some of us felt more like mothers to the younger students rather than peers. I was the only student with caring responsibilities on my course; there was no one with shared experiences and understanding of the challenges that are involved in being a mature woman carer. I formed friendships but they were superficial and the caring space at home remained separate from the study space.

The lecturers in the Higher Education context had a formal approach to their teaching and interaction and appeared disinterested in the wider content of the life of the non-traditional students; the teaching was didactic which did not allow for any questioning or linkage to prior knowledge and experiences. They used the language of 'academic discourse' which threatened to interrupt any understanding of the lecture content. There was an expectation that study skills in terms of academic writing had been

accomplished prior to participation. Such assumptions were constructed on the image of traditional students who came following completion of their A level qualifications, they were not based on the mature, non-traditional student experiences.

The assessment was in the form of academic essays that required engagement in an objective, detached way which allowed no room for reflection of lived personal experiences. Feminists would argue that such a world of academia is based on a masculine framework that defines the nature of its knowledge and the value that such knowledge entails. Within such an environment it is difficult for mature women to make the connection between their family and student life and self. It felt like the knowledge gained from informal life-experience did not have room in an elitist formal knowledge space that Higher Education appeared to be promoting at the time. The emphasis was on theories and relevant research findings that supported the theories with no room for the student voice within such a format. In such a context, the voice of experience has been denied.

There was no support for students who were experiencing study skills difficulties or those who struggled because English was their second language. This was the year 2000 and the promise of support for non-traditional students was promoted as essential; however, this did not materialise in my experience as a mature woman carer. The notion of success or failure was put upon individual effort, rendering institutional support non-existent. I was disappointed when I found out that there was no formal acknowledgment of my identity as a carer when I filled in my application forms, neither was I directed to any policy that promoted my right as a student.

Retrospectively thinking, the whole learning environment was designed around traditional students and, in doing so, it marginalised other learning that non-traditional

students bring with them that can have relevance to education, such as what I had learned through my experience of parenting and caring at home. I felt that my gendered experiences as well as my ethnicity were overlooked as no reference was ever made by (lecturers, student support services, etc) to understand or support me in my effort to coordinate my study with my domestic or caring responsibilities. The dominant ideological paradigm of lifelong learning and participation in Higher Education that was at play when I undertook my undergraduate studies was too removed in its values from the day-to-day realities of students like me. It was governed by economic necessities and rationality to be bothered with allowing room for students like me with caring responsibilities to put forth arguments that would clarify their position in an attempt to raise consciousness about differentiated experiences and their implication on students' educational experiences. The curriculum did not have space for understanding of life affirming work such as caring.

To illustrate my experiences of the disparity of values between the education system and the value of family and community, the following issues are examples. The study time was not family friendly, which meant that I had to leave the lecture early so that I could collect my son from school. This meant that I missed a great deal of input and had to read at night and at any available opportunity to make up for what I had lost. The lecturers knew that I had a caring responsibility but, surprisingly, none helped or directed me toward any kind of support. Some were as alienating as the paradigm that underpinned their teaching. There was no flexibility in terms of changing the hand-in date for assignments in case of unpredictable events such as the illness of the 'cared-for person'. This was hugely problematic for me and other carers because caring is unpredictable and the health situation of the cared-for can alter dramatically and without any notice.

All of the above reflection identified an alienating face of participation and transition in Higher Education, which is in my view a consequence of differential value assumptions that is placed on formal abstract knowledge promoted by an individualistic orientation of Higher education frameworks, and that it is derived from informal connected knowledge based on personal, subjective private experiences. However, there is huge opportunity here for me to acknowledge the benefits I have derived from my Higher Education experience.

One of the major benefits of gaining education for me is the level of confidence I have gained in my ability to express my propositions and exercise my voice within the family domain as well as in the public domain. For example, I found that I can advocate on behalf of my disabled son in an articulated well informed way that developed through my understanding of discrimination and rights, my knowledge about ideologies, and through gaining an understanding of power structure and power hierarchies and their implication on people's experiences. Although social science offered an abstract theoretical base for understanding experiences, I use it as a broader conceptual framework to strengthen my understanding and analysis of my own experiences as well as my family experience and broader groups in society.

I learned to link abstract theory to my own experience of caring through reflection that helped me understand the value of my unpaid caring labour. A labour that may not be recognised fully as yet by educational and work institutions, but certainly is valued by myself and many feminist writers who try to make women's caring roles more visible in society. This doctorate thesis is my own testimony to accord respect to mature women carers' attempts to participate in Higher Education studies.

Conclusion of my personal reflection

From my childhood to the present day, my experiences in the private space of family home and the public space of education, have been influenced primarily by two major structural arrangements: firstly, the implication of my ethnic identity and, secondly, societal normative gendered expectations that shaped my opportunities in the private as well as the public sphere due to differentiation in the division of labour and the naturalisation of the caring role as women's responsibility. In sharing my personal experiences, I am offering one narrative that defined the nature of my own interpretation of what is it is like to be a woman carer with an ethnic minority background navigating caring, working and studying. Negotiation of my identity as a carer and a student has been demanding, and time and space to study have always been at a premium, sought but never fully realised; life remains a juggling act.

In the following discussion I will offer my research rationale to build and extend on studies of student carers participating in Higher Education and I aim to clarify ways in which I will address a gap in research in terms of understanding how mature women students caring for those with learning disabilities negotiate their roles and identities as carers and as students.

1.2 Research rationale

The caring role entails substantial social, physical, emotional and financial costs, especially for women with caring responsibilities, which present challenges and constrictions for carers when participating in activities outside the caregiving domain, such as engagement in education. Against these odds and despite the considerable level of demands that caring for those with learning disabilities places upon the carer, a limited number of mature women caring for those with learning disabilities are

navigating access to and participation in Higher Education. Considering the effort that this group of women spend trying to combine multiple identities, and compared to the considerable research in Higher Education about the experiences of other groups of students, such as: student parents, students with disabilities, and students who are 'non-traditional', the biographies and experiences of mature women students caring for those with learning disabilities remain largely invisible from their universities. Little is known about the impact of their caregiving role on their experiences of participation in Higher Education study. My study aims to address this gap in research by building on research in Higher Education to inform better understanding of how mature women students caring for those with disabilities negotiate the spaces they occupy in order to meet their caregiving responsibilities and achieve their academic aspirations.

Recent trends suggested that Higher Education began to be unlocked to include non-traditional students with diverse identities due to widening participation agendas during the last two decades. Higher Education started to be a more welcoming place for mature women, particularly in newer Higher Education Institutions that have gained University status since 1992 (Reay, Crozier and Clayton, 2010). However, and despite increased access to education remaining as a key aspect of widening participation policy intervention for Higher Education, persistent inequalities within Higher Education, remain a key concern (NUS, 2013).

Research has highlighted that, although women are taking up more places in Higher Education than men, this is not the case for students with caring responsibilities, as female carers aged 16-24 are less likely to participate in education, compared to male carers of the same age group (Yeandle and Buckner, 2007; Buckner and Yeandle, 2015). Mature women with caring responsibilities are more likely than young students with caring responsibilities to be students in Higher Education (NUS, 2013). The

gender and age profile was also evident in the last census figures which demonstrated that mature women are more likely to be carers than men and younger women (Becker and Becker, 2008). Other researchers have argued that the male breadwinner model of gender relations that is still promoted by Conservative government rationale has implications upon women's participation in Higher Education (Toynbee, 2012; Brooks, 2013). Political and moral discourses still promote family values ideology that exerts considerable pressure on families to be gauged by socially acceptable norms about proper family roles in terms of distinct perception of motherhood and fatherhood which continue to be shaped by the nuclear family ideal (Ribbins McCarthy et. al., 2000; Smart, 2007; Chambers, 2012). Hence, any study that seeks to understand whether such trends remain prevalent or have been reconfigured in terms of how mature women with caring responsibilities view their caring roles within their homeplace, would be valuable. This type of examination helps clarify how families and caring within them is being constructed.

As well as the aforementioned issues relating to student carers' experiences of navigating access to Higher Education, gender still seems to be an important factor in shaping the experiences of mature women with caring responsibilities in terms of uneven division of labour within their homeplace with implications on limiting their space to study at home (Tett, 2000; Baxter and Britton, 2001; Archer and Leathwood 2002; Reay, 2003; Brine and Waller, 2004; Moss, 2004; Alsop, et.al., 2008). These findings are important and need to be built upon in my research about the experiences of mature women students caring for those with learning disabilities, in terms of highlighting the implications of conceptualisation of care as feminised work with consequences upon women's opportunities to participate in education. My study aims to broaden understanding of the experiences of mature women students caring for

those with disabilities within their homeplace, in terms of how they negotiated their roles and identities as carers and students in Higher Education. This exploration is useful in terms of clarifying the following.

Firstly, the extent to which gendered forms of socialisation have implications for women's experiences of care and education: the repercussion of conflicting role expectations in relation to being a woman who is a carer and a student, and the gendered division of labour and the extent to which this obscures the visibility of women's unpaid caring work within the home and outside when they engage in Higher Education studies. Secondly, by identifying the discourses that impact on women carers' opportunities to have time and space to study we begin to consider the effect of inequality on mature women with caring responsibilities' access to opportunities. Inequalities are likely to disrupt their attempt to gain recognition; hence, seeking to understand the pace and nature of women's lives and their attempts at negotiating roles and identities as carers and as students becomes an important endeavour.

Women who are caring and studying have been found to experience time poverty with implications on their learning experiences in Higher Education (Sullivan, 2000; Moss, 2004; Alsop et.al., 2008; Becker and Becker, 2008; Kirton et al., 2012; NUS, 2013). Women also have been found to exert considerable physical and mental effort in trying to coordinate childcare, elderly care and their own education and paid work needs which impact their learning experiences in Higher Education (Skinner, 2005). Time implications have also been highlighted by women with caring responsibilities, especially due to travelling and use of public transport (Reay, 2003).

My study aims to broaden understandings of the notion of time poverty in terms of how mature women with caring responsibilities for those with disabilities construct

themselves as time-poor in their homeplace and the extent to which this construction relates to the structural position that placed them in a particular position: carrying the biggest share of care on their shoulders with implications on finding time and space to study in their homeplace. Furthermore, the study will explore how their experience of time poverty influences their commitments toward themselves, caring for others and how they act on the limiting dimension of being time-poor. It is suggested that making the time and space visible in research has the capacity to draw attention to wider power relations and helps facilitate better understanding of the complexity of human relationships (Moss, 2004).

As well as time poverty and its implications for women's experiences of care and education, there is evidence that combining caring and studying in Higher Education exerts psychological and emotional pressure on women due to experiencing role conflict of being a student and a carer with associated feelings of guilt, through students' perception of lack of attention to their caring responsibilities, and their perceived lack of engagement with academic life (Tett, 2000; Alsop, Gonzalez-Arnal and Kilkey, 2008; Hussain et al., 2011, 2013). This feeling of guilt is reinforced when their family views them as neglecting their caring responsibilities due to their engagement with their studies (Tett, 2000; Moss, 2004; Alsop et.al., 2008). My research views these findings as warranting further development through seeking to understand how mature women students caring for those with learning disabilities come to perceive their carer identity as shaping their responses to the caring needs of their family and to what extent such perceptions are gendered and have implications on how women construct a sense of responsibility towards others. Furthermore, my research aims to expand understanding of the feeling of 'guilt' that seems to concern women when combining care and education and the extent to which such emotion can

be understood sociologically. Analysis of guilt may inform understanding of its normative root and how it was produced, as well as the extent to which it is a response to how women experience their own realities and how they are treated in the social world. The analysis of the notion of guilt is useful because it can shed light on the complexities that mature women students caring for those with learning disabilities experience as they negotiate their roles and identities as carers and students in Higher Education.

As well as time poverty and a feeling of guilt, students with caring responsibilities experience feelings of isolation and lack a sense of belonging to student communities as well as being unable to retain contact with friends (Kimber et al., 2001; Alsop et.al., 2008; Fry et al., 2011; Hussain et al., 2011; Kirton et al., 2012, Buckner and Yeandle, 2015). A feeling of social isolation is exaggerated by being unable to talk about their caring responsibilities with others (Buckner and Yeandle, 2015). While these studies are important in terms of broadening understanding on how mature women experience a lack of integration into Higher Education social and academic communities, my study takes the exploration further to understand how the mature women students caring for those with learning disabilities experience their caring in their homeplace and the extent to which their caregiving roles hinder or facilitate their connection with friends and larger communities. Particularly, my study seeks to gain knowledge about the extent to which having friends and extended family plays a role in freeing time and space for mature women with caring responsibilities to study in their homeplace. This exploration is valuable in terms understanding the web of informal social networks in which women with caring responsibilities are embedded as well as stimulating debate about the state of larger society. Gaining greater understanding of how mature women caring for those with learning disabilities experience their social life is valuable

because it broadens perspectives about issues that smoothed or challenged successful negotiation of their roles and identities as carers and students in Higher Education.

As well as social context of experience, research in Higher Education has also claimed that students with caring responsibilities are concerned about disclosing their roles as carers and usually wait until they face a crisis in care that impacts their studies before they seek support from their universities (Hussain et al., 2011; Kirton et al., 2012; NUS, 2013). Reasons for this reluctance to disclose were identified as being concerned about being viewed as a stigmatised identity (Berti, 2013) and students' preference to 'hide their life and [be] reluctant to share the details of their lives with others within the University' (Kirton et al., 2012: 642). This issue of disclosure is worthy of further exploration as it offers food for thought about how universities can address the notion of disclosure in a sensitive manner that will facilitate engagement of student carers to self-identify and seek support when needed.

My research seeks to understand how women with caring responsibilities feel about disclosure and whether it played a part in seeking support from others such as friends and Social Welfare provision to help them access time and space to study at their homeplace. This is very important contribution to research in this area, especially in terms of understanding the roles of normative discourses and their impact on the notion of disclosure, as well as the extent to which such reluctance to seek support from others in society is about matters that the women value that is embedded in a social understanding of their gender and class position in specific time in history. Better understanding of the notion of disclosure is valuable because it can help clarify the difficulties that the mature women students caring for those with learning disabilities

encounter, as well as identifying strategies to facilitate transition processes that manage disclosure appropriately within Higher Education Institutions.

Additionally, most importantly, the notion of 'care' has a long history in Western philosophy and culture; however, the social phenomena of care have only recently begun to receive the serious attention it deserves from social researchers (Fine, 2005 and Glendenning, 2005). Initially, this apparent neglect of the notion of care was claimed to be the result of conceptualisation and understanding of care as primarily a family responsibility, especially for women for whom care is seen as a natural and taken for granted behaviour (Murdock, 1949; Parsons, 1955; Graham, 1983). Due to such a perception, care became seen as social support provided in the family due to a sense of duty and devotion to kinship membership and marriage. Under such understanding, the impact and importance of care on social life was overlooked (Fine and Glendenning, 2005). However, due to major changes in society taking place during the latter part of the 20th century such as shifting trends in terms of: aging population, decline in fertility, women's paid employment outside their homes, as well as concern about care–work balance, all these factors led the notion of 'care' to be taken more seriously as demand for informal care began to increase and the provision of care became a critical aspect of modern life (Hakim, 2000, Pocock, 2003; Watson, 2003). Under these circumstances, the notion of care have risen and care has become a public issue rather than just a personal issue (Fine and Glendenning, 2005).

Other factors that gave care more prominence in public debate were due to activism of feminists who challenged normative expectations of women's subordination (a debate that will be explored fully in Chapter two of this thesis). As the rise of the notion of care seems to become an important issue to society, a concern about how care is delivered stimulated an interest in seeking to further understand the meaning and

importance of care (Chamberlayne and King, 2000; Daly and Lewis, 2000; Daly, 2002; Feder and Kittay, 2002). All these debates highlighted the significance of the social importance of care and the need for the experience of carers to be taken seriously.

This study takes note and adds to research that has been carried out to understand the experiences of students with caring responsibilities in Higher Education in terms of gendered experiences and the tensions associated with combining care and education. These concerns are pertinent because mature women students caring for those with learning disabilities cannot be assumed to follow their own interests and activities such as studying in Higher Education in a straight-forward manner. Carers and parents caring for a child or person with a learning disability, spend a considerable number of hours each day on providing essential caring activities, physiotherapy exercises, and educational activities to improve their child's skills and competencies such as communication, as well as providing therapeutic and multisensory approaches to promote relaxation and stimulation (Mencap, 2001, 2016). These caregiving activities are provided, on a regular basis, they are incorporated into the daily timetable routine (Mencap, 2001). The caring roles and responsibilities are not only carried out during the day, but also continue and stretch into the night where the carers have to get up several times a night to meet the caring needs of their children (Mencap, 2001, 2016). Research findings indicate that mothers of children with autistic tendencies have been found to experience chronic stress that is comparable to soldiers in combat felids (Smith et al., 2010). These experiences of stress are compounded when the child displays challenging behaviours (Smith et al., 2010). Furthermore, children with learning disabilities are considerably dependent on their carer to look after them because they are rarely able to manage by themselves and they cannot be left alone for prolonged periods of time. All of these experiences of caregiving responsibilities

highlight the demand that caring for those with learning disabilities puts upon their carers who provide care day and night with implications on the carers' opportunities to pursue social and academic activities outside their caregiving domain. It is suggested that:

> An individual with profound and multiple learning disabilities will need support with every aspect of their lives. The increasing complexity of this group of people's disabilities has even more significance when considering the support needs of the families who care for them (Mencap, 2001: 4).

In light of these caregiving experiences, any understanding of the experience of mature women students caring for those with learning disabilities that my study aims to pursue, will necessitate hearing their voices and unpacking the nature of personal and structural constraints that they experience while negotiating multiple identities. The absence of such analysis would be to deny this group of women the articulation of their experiences and to ignore that they have entered Higher Education in an ideological and social context such as the family, Higher Education and broader society that constructs a view of their roles as women and their position within the private and the public sphere. These constructions shape what being a carer and being a student means within these domains. This is an important research motivator in light of research findings that show that caregiving responsibilities have been claimed to mediate students' experience in Higher Education (Alsop et.al. 2008).

Finally, it is helpful at this point to offer clarification about the parameters and the scope of this thesis. This study offers a paradigm to analyse the homeplace experiences of mature women caring for those with learning disabilities and the implications of these experiences for the participant's negotiation of their roles and identities as carers and as students in Higher Education. The study builds on previous research. In particular,

the study aims to give a greater recognition to the implication of the caregiving work that takes place in the homeplace by mature women students to improve universities' practices to better support the needs of students caring for those with learning disabilities. In line with the study's feminist theoretical framework (Gouthro,1998), particular attention is paid to how the participants in the study experienced their caregiving labour, identity construction and relationships within their homeplace and the implications of these key dimensions on their participation in Higher Education. This study's critical feminist paradigm analyses caregiving experiences not just as personal choices and concerns, but as choices that are linked to how the participants experienced their structural position in the homeplace in terms of gender, class, age and other socioeconomic characteristics.

There was no scope in this thesis to undertake in-depth analysis of Higher Education policies or Welfare and Family policies, as parameters had to be set for the study. However, relevant references were included in the analysis of the data in relation to aspects of Higher Education and Social Welfare policy that related to the participants' experiences in this study. References were made in the data analysis to aspects of Higher Education policies such as: the implication of policy discourse construction of university student identity as individual actors, and how students negotiated their identities as carers and as students. The implications of Higher Education policy, inflexible approaches to learning, and the implication of time related policy were included. These references relate to the findings that have arisen from the participants' views in this study.

References were made in the data analysis about aspects of Social Welfare policies in particular: the implication of cuts to Social Welfare provision to respite and other social service provision and the implication upon carers' and care-recipients'

experiences of care. This inclusion was an important aspect that linked to participant experience of negotiation of care and education. Social Welfare provision for carers in society at the time of this study was subject to a climate of austerity with implications for how carers experience caring for themselves and others. Research has suggested that the challenging political and cultural climate in the UK is characterised by cuts in benefits and Social Welfare provision with implications for those with learning disabilities as well as their carers (Malli et al., 2018). Informal carers are increasingly finding themselves under pressure to carry on with their unpaid caring roles due to major demographic changes and Welfare residualism that is the product of neo-liberalism and its demand on the individual to take responsibility for the care of their family members (Pateman, 1989 Clement, 2013). A climate of austerity has prevailed not only in the UK, but in most Western economies since the financial crisis of 2008 when global Western economies began to pursue cuts in health and social care services (Acharya, et al., 2009). The rationale for such cuts was based on the premise that financial markets can be more competitive through adopting deficit reduction policies underpinned by neoliberal ideologies (Malli et al., 2018).

Lower government spending policies meant cuts in spending in various areas such as: education, health care, Social Welfare, housing, public services, and cuts in access to legal aid, leaving vulnerable groups in society disadvantaged and negatively impacted (Duffy, 2014; O'Hara, 2015; Brimblecombe et.al.,2017). The group most affected by the austerity measures and cost cutting policies are people with learning disabilities and their carers (Grootegoed et al., 2015). In the UK, the tightening of social care provision eligibility criteria and cut in benefits reduced the number of people who receive health and Social Welfare provision making them more dependent on informal care provided by their families (Power, et. al., 2016). The reduction in support for

people with disabilities impacted upon their carers' ability to have respite from their caring responsibilities (Power, et. al., 2016). These aforementioned findings are indicative of the challenging context in which carers experience caring for those that need their support.

Caring for a person with autism and learning disabilities can be very stressful (Redmond and Richardson, 2003; Whitmore, 2016). Respite services are important for informal carers because they provide a '"temporary relief service" from the demands of continual caring' (Wilkie and Barr, 2008: 30). Respite service can offer carers 'a time and a space to recharge their batteries' boosting the level of their energy (Wilkie and Barr, 2008: 30). Respite from care positively impacts the wellbeing of carers (Robertson et al., 2011; Mencap, 2016; Whitmore, 2016). These findings demonstrate the importance of understanding both the challenges that carers experience while caring as well as the importance of offering strategies to relieve the considerable stress that carers face.

While carers are often praised for carrying out their caring responsibilities, the practical support needed to give them respite from care is becoming increasingly more limited (Malli et al., 2018). Research conducted by Mencap (2016) suggested that eight out of ten family carers are 'close to breaking point' due to lack of short breaks from caring (Mencap, 2016: 4). Austerity policy measures often impact both people with learning disabilities as well as their carers (Malli et al., 2018)**.** Furthermore, supportive social care services for carers are seen as inadequate (Glasby et al., 2010; Ridley et.al., 2010). Such a tightening economic climate of cuts in benefits and supportive services is detrimental to the ability of students with caring responsibilities to negotiate successfully caring for their families and studying for their degrees. It is suggested that

student carers who are studying in Higher Education more often contemplate leaving their courses compared to students without caring responsibilities, due to the difficulties of balancing commitments to work, study and their families (NUS, 2013). The support they receive from their families as well as formal social care provision will play a role in shaping their educational experiences. Against such a background, the importance of conducting this study become clearer because the analysis of participants' views will shed light on the factors that hindered or facilitated their attempts to reconcile care and education. Such findings will be illuminating not just in terms of understanding the challenges that the participants experienced, but also the creative responses they developed to resist limiting societal and institutional discourses. Larkin and Milne (2013) argue that: 'Carers' experiences are shaped not only by their personal responses to caring but also by a myriad of other factors. For instance, the experience of being a carer varies according to the number of hours spent caring, length of caregiving, type of care required, relationships, nature of the cared for person's needs and access and accessibility of formal services'. An understanding of the context of care and caring experiences requires paying attention to structural processes that underline caring experiences such as gender, race, age, class and other sociodemographic variables. Examining how the homeplace experiences fit with education will give space to understand how women negotiate their roles and identities as carers and as students.

1.3 Key research question

How do mature women caring for those with learning disabilities negotiate their roles and identities as carers and students?

1.4 Research sub question

How does an understanding of their experiences of caregiving in the homeplace clarify how they find time and space to study for their Higher Education degrees?

1.5 Chapter outlines

Chapter 1 Introduction and research rationale

The thesis commenced by offering a personal reflection on my own experiences as a mature woman caring, studying and currently lecturing in Higher Education. This was followed by my research rationale for building and extending on existing studies of the experiences of students with caring responsibilities participating in Higher Education Institutions. This was followed by explanation for the study parameters of analysis.

Chapter 2 Review of the literature

The literature review chapter will commence by offering a rational for the study's theoretical framework that informed both the literature review and the data analysis. The chapter moves on to examine literature that explores: how caring responsibilities are experienced by informal or unpaid carers in society; how identities of informal carers are constructed through various discourses; and how relationships are experienced by women who decided to study whilst caring for their families.

Chapter 3 Methodology

The methodology chapter starts by providing clarification about the study's philosophical underpinning in terms of consideration of ontology and epistemology. The chapter then moves on to offer a rationale for conducting a qualitative research paradigm including examination of insider outsider research position and notion of reflexivity. This discussion is followed by exploration of research data collection method in terms of both the technical as well as the emotional dimensions of using

interviews as research methods. This is followed by critical reflection on the challenges that were encountered during the data collection stage. Finally, discussion about how the data was analysed is provided.

Chapter 4 Findings, analysis and discussion

This chapter is divided into two parts. Part one includes analysis of the homeplace and university as being pressured experiences, in terms of the participants experiencing caregiving as emotional labour and their carer identity as being constrained. Part two includes analysis of the homeplace and the university as being precious experiences in terms of experiencing caregiving relationships with the family and friends as being negotiated and as being valued.

Chapter 5: The conclusion

This chapter provides a summary of the study's findings and how it contributes to knowledge, limitations of the study and ways in which Higher Education and teaching practices can support mature women students caring for those with learning disabilities studying in Higher Education.

The following chapter offers justification for the choice of the study's theoretical framework and explores selected literature reviewed for this study.

Chapter 2 Literature review

In Chapter 1, the rationale for conducting this study was offered. In this chapter a literature review will be presented. The chapter starts with a critical examination of the study's theoretical framework. This will be followed by the literature review which focuses on: how caring responsibilities are experienced by informal carers in society; how identities of informal unpaid carers in the homeplace are constructed by a range of analytical discourses; and, finally, how women experience combining family relationships and studying at universities as highlighted by various researchers in Higher Education. The literature will highlight that the caring labour responsibilities, the construction of carers' identities and relationships within families are complex issues that carers face in society as they navigate their daily realties. Realities that are worthy of recognition.

2.1 The study's theoretical framework

The study utilises Gouthro's (1998) theory of lifelong learning and the homeplace as a theoretical framework to support an understanding of the caregiving experiences of mature women students caring for those with learning disabilities and the impact on their experiences of participation in Higher Education study. Gouthro's framework helps to explain the complex process which influences women's learning experiences by questioning how gendered difference in experience has often been narrowly defined in educational discourses which has implications for how students experience caring for their families and engagement in education.

Gouthro (1998) draws upon critical and feminist theories to propose an alternative view that aims to inform broader and inclusive educational practices that seek to recognise mature women's experiences at their homeplace and the impact on their learning

experiences. Gouthro (1998) draws upon Jurgen Habermas's theory of communicative action and feminist maternal discourses to inform a critical feminist pedagogical approach in lifelong learning.

Gouthro (1998) clarified how Habermas explains changes in society and implications for the lifeworld. She argued that Habermas (1987) proposes that with the advent of modernity, traditional forms of communication began to decline as a consequence of disengagement of the political and economic system from the lifeworld (the family, community and church). Habermas argues that the lifeworld traditionally has been the location in which ethical and moral decision making is communicatively shaped. As the political and economic system began to expand in terms of power and size, the lifeworld influence began to diminish and the system of control began to encroach on the lifeworld realm. This encroachment of the system on the lifeworld resulted in pathologies that started to be evident in weakened moral structures. As a consequence of these changes, technical rational approaches started to gain prominence rendering traditionally valued beliefs that were upheld in the realm of the lifeworld irrelevant. The lifeworld is threatened, according to Habermas (1987) through being 'colonised' by the 'system'. The colonisation of the system has consequences. Firstly, people within society begin to feel a sense of 'anomie' where the meaning or a sense of integration becomes lost. Their daily lives that made sense to them no longer have the same reassuring characteristics as they become ruptured by the colonisation of the system. Secondly, there is a 'legitimisation crisis' which affects the potential stability of the political and economic order in society.

Gouthro argues that according to Habermas (1987), the notion of the lifeworld can be used as a basis of study of society. By exploring the lifeworld, one begins to

comprehend everyday actions, individual attitudes and societal beliefs. It is in this sphere that the underpinning values of how society is functioning can be revealed. The lifeworld according to Habermas is 'a communicatively shaped sphere of everyday interaction, where through our families, communities and education system, we develop a shared sense of meaning'. Welton argues that: 'it is in the life world that we come to understand our ethical obligations to family, friends and society' (1995 87). The lifeworld can be experienced as the 'the domain of cultural reproduction, social integration and socialisation' (Benhabib, 1986: 239).

Habermas's critical theory of communicative action is useful in terms of directing attention to the re-establishing of lifeworld values such as justice and the possibilities to build a civil society. Communicative action entails creating spaces for open and empathetic discussions to lead to a more democratic form of learning (Gouthro, 1998). I found Habermas helpful in light of offering insight on how the system impacted upon the lifeworld, resulting in increased influence of the marketplace on educational discourse. I believe that the narrow focus of current educational discourse overlooks the connection and interaction between experiences of individuals at their homeplace and their learning experiences in Higher Education. The technical-rational orientation of educational discourse misses the opportunity to comprehend the significance of family responsibilities on the construction of student academic identities. I also see the value of Habermas's theory in terms of its quest to seek a shift in paradigms in society from a materially focused rationale towards socially oriented paradigms that pursue social ends.

My concern is that if educational discourses adopt an anti-social form of rationality based on individual purposive action, as indicated by Habermas's concern about such a trend, then any analysis of student experiences of learning in Higher Education will

end up ignoring that families responsibilities, class, race, ethnicity, age and disability influence how students go about negotiating access and participation in education. Yet, at the same time, I am also critical of Habermas because often he seems to marginalise gender from his analysis which makes it harder to use his concept alone without bridging his ideas to frameworks that embrace and recognise gender as an important variable influencing the lifeworld of women. Feminists have argued that his explanation is insufficient as it does not pay attention to gender differences in living and learning experiences which are connected to the homeplace (Gouthro, 1998, 2015).

As well as the aforementioned critical reflection on the work of Habermas, feminists have argued that critical theorists such as Habermas seem to idealise the notion of the 'lifeworld'. Gouthro (1998, 2015) proposes that rather than viewing the pathologies in the 'lifeworld' as being the consequence of the system, the system should be seen as reinforcing the lifeworld inequalities in power, and that these inequalities create an arrangement that is characterised by alienation and domination. Gouthro argues that a critical feminist perspective offers an alternative framework to analyse the homeplace and its connections to Adult Education (1998, 2015) as it will be explored in more depth in the following section.

2.1.1 Gouthro (1998): The homeplace as a site of living and learning

Gouthro (1998: 29) argues that:

> There is not an easy, single definition that can be given to describe the term 'homeplace' as it is a word that means many things for different people. Rather, it must be understood as an important component of the lifeworld, which varies across time, space and place. Just as the notion of 'family' is a concept which must be viewed as a fluid rather than static concept, the homeplace must be viewed in a similar light.

Gouthro (1998) suggests that the homeplace is an abstract theoretical construct and a site for the lifeworld and everyday lived experience. It is a central location where identities, relationships and labour are formed. The homeplace stretches beyond the boundary of the individual to incorporate a larger sense of community. It is a site of contradictory dimensions of both domination and liberation. A site of domination through women's struggles to form a sense of identity free from patriarchal power. It is a place of liberation, where women work to determine their own life as well as those of their families. Gouthro (1998) argues that the homeplace is pivotal in shaping the quality of learning experiences, particularly for women. Families and home have been recognised by feminists as an important aspect of women's identity. It is within the home that women's sense of self initially evolves in ways that have consequences upon with their later experiences. A woman's individual sense of identity nearly dissolves through the invisible role she occupies within the homeplace, where a woman only thinks of herself in relation to others, as a mother, a carer, a wife, a daughter. This limiting perception of self is a consequence of the limited value placed on women's position and status in the home. Education is pursued as an escape from these limiting perceptions of self.

Gouthro (1998) argues that the homeplace is not only a site where women's identity formation evolves, it is a location where relationships become a forum for facilitation of or limitation to women's learning experiences. She added that many women articulate their pride in being a role model to their children to pursue their education and have vivid and cherished memories of encouraging mothers who had a positive influence on their motivation to be educated. This is where women link power to knowledge. Yet, this is only one dimension of women's experiences relating to their relationships in the homeplace; the other, is of sabotage, ridicule and lack of

recognition from male partners who may be resistant to their attempt to pursue education.

Gouthro (1998) points out that to re-enter the world of education, many women overcome mounting restrictions, juggling multiple workloads and forfeiting precious personal time. Furthermore, she suggests that women from minority ethnic groups face dual barriers of discrimination. She suggests that the assumption that women are solely responsible for the management of their education and care within their families is the consequence of a deeply held societal assumption that caring is women's work. This pattern, according to Gouthro (1998), reflects the societal expectation that the home is women's domain and caring is a natural female characteristic, creating tension and struggle as women negotiate commitment to two demanding institutions - the homeplace and academia.

2.1.2 Critical reflection on the importance of Gouthro's notion of the homeplace

I agree with Gouthro (1998: 111), that the concept of the 'homeplace' is not static and that its meaning is different for each person depending on their life circumstances. Furthermore, I also align my views to Gouthro's that women's experiences of combining family responsibilities and studying often have been mediated by their mothering and their domestic roles and experiences, a view that has been supported by many studies (Edwards, 1993; Pascall and Cox, 1993; Moss, 2004; Alsop et.al., 2008; Lynch, 2008; Brooks, 2013). I agree with Gouthro that developing frameworks of analysis that bring to attention a life-affirming approach to education in terms of giving consideration to better understand women's experience of their 'homeplace' is a valuable endeavour.

There are various reasons why the homeplace remains an important issue that is worthy of investigation. Firstly, I believe that an understanding of the notion of the 'homeplace' is very helpful as it will shed light on the considerable shift in the meaning attached to the homeplace for individuals who have experienced the consequences of globalisation and global politics in terms of searching for new countries and new homeplaces. Higher Education needs to envision a holistic dimension toward education that takes into consideration the implication of global unrest upon the experiences of a new cohort of students who have had to negotiate new identities, new community and new educational frameworks. There is a need to extend the parameter of an understanding of the concept of 'homeplace' to think about the considerable shift that challenges people's notion of identity as they navigate new home places in an unfamiliar cultural and societal context. There is room to consider the extent to which this shift exaggerates people's attempt to hold on to and defend their ethnic and racial identities in an attempt to avoid homogeneity. Duncan and Duncan (2004: 41) argue that the identification of the notion of 'homeplace' may be interpreted differently by people from different cultures. The 'homeplace' may hold differing symbolic meaning and significance.

In terms of migrants and asylum seekers for example, the awareness of being so distant from one's original home, may intensify a longing to return to it. The meaning of home for migrants and asylum seekers, for example, may be associated with the notion of taking journeys away (Case, 1996) whereby the absence of one's own original home and the absence of familiar social relationships, creates in a person a sense of nostalgia and a desire to return to one's homeland. Hence, however a 'homeplace' is identified, whether it is as a homeland, or a dwelling or a set of important social relationships, often the 'homeplace' seems to involve relational characteristics.

There is a relationship between self, home and society. This is an interesting observation to note, in terms of whether the self becomes subsumed within the homeplace and what implication such immersion has for how a person views their identity, relationships, and their level of autonomy over their space within such locations. I would suggest that a better understanding of the meaning of the 'homeplace' requires consideration of its socially constructed interpretations, by paying attention to broader political, societal and cultural arrangements that impinge on people's frames of experiences. This type of analysis of the homeplace will avoid homogenisation of experiences.

Secondly, I propose that seeking to understand the notion of the 'homeplace' gives the opportunity to contest the separation between the private and the public domain of everyday experiences. It is clear that a prominent conceptualisation of the 'homeplace' is associated with a romanticised view as a 'haven' or refuge, a place where one can retreat and relax (Moore, 1984 cited in Mallett, 2004). This conceptualisation of the 'homeplace' draws attention to a distinction between the inside and the outside world and the private and the public place (Wardhaugh, 1999; Mallett 2004). The inside place is seen as confined feminist space (Dovey, 1985, Ribbens McCarthy et.al., 2000). In contrast, the outside place is seen as imposing or threatening space. The homeplace as a 'private place' is familial space removed from public intrusion. While the public space is the sphere of work, politics and non-kin relationships (Mallet, 2004). I think siding unquestioningly with the conceptualisation of 'homeplace' as a haven or as being an alienating space are both unhelpful because these conceptualisations tend to homogenise experiences of how realties are experienced as either/or.

The romanticised interpretation of the homeplace gives rise to various limitations. Viewing the home as a 'haven' ignores that some women and children are subject to unfavourable treatments within the context of their homes (Oakley, 1974, Jones, 2000). Women compared to men, face considerable challenges and engage in considerable familial negotiations in order to have time and space to study (Moss, 2004; Lynch, 2008) The home is not neutral place but an ideological construct that is created from people's lived experiences. Furthermore, the subscription to the notion of 'home as haven', leads to what (Wardhaugh, 1999: 97) refers to as 'creation of homelessness'. Wardhaugh argues that:

> Those who are abused and violated within the family are likely to feel 'homeless at home and many subsequently become homeless in an objective sense, in that they escape – or are ejected from – their violent homes. Equally those who reject or are unable to conform to conventional ideas and expressions of gender, sexuality and class might be both symbolically and literally 'excluded' from the notion or semblance of home.

Hence, the tendency to see 'homeplace' in terms of a unified concept as an 'ideal home' is problematic, as it may not always reflect people's diverse views of their homeplace (Mallet, 2004). I would suggest that the dominant image of an ideal home may give the impression that women have a choice in determining their own sense of fulfilment through the practice of self-organisation and self-sacrifice. Within such conceptualisation, choices and practices within the homeplace require a woman to invest a great deal of herself into being an 'ideal woman' who is caring and available for her family. This is an unhelpful conceptualisation of women as it views their identity as unchanging and fixed rather than being changing, multiple and complex in terms of social categories that impact upon women's subjectivity. In terms of a person's subjectivity, it would be helpful to view the meaning of the 'homeplace' not just in terms of gendered experiences, but to understand experiences as being rooted in

intersection of gender and race (Crenshaw, 1991, 2016) and to think of the home not as a passive neutral political place, but as a site of activity that marginal groups engage with to sustain their sense of identity (Hooks, 1991). This study offers a feminist perspective that examines how mature women caring for those with learning disabilities experience both the challenging as well as the rewarding dimensions of caring for others and studying in Higher Education. This type of investigation is helpful because it shifts the analysis beyond the home and education dualism by acknowledging the ongoing dynamic interaction between the private and the public spheres.

I would argue that cultural representation of the homeplace has implications for how women experience caring and studying at home in terms of how they care for themselves, care for others and find time and space to study for their degrees in Higher Education. Women's negotiations to find time and space to study may be seen as a personal strategy, but in essence they are shaped by the values and meaning that are driven by dominant discourses in society that naturalise women's identities as carers. In the context of education, dominant discourses such as those that are underpinned by neoliberal ideas shape the notion of lifelong learning. Olssen (2006: 223) points out that 'ultimately lifelong learning shifts the responsibility from the system to the individual'. Personal responsibilities to care and engage in education become the responsibility of the students and the connectedness between women's experiences in the homeplace and their implication for their studies becomes invisible. The invisibility of relational identities draws attention away from the learning experiences that are important to women's lives such as mother work (Olsson, 2006). Without consideration of the homeplace as an important site of learning we will end up overlooking the limitations of neoliberal discourses in education which consistently

leave out the homeplace, because it is considered to be part of the private realm (Gouthro, 2007). If society ignores women's contributions and work at home and its importance to individuals, families and society, such perception will disguise and diminish the importance of the notion of interdependence. This study aims to give space to analyse the homeplace, not just as a site of struggle but also as a site of transformation and valuable contribution.

I agree with Gouthro's (1998) call for an alternative conceptualisation of the homeplace as a site of empowerment through consideration of the life affirming labour that is taking place within it. If women's 'contributions to society are to be recognised, then the importance of subsistence labour need to be addressed' (Gouthro, 1998: 229). Maternal discourses offer an interesting framework through which the homeplace can be viewed as a site of positive contribution. Ruddick (1989: 78) argues that various life events that signify women's engagement in maternal practices within their home such as raising children and every day activities lead women to reflect on profound questions of meanings.

The caring that women engage with in their 'homeplace' needs to be considered as being of a value to society in terms of privileging connection rather than competition and profit making as is the case with prevailing masculine values that underpin Western societal social political and social arrangements. It is more helpful to see a dynamic interaction between private and public frameworks where positive and negative interactions are being negotiated. Universalist generalisation of the homeplace needs to be made visible in order to be questioned and to be made redundant because these discourses view women as having singularity that binds them with nature; such view fails to understand the implication of women's connection to their families and their implication on their learning experiences. Women's

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connected identities with their families and those they care for need to be recognised as strength rather than deficiency.

Here I am reminded of Hooks (1991: 148) who said that the homeplace:

> …is locations. Home is that place which enables and promotes varied and ever arching perspectives, a place where one discovers new ways of seeing reality, frontiers of difference.

I would argue that there is a need to view the homeplace as a place of women's authority where the construction of their identities as carers is developed in relation to their connected and interpersonal relationships with their families and the cared for and not in isolation. Their experiences of their homeplace and the construction of their identities as carers depend on how those relationships are negotiated. Their identities maybe better understood to be taking shape in specific ways stemming from the context of their daily realties, which this study aims to forward. Similar to Oakley's (1974) quest during the 1970s to elevate the status of the 'housework research' as an important research dimension in academia, this study wishes to enhance the opportunities for more positive and equitable experiences for women in Higher Education through better understanding of the circumstances of women's lives that are shaped by their roles and responsibilities in the homeplace and how these circumstances influence women's participation in education.

Finally, I found Gouthro's (1998) theory of the homeplace and its implication on women's learning experiences as valuable theory to utilise in this thesis in terms of analysis of the data and also informing choices, selection and understanding of relevant literature that enriched understanding about the nature of the caregiving roles and implications for women's opportunities in both the private and in the public sphere, as I will explain in the following discussion.

2.2 Literature review

This study aims to understand how mature women caring for those with learning disabilities negotiate their roles and identities as carers and students in Higher Education. Gouthro's (1998) theory of the homeplace was the study's theoretical framework. Gouthro focuses analysis of the homeplace on: the caring labour, identity construction and relationships and how they shape women's educational experiences. The literature review in this chapter drew on these three key concepts (labour, identity, and relationships) and selected research that enriched understanding about: how informal or unpaid carers in society experience their caring labour; how informal carers identities in the homeplace have been constructed by dominant conceptual frameworks; and finally how women experienced the interaction between their relationships with their families and studying in Higher Education according to research conducted in Higher Education.

Part one of the literature review examines literature about the caring labour in terms of the context, extent and the nature of caregiving responsibilities that are undertaken by informal or unpaid carers. The literature in this section shows that caring for others is challenging and demanding labour but that caring can bring with it rewards and a sense of interdependence and reciprocity with those who one cares for. The literature highlights the considerable structural challenges that face carers as they navigate access to opportunities outside their caring responsibilities at the homeplace. It also points out that caring is engendered because women undertake the majority of caregiving responsibilities for their families (Clements, 2013). Using Gouthro's (1998) critical feminist perspective allows the space to challenge women's subordination by contesting societal patriarchal structures and practices that created inequities and devalued the caregiving work that women undertake in the home. Understanding the

structural origin of caring requires attention to social relations of production and reproduction with respect to gendered experiences within the homeplace and allows us to ask pertinent questions about who controls women's labour and who benefits from it.

Part two of the literature review critically examines the notion of identity construction through exploration of a range of dominant discourses that played a role in how informal carer identities were experienced. The literature examined discourses such as functionalist, interactionist and feminist. The examination of literature in this section was helpful in terms of clarifying how socially constructed definitions of informal and unpaid carer identities affect how these identities are perceived and experienced. For instance, discourse such as functionalism naturalised and promoted women's identity as natural carers and, in doing so, it neglected the relationship between women's identity as unpaid carer in their homeplace and their disadvantaged position in the private and public space. Interactionist discourse sought better understanding of subjective experiences and saw informal carers as actively engaging with identity construction through interaction with the external social world. However, interactionist researchers did not pay attention to the nature of interaction between men and women and how it can be influenced by emotion, power and inequalities. They ignored that gender hierarchy and structure of subordination shapes interaction and definitions of reality. Feminists on the other hand (which is the lens through which the study findings were analysed), contested dominant discourses of masculinity and gender-neutral perspectives and in doing so, feminists turn their attention to power relationships and their implication on women's lived experience. The examination of all the literature in this section was important because it highlighted the negative consequences that result from devaluing or misinterpreting the caregiving work that takes place at home.

Furthermore, the dominant interpretations of identities interfere with women's options and access to equal opportunities. Utilizing Gouthro's (1998) critical feminist perspective as an analytical lens, challenges normative dominant societal ideas about gender, class, race and other socioeconomic issues and seeks to transform women's relationships and caregiving roles. Gouthro's framework allows the analysis of construction of caregivers' identities to be viewed not as the property of the individual but the property of the system and that individuality is a social product. The framework's feminist orientation allows the analysis of identity construction to shift from being an autonomous task, to being constructed as sense of connection with family and the homeplace.

Part three of the literature review seeks to understand the notion of relationships and the extent to which they facilitated or hindered women participation in education. Selections of studies were chosen to examine women's experiences of caring and studying in Higher Education. The exploration of the literature in this section was valuable as the studies shed light on the dilemmas that women experience in terms of their commitment to both their families and their universities. The studies demonstrate that there are emotional and personal costs involved in negotiation of roles and identities. When women participate in education it brings with it both contentions due to re-negotiation of identities as well as positive transformation. Some women experience their families as supportive while others experience them as being uncooperative. Mothers, partners and children played a role in how women negotiated their roles and identities. The studies in this part of the literature review highlighted that caring and studying are a juggling act. What the studies show is that the relational context has implications for women's experience of caring and studying in Higher Education. Utilizing Gouthro's (1998) critical feminist perspective as an analytical lens

allows caregiving relationships to be analyzed not as being removed from public life but as significant elements that shape both women's private and public experiences. Relationships in the homeplace can be experienced as liberating or as oppressive with consequences for women's learning experiences in education (Gouthro, 1998). This framework allows power issues to be made explicit rather than implicit (Gouthro, 1998: 113). Relationships may be negotiated by women individually, but in order to fully understand the nature of these relationships we need to consider societal and cultural roots that impinge on these individual negotiations.

2.2.1 The caring labour: The nature of the caring responsibilities of informal carers in society

This section of the literature review will identify the facets that make up the experience of informal carers. It will show the prominence of women as primary carers, and what constitutes informal caring in terms of time spent caring, the consequence of caring upon carers and the complexity of emotional and instrumental dimensions of care.

The term 'informal carer' was not 'formally recognised until the 1980s in the United Kingdom and still has no distinct identity in many languages apart from English' (Barnes, 2006: 1). A number of terms were employed such as: family carer, lay carer, informal carer, as well as caregiver. This multitude of references became problematic, especially as paid carers who work for social care providers are often referred to as a carer or caregivers. Conceptual understanding of informal care was initially viewed in terms of a kinship obligation, then gradually, informal care began to be seen in terms of its uniqueness as an activity that is undertaken by unpaid carers specifically women within their families (Finch and Groves, 1983). The early researchers asserted that care is more than just unpaid personal services, but that informal care is defined by

the relations within which care is carried out and these relations are characterised by personal ties of: obligation, commitment, trust and loyalty (Finch and Groves, 1983), a social relation that is underpinned by loving, thinking and doing (Leira and Saraceno, 2002). These studies are valuable in terms of broadening understanding of the relational aspect of care and its implications for carers' identities. I will draw on this understanding of the relational and connected dimensions of care to help understand how my participants negotiate their roles and identities as carers and students in light of commitment to kinship and family ties. The studies brought attention to the meaning of informal care as an ethical practice that motivated an ongoing debate about the nature of care within families. While it is often assumed that the meaning of informal care in the family is self-evident; this is not the case.

A glance at the profile of informal carers offers an insightful look at the number of carers in the UK, the gendered nature of care, and the negative societal view of the notion of dependency.

Starting with statistics, it is estimated that there are 6.5 million informal carers in the UK, representing an estimated 10 percent of the population with a projected growth of 60 percent over the next three decades (Buckner and Yeandle, 2011; Carers UK, 2014). This estimate was forecasted in line with increased demands on home- and community-based care (Carers UK, 2013). The number of people providing care has increased considerably in the last 10 years, with a specifically marked increase in the number of carers aged 24 and above by 23% between 2001 and 2011 (Carers UK, 2014). This sheds light on the under-representation of carers in Further and Higher Education, especially, women carers aged 24 and above (Yeandle and Buckner, 2007). This issue of under representation of mature women warrants consideration when analysing how mature women students caring for those with learning disabilities

go about negotiating their roles and identities as carers and students, in light of the unique set of challenges they face in both accessing and sustaining their participation in Higher Education studies, particularly whilst caring for those with learning disabilities. Paid and unpaid care is gendered (Folbre and Nelson, 2000; Fineman and Dougherty, 2005). These gendered characteristics underpin the injustices that carers experience (Folbre and Nelson, 2000). Caring is not seen as solely a female activity; however, the notion of caring has been engendered by the fact that it is women who execute the majority of caring for their families (Clements, 2013).

Current trends confirm that gender remains a consistent characteristic of caregiving and that women are more likely to undertake caring responsibilities than men with an estimated 58% of carers being female compared to 42% male (Carers UK, 2012, 2014). The percentage of carers who are female rises to 60% for those who are caring for 50 hours or more a week (NHS, 2010). Women make up 73% of the people receiving Carer's Allowance for caring 35 hours or more a week (Carers UK, 2014). One in 4 women aged 50-64 have caring responsibilities, compared to 1 in 6 men, and women carry out 60% more unpaid work than men (ONS, 2016). Caring is embedded in family relationships (Carers UK, 2014). It is suggested that dominant and prevailing ideas about men's and women's roles in the home seem to discourage men from performing what is perceived as 'women's work' (Hobson, 2002; Craig, 2007).

The time carers spend caring for members of their families has been calculated as follows: 48% of all carers provide care for 20 hours or more per week, 21% of carers provide more than 50 hours of care, and 14% of carers care for two people (Health and Social Care Information Centre, 2010). Key care activities that carers undertake include: shopping, preparation of meals, doing the laundry, personal care such a bathing and dressing, social and emotional support, taking the person they care for

out in the community, as well as organising doctor's appointments (Carers UK, 2012: Larkin, 2012). The contribution of carers and their work within their family has gradually been recognised over the last two decades (Glendinning et al., 2009; Buckner and Yeandle, 2011; Buckner and Yeandle, 2015). However, caring remains a contested term because many carers do not identify themselves with such terms (Lloyd, 2006a). Carers often feel unsupported by service provision (Redmond and Richardson, 2003; Glasby and Littlechild, 2009; Ridley, Hunter and Rosengard, 2010; Trudeau-Hern and Daneshpour, 2012; Milne et al., 2013; Burchardt et al., 2015; Glendinning, 2016).

Many carers consider caring as a private and charitable family activity and thus they do not identify themselves as carers (Bittman et al., 2004). Other feminist commentators who are concerned about the politics of care, argue that informal carers experience disadvantages derived from a socio-legal environment that is constructed by and for people who do not have caring responsibilities (Twigg, 2000; Fineman, 2004, Clement, 2013). In particular, Martha Albertson Fineman (2004) argued eloquently that the private sphere is assumed by the state's arrangement, to be the family domain of responsibility for its members, a domain and space that is an ideological construct that ignores individual dependency on the premise that it is not a public concern (Fineman, 2004). She points out that:

> Taking responsibility is understood narrowly as being accountable for oneself and one's dependent only. This sense of responsibility is also primarily economic in nature. The autonomous individual is anchored in paid labour either directly through labour, or indirectly through a marriage to a waged earner. Autonomy is the absence of economic dependence on outsiders, particularly the government. At the same time, autonomy is seen as the reward conferred by government for economic self-sufficiency (Fineman, 2004:9).

Clements (2013) argues that informal carers should be entitled to protection from discrimination. He offers three important conditions upon which carers should gain a

'right holder' status: firstly through self-identification; secondly through outlining carers' shared history of adverse treatment in most states; and, finally, through arguing that carers' social exclusion arises from wide spread hostility to dependency (Clements, 2013:1).

2.2.1.1 The multi-faceted consequences of informal care

Care was framed by feminist researchers in terms of its impact on women's daily experiences of adverse physical and psychological implications as well as being exploitative in terms of the negative consequence of being unpaid domestic labour (Knijn and Ostner, 2002). It has a negative economic impact on women because of the difficulties they encounter to sustain employment while caring (Bittman et al., 2004, Schmid, Brandt and Haberkern, 2012; Schmitz and Stroka, 2013). This has a far-reaching impact on their future financial security (Bittman et al., 2004; Olson, 2015). Women, who constitute the majority of carers, report that the feeling of obligation to care often forces them to give up paid work (Milne and Williams, 2003). Many carers are unable to pay their utility bills, buy clothes or go out with their friends (Carers UK, 2008, 2014). International studies have found that there is a long-term gendered impact on the caring role for women in terms of greater risk of experiencing persistent poverty. (Folbre and Nelson, 2000; Wakabayashi and Donato, 2006; AHRC, 2013a, 2013b). Furthermore, a hostile labour market is the root cause of the considerable challenges that carers experience when attempting to combine caring and working (AHRC, 2013a). The work place operates on the notion of the ideal autonomous worker who is assumed to have someone else at home to look after their children (AHRC, 2013b). These aforementioned discussions are noteworthy, particularly in seeking to understand the extent to which the conceptualisation of students as care-

free had an implication for how women negotiated their roles and identities as carers and students.

Caring has been found to have an adverse impact on the carer's psychological wellbeing as many carers convey that they have experienced depression, tiredness, sleep deprivation, anxiety and mental and physical issues due to the exhausting nature of care (Watson and Mears, 1999; Arber and Venn, 2011; Hoffman, Lee and Mendez-Luck, 2012). Caring has an impact on being able to maintain relationships and friendships as well as a restriction on the time spent to pursue leisure activities (Jenson and Jacobzone, 2000; Jenson, 2004; Arber and Venn, 2011). However; although caring is often experienced in negative terms, there is some evidence that carers experience a positive dimension of care which sustains their engagement, such as, the feeling of gratification and joy in providing care (Green, 2007; Kolmer et al., 2008), experiencing their caring role as having a positive effect on the quality of life of the care-receiver (Jokinen and Brown, 2005).

Other researchers have highlighted the importance of reciprocity, compassion and social obligation as important elements for undertaking and maintaining informal care (Finch and Mason, 1991; Daly, 2001; Mooney, Stratham and Simon, 2002). However, there is a body of research that conveys some concern about how the notion of 'caring' has been conceptualised in terms of what informal carers feel rather than what the care- receiver feels (Graham, 1983, Molyneaux et al., 2011. Others viewed the construction of the people receiving the care as 'dependent', 'service- user' and even 'care-receiver' as being unhelpful as it conveys passivity and lack of reciprocity in the caring relationship (Henderson and Forbat, 2002). The main concern is the relational aspect of caring relationships which have been undermined and the complexity of caring has been underplayed (Barnes, 2012). At the same time, disability scholars

convey reluctance to accept the reference to care as 'assistant' or 'help' (Shakespeare, 2000). These are important debates, especially in terms of the implications for how informal carers are perceived and responded to. Carers and those they care for are not a homogenous group and therefore greater understanding of this diversity needs to be taken into consideration. Carers UK (2014) identifies that 58% of carers care for someone with physical disability, 20% look after someone with sensory impairment, 13% care for someone with mental health problems and 10% care for someone with dementia. Undertaking the caring role thus entails different rationales which will be explored in the following section.

2.2.1.2 Reasons for caring: Kinship, emotions and dependency

Research on carers has highlighted that carers gave a range of reasons why they undertake their caring roles such as: caring as kinship obligation, caring as emotions and caring as dependency.

Caring as kinship obligation

Commentators have argued that caring almost always takes place within the context of kinship (Maher and Green, 2002). The notion of obligation refers to a moral and social duty, rather than the result of the need to sustain an important caring relationship (Opie, 1994; Orme, 2001). Kinship obligation seems to be an important factor for undertaking the caring role even in the absence of positive emotions towards the care-recipient (Parker, 1993; Tronto, 1993; Orme, 2001). Furthermore, caring hierarchy is seen to determine who will undertake the role of carer.

There are two major factors in determining the role of carer within the family: Firstly, there is a normative expectation that children should look after their elderly parents.

Secondly, women, specifically daughters or wives, are expected to take the caring role more than men (Parker, 1993; Twigg and Atkin, 1994; Dalley, 1996; Mahar and Green, 2002). These cultural norms and expectations result in the guilt that carers often seem to experience if they do not step in and undertake the caring role (Parker, 1993, Twigg and Atkin, 1994; Dalley, 1996).

The support that may be offered by a person's neighbours, has been found to be rather limited and often is not evident in terms of intimate or physical care of care-receivers (Green, 1988; Hills, 1991; Maher and Green, 2002). Friends' involvement in care often is the result of an established and long-standing social experience that has altered the relationships into primary social bonds. These are valuable observations to consider, particularly the impact of caring as kinship on women's negotiating of their roles and identities as carers and students.

Additional to the aforementioned issues, co-residence forms a significant factor in the construction of caring, though it is not a necessary part of it. Caring can take place between households and this is particularly evident where the cared for person is an elderly parent (Green, 1988). Sharing the residence and the household has implications for carers' lives and may impose various restrictions that may result from the unpredictable pattern of behaviour that the cared-for display. This may shed light on the extent to which the unpredictable nature of care impacts on how women negotiated their roles and identities as carers and students.

Caring as emotion

Caring relations often are defined by love, which helps to sustain caring relationships and energise them. However, 'caring about' and 'caring for' someone is complex and ambiguous. The notion of 'caring about' refers to care that addresses the emotional

aspects of care such as offering respect, feeling of love and affection for the wellbeing of others, being available and being attentive (Parker, 1981; Graham, 1983; Ungerson, 1983; Watson and Mears, 1999). Additionally, there are negative emotional dimensions to the notion of 'caring about' that can be displayed as resentment, anger and embarrassment on the part of both the informal carer and the care-receiver (Barnes, 2012: 70). Both negative as well as positive emotions shape the way in which the care is given and received (Barnes, 2012: 170).

'Caring for' involves carrying out tasks such as personal assistance, paying bills and transportation. Parker (1981) uses the concept of 'tending to': the 'active and personalised manifestation of care' (1981: 37). This concept has been used extensively but also has been critiqued on the ground that it conceptualises care as work and, in so doing, it ignores the emotional dimension that care entails (Graham, 1983; 1987; Thomas, 1993). Furthermore, some commentators argued that the terms 'care for' and 'caring about' are inextricably linked (Ungerson, 1983, Graham, 1983, Dalley, 1996). Graham (1983: 27) views caring as having both material as well as psychological facets. The material dimension consists of caring as work and as labour towards the reproduction of the family such as: routine activities, childcare, housework and meeting the physical need of others. While, the psychological dimension consists of caring as an emotional experience involving the feeling of affection and love and the offering of emotional support to dependants. Hence, caring according to Graham (1983), involves both labour and love. Caring is the 'transaction of goods and service and the expression of feelings' (Graham, 1983: 16).

Graham (1983) argued that the dual nature of caring as both love and labour underpins the gendered character of care and its location within family relationships. She points out that the nature of care is linked closely to the social construction of femininity that

defines the location of women within the 'intimate relations' of the family. Others have argued that in essence, we should see caring as representing an emotional labour in itself, as carers do not just engage in routine daily activities of care, but they support care-receivers with encouragement, dialogue, attentions that support their sense of identity and worth (Hochschild, 1989). This is a valuable observation in terms of the impact of intensive caring labour responsibilities upon women's negotiation of their roles and identities as carers and students.

Feminist commentators have argued that informal care has been conceptualised as an emotional labour because it is grounded on feelings of affection and love rather than on logic (Gilligan, 1982; Chodorow, 1978; Ungerson, 1990; Orme 2001). Other writers who are concerned about the ethics of care such as Tronto (2001) and Sevenhuijsen (1998) took a perspective about caring that lifted it from being taken for granted as a natural behaviour to seeing care as located in a wider social arena where relationships, responsibilities and their practical implementation have value to individuals and society. Both Tronto and Sevenhuijsen's (1998) framework of analysis rejected Gilligan's (1983) views that proposed a dichotomous relationship between female ethic-based care and masculine ethic-based care. They argued that care is a pre-condition for justice, and that the right to give and receive care needs to be conceived as an issue of social justice. They claimed that because caring relationships exemplify a sense of vulnerability and disempowerment, the notion of care needs to be considered in terms of rights and justice. Other researchers with a postmodern orientation, have argued that the ethical dimension of the concept of care differs according to the context in which it is given and received and therefore a single concept is impossible.

Caring as dependency

It is claimed that:

> In private life, dependency ties people together. A child who is unable to depend on adults for guidance would be a profoundly damaged human being, unable to learn and be deeply insecure. As adults, if we avoided people sicker, older and weaker than ourselves who needed help, we would at best have a circle of acquaintances, not friends (Sennett, 2003: 111).

However, at the societal level, dependency has been perceived to be shameful. Conventional approaches often view it as 'an individual attribute rather than a social relationship in which the behaviour and perceptions of all the actors contribute to the construction of the situation' (Wilkin, 1987: 872). Some have argued that the notion of dependency is not only an ideological but also a social construct (Fraser and Gordon, 1992). They have suggested that dependency is a complex notion that has multifaceted and overlapping elements such as: economic, political, psychological and socio-legal dependency. Gibson (1993) added another emotional dimension of dependencies that arise from frailty and illness as a result of old age.

Baltes (1995) applies a typology of dependency framed in her social research that distinguishes between structural, behaviour and physical dependency. She rejects discourse that focuses on the negative aspect of dependency when she argues that seeking help from others should be seen as an adaptive strategy that secures social contact with others in society. This is in agreement with feminist writers on the ethics of care who argue that care is part of a 'life-sustaining-web' of connectedness between people in society (Tronto, 1993: 103).

Research in the disability movement has attempted to bridge the gap between 'discourse of care' and 'discourse of burden' (Shakespeare, 2000). Drawing on the

feminist ethics of care, argued that the 'individualizing and excluding' language of dependency should be replaced by recognition of the basic social condition of 'interdependence' and caring solidarity (Fine, 2005: 63–4). Other feminist theorists in ethics of care maintained that the notion of dependency should not be seen as an undesirable social condition, but a fundamental aspect of the human life course that is related to early childhood, disability, illness, and old age (Kittay, 1999). According to Kittay (1999: 29), these are periods of 'inevitable dependencies' of the human life course. Kittay (1999: 30) referred to caring for others as 'dependency work' that is often carried out by women in liberal democratic societies. She identified a notion of vulnerability, a consequence of the carer's sense of duty that arises from the care recipient's dependence on their work (Kittay, 1999: 34-35). Dependency workers experience vulnerability to poverty, secondary status and economic exploitation (Kittay, 1999: 40-41). The vulnerability of the carers arises from their sense of duty and dedication and the ties that are developed through the care recipient's dependence on their work (Kittay, 1999: 34-35). Rather than ignoring the notion of 'dependency' Kittay viewed it as an important tool through which an examination of the intersection between those who need assistance and those who provide it can be understood.

Carers pose a moral dilemma to society because they cannot be assumed to follow their own interests and activities such as participation in Higher Education in a straightforward manner. The caregiving role is never established or immutable, but rather it shifts as changes occur in either the carer's or the recipient's needs and resources. Caring has multi-faceted implications that influence how carers experience their daily and future realities. The challenges of taking caring responsibilities for

others puts considerable pressures on the carer's level of energy and the opportunities to participate in activities outside the caring roles such as education or work.

2.2.2 Identities of informal carers: Dominant conceptual analysis

This part of the literature review will expand the understanding of informal care by exploring how discourses, such as functionalists, interactionists and feminists conceptualised informal care in the family. This exploration is useful because it will clarify the implications of these analyses about understanding of women carers' experiences within their home and outside the private space of their home, which in turn is valuable in terms of greater understanding of how women negotiate their roles and identities as carers and students. The notion of the family will be referred to in this study, but it is important to mention that there is no census as to what constitutes a family because there are different types of families, such as single parents, blended, extended, same-sex families etc. Hence, Gouthro (1998: 144) argues that:

> The way that people define the boundaries of their families is determined both by societal and cultural expectations, and individual experiences and commitment. Family relations are often a central competent of the homeplace.

2.2.2.1 Functionalist conceptualisation of informal caregiving in families

The care concept as an analytical tool was initially conceptualised in relation to the unpaid domestic and personal services that were provided through the social relations of marriage and kinship (Daly and Lewis, 2000: 283). Earlier commentators during the 1950s and 1960s analysed care within the family in terms of normative expectations of roles of females within their families as child-rearer and nurturer, and males' roles as the provider for the needs of their families. Murdock (1949) proposed that the nuclear family is a universal social institution. This view was mirrored by Talcott

Parsons (1955) in his 'functional fit' theory. He saw women as naturally suited to an 'expressive 'role of childcare whereas men were suited to an 'instrumental' role of working in the public place of work. However, Parsons was criticised for expressing a narrow middle class and Anglo American perspective. Furthermore, Parsons' views of fragmented and isolated industrialised families with weak kinship ties generated more controversy and hotly debated discussion among many sociologists such as Michael Young and Peter Willmott (1957).

Young and Willmott (1957) argued that the closeness of family ties arises partly out of necessity, but also as a matter of choice. Their study highlighted the existence of intergenerational ties, particularly among women. Particular focus was placed on the role of mothers in mediating and maintaining the three-generational family structure that was characterised by a system of both mutual aid and support. As a result of the Young and Willmott (1957) study, a new interest in the caring and kinship system began to be ignited.

Rosser and Harris (1965) demonstrated that although kin lived further apart than in the previous period, and though married women's participation in paid employment had increased, a form of 'extended family' was still evident in all social classes and cultural groups, and that a stronger tie was present where kin groups not only provided support but also gave a sense of identity to their members. Women remain the primary carer within the kinship relationships; this has implications for how they negotiate their roles and responsibilities inside and outside their home

Critique of functionalist conceptualisation of informal caregiving in families

The functionalist construction of caregiving in the family is gendered and rest on masculine and ethno-centric assumptions and normative assumptions of a linear relationship between mind and body, rational and emotional, public work and domesticity dichotomies (Gorman-Murray, 2013). Gender identity is viewed as an individual property rooted in biological differences. Any variations in experiences between men and women are rationalised and reinforced as natural sex differences, thus, maintaining a fixed and distinct nature of women's and men's identity in the heterosexual family (Gorman-Murray, 2008).

Feminists have been critical of functionalists; in particular they have argued that these gendered dichotomous oppositions played a role in legitimating hegemonic masculinity in families to justify the gendered division of labour within a heterosexual family (Gorman-Murray, 2008). The identities of men are conceptualised by the discourse in hegemonic terms that associate men with paid labour in the public sphere, legitimizing their absence from the domestic sphere (Moisio et al., 2013), while the domestic domain, remains as female space (Pellow, 2003). This analysis shows the challenges that women encounter as they negotiate multiple identities and roles such as being carers and students.

The functionalists' notion of heteronormativity has been criticized. The nuclear family is no longer the dominant type in contemporary societies. The family type has changed in terms of the size and sexual orientation. Furthermore, a significant portion of contemporary society is represented by single parents, stepfamilies, reconstituted and dual-income families, reducing the likelihood of seeing the nuclear family as the norm.

What is interesting is that although the family has changed in response to the prevailing societal transformation, it is still currently viewed as singularity within a linear evolutionary form, as separated from the outside sphere (Ribbens McCarthy et. al., 2000). Scholarly attention around studies of families and the home found that there is an enduring acceptance of dominant normative interpretation of gender roles through a powerful association, such as femininity and the family. In terms of femininity, the home is still seen as a space in which women, such as mothers and wives, are found to be conceptualised as nurturers, in contrast to the view of fathers and husbands as being bread-winners (Chapman, 2004). The other powerful influence is the product of the media, public policy and popular culture imaginary, whereby a portrayal of bonds of intimacy and belonging among members of the heterosexual family is made visible, coupled with the notion of the 'ideal home' (Blunt and Dowling, 2006: 100-1).

Despite the considerable changes in family structure and family dynamics, contemporary research suggests that women still seem to currently shoulder the caring responsibilities in the private domain of their families with consequences on how they experience care and society (Becker and Becker, 2008; Carers UK, 2012). Miller (2011b: 21) points out that 'As women continue to be positioned as primary carers this affords men other choices and opportunities in a context where motherhood can be viewed as a societal duty and fatherhood as personal and elective.' Commentators argue that those inequalities are inherent in contemporary society in terms of parenting of children and taking responsibility for children in the family (May 2008; Miller, 2011b). These experiences of inequalities have implications for how women navigate their roles and identities as carers and students.

Another critique was forwarded about the functionalists' notion of the harmonious family home. The functionalists' suggestion that the family is a unit that is shaped by

a notion of harmonious kinship relationships tends to overlook that families are locations in which people with different interests and activities often encounter conflict with each other. The home environment of women with caring responsibilities is not always, harmonious, supportive or conducive to study (Baxter and Britton, 2001; Archer et. al .2003; Osborne et.al., 2004; Brooks, 2013). Archer et. al., (2003) found that there is a considerable family resistance towards student mothers' engagement with their study. Some families often blame women for being 'irresponsible for taking time to study away from their children' (Archer et.al. 2003). When women do participate in Higher Education, they may view their studies as an 'extra' to be fitted into their lives once the childcare and domestic duties have been achieved (Osborne et. al. 2004). Female student-parents have been found to be under pressure in their families to downplay their student identity while at home and to maintain and prioritise their caregiver identity irrespective of the demands of their university studies (Lynch, 2008: 595). Although many of the students at UK universities in Brooks' study were living with their partners: 'the vast majority describe, how throughout their studies, they had continued to do all or almost all of the childcare within the family' (2013: 447). The aforementioned views highlight the significant challenges that face women when negotiating their carer and student identities.

Functionalists have been criticised about the notion of the universal identity. The functionalists' conceptualisation of caring tends to universalise women's experiences as uniform encounters, and as a natural and necessary function of women's identity within the family, and in so doing it overlooks how class, race, ethnicity and gender shape women's sense of identity, and how it is experienced in both in the private and public sphere.

Feminists have been vocal in their contestation of this omission. Historically, working class women and black women who cared for their families did not experience care-hood or motherhood as a full-time practice, even if they desired such an outcome, because they often combined income earning labour with their private responsibilities (Smute, 1971; Dill, 1986; Higginbotham, 1983). Contemporary research provides similar findings. Reay (2003: 301) found that mature working class women who have caring responsibilities within their families are continually juggling commitment to their work, their study, their childcare and domestic responsibilities, and as a consequence, they experience time poverty and inability to take time for the 'care of the self'. Moss (2004: 290) suggests that working class women with caring responsibilities have described the considerable effort they exert to find time to study within busy family lives and the 'intense activity and negotiation' required of them to achieve some control of time and space for themselves. These are important observations that shed light on the complexities that arise from negotiating diverse identities such as that of carers and students.

Caring is still an acutely gendered issue as women remain the primary carers in their families and society, regardless of their employment status, age and cultural background (Bailyn 2003; Grummell et. al., 2009). Even when women try to gain employment, they still spend considerable time caring and doing domestic labour (Sayer and Gornick, 2011). Furthermore, gendered experiences have been seen as playing a role when women with caring responsibilities sought senior posts in the academia. Grummell et. al., (2009: 191) point out that:

> The definition of senior managerial posts as care-less positions, in terms of primary care responsibilities, advantages those who are care-free and these are disproportionately men in societies where the moral imperative to do primary care work applies mainly to women.

Furthermore, the notion of an 'ideal worker' is framed in terms of someone with no responsibilities outside of their work; such framing profoundly disadvantages women with caring responsibilities (Bailyn, 2003: 141). In terms of construction of mothers' and fathers' sense of identities, the notion of the 'good mother' is steered heavily by an ethical stance to do the best for their children, while fathers are given latitude towards accepting individualistic orientations (Ribbens McCarthy et. al., 2000). Women are more likely to take an extended period of parental leave which results in them undertaking the majority of the responsibility for caring and house work (Schober, 2013). While, it is becoming acceptable for women to have time for themselves, such a desire is still considered against their commitment to fulfil and prioritise the role of being a 'good mother' (Tett, 2000; Archer and Leathwood; 2002; Burke, 2002; Brine and Waller, 2004; Moss, 2004; Reay, 2003). These analyses highlight the considerable struggle that faces women when attempting to negotiate their carer and student identities.

Finally, functionalists have been criticized for the notion of hegemonic masculinity. Feminist writers repeatedly voiced concern that traditional normative frameworks de-emphasise issues of power and domination and do not challenge gender-based institutional practices that historically gave no space for women to access power and authority or to contest misrepresentation of their identities. The concept of patriarchy as a system of social structures that prioritises men and undermines women's position in both the private and the public domain underpins feminist analysis of gender relations in the family (Walby, 1989). Through the patriarchal arrangement, the notion of the family becomes the locus of attachment as well as the primary arena of economic and power relationships. Feminists view patriarchal relations within the

family as creating inequalities that interact with the economic system to produce a dominance of men in both the economic and domestic sphere in capitalist societies (Pateman, 1989). Feminists argue that patriarchal arrangements assist the persistence of hegemonic masculinity with implications for women's experiences (Gorman-Murray, 2013).

The concept of hegemonic masculinity refers to practices that legitimise men's dominant position in society and justify women's subordination. Connell, (1987) argues that hegemonic masculinity is a cultural interpretation of idealised masculinity which exists over other forms. She argues that:

> Hegemonic masculinity is constructed in relation to women and subordinated masculinities. These other masculinities need not be clearly defined – indeed, achieving hegemony may consist precisely in preventing alternatives gaining cultural recognition…confining them to ghettoes, to unconsciousness. The most important feature of contemporary hegemonic masculinity is that it is heterosexual, being closely connected with the institution of marriage; and a key form of subordinated masculinity is homosexual (Connell, 1987: 61).

Hegemonic masculinity naturalises the home as a domestic, caring space and as a site of unpaid labour carried out by women, while the public space is seen as a site for men to engage in paid work (Bourdieu, 2000; Gorman-Murray, 2008). This type of ideological position, justifies the right of men to be absent from the private domestic domain (Moisio,et. al., 2013).

Hegemony, works in a subtle way, whereby people believe that they are not forced against their will to accept or assimilate a prevalent dominant ideology, they learn to do this willingly and, in the process, they believe that assimilating such ideology is in their best interest (West, 1982). Hegemony is 'a saturation of the whole process of living, a whole body of practices and expectations, over the whole of living' (Gramsci,

1971: 111). The concern with a normative discourse such as functionalism is that it overlooks the connection between women's caring responsibilities and their disadvantaged position in the private and public space and this lack of acknowledgment has implications for how women experience the negotiation of their roles and identities as carers and as students.

2.2.2.2 Interactionist conceptualisation of informal caregiving in families

Interactionists emphasise the importance of seeking to understand 'subjective' realties. Experiences a person encounters are not a reflection of external objective realities, but, are actively constructed as people interact with the social and material world. Realties are not fixed but multiple. Within the family, realities can be contradictory. Men and women both have subjective realties that do not coincide with each other. Each perceives their realities or their situation differently according to their own needs, values, attitudes and beliefs (Berger and Kellner, 1964; Safilios-Rothschild, 1969; Bernard, 1972; Rubin, 1978). Lillian Rubin (1978) in particular, highlighted the differing account of working class husbands and wives. She found that their interpretations of their realities grew out of discrepancy in their early socialisation, their internalization of gender identity including definition of masculinity and femininity, their differing relationship to paid work and the larger economic system.

 Studies that have been investigating the relationship between gender identity and domestic space assert that traditional normative models of gender identity remain evident, but that there are emerging signs of alternative domestic masculinity and femininity that go beyond the traditional gender oppositional positions such as mind/body, public/private and emotional/ rational. These studies draw on sociology of space and human geography (West and Zimmerman, 1987; Gieryn, 2000; Gans,

2002; Mallett, 2004; Healy, 2014). The rationale for conducting these studies is based on the assumption that earlier feminist researchers focused primarily on how gendered differences are reproduced and reinforced by the domestic space that legitimised masculine hegemony, but did not consider women's positive conceptualisations of the home and that gender identity intersects with other identities. West and Zimmerman (1987) developed a constructionist model of gender, by utilising the concept of 'doing gender', followed by another approach that was referred to as 'undoing gender' (Deutsch, 2007; Butler, 2004) or 'redoing gender' (Connell, 2010).

The West and Zimmerman (1987) 'doing gender' approach points out that gender is not something the person is, but something the person does. This model is underpinned by Goffman's (1976) and Garfinkel's (1967) theories. In Goffman's (1976) social interactionist perspective, gender is viewed as a performance and a gendered conduct is reinforced by particular institutional contexts. Gender is conceptualized as a script for performing cultural standards of masculinity and femininity that is performed for an audience who knows these cultural codes. Garfinkel's (1967) influence on the 'doing gender' approach is through an interpretation that sees gender identity as being constantly maintained because every time that an individual engages in an action, they are evaluated by others. Therefore, by repeatedly 'doing gender', the person legitimises institutional arrangements based on gender differences (West and Zimmerman, 1987, 2009).

The process of 'doing gender' in the domestic space of home involves a sense of accountability, because, women are perceived to be responsible for domestic tasks and sanctioned according to this perception. The same applies to the construction of motherhood and fatherhood. Interactionists have been critiqued for ignoring the role of social forces and institutions on an individual's interactions (Mandell, 1984). Hence,

even if women's opinions are sought about their caregiving role, their interpretations may not represent women-centred concepts and understanding. Gender hierarchy and the structure of subordination shape interaction and definitions of reality.

2.2.2.3 Feminist conceptualisations of informal caregiving in families

The notion of care is presented as 'one of the original feminist concepts' and a central tenet to feminist analysis in diverse social and political fields (Daly 2002: 252). Feminists have taken different approaches to develop an analysis of experiences of women's caregiving responsibilities and within these analyses, feminists contested dominant discourses of masculinity and what constitutes valuable learning and experiences in society. Feminist interest in women's caring role within the family originates in the conviction that the family is a fundamental institution for creating and maintaining women's oppression.

During the 1960s, Liberal feminists such as Betty Friedan raised awareness of women's oppression by coding it as 'the problem with no name' (1965). Friedan highlighted the subordinate and constrained position women occupied as housewives in the American post-war era.

Spender (1985: 8) points out that:

> When Betty Frieden let women speak for themselves, and included her own authenticating voice (confirming that she knows what the women were saying), she was in effect revealing just how inadequate and inaccurate was the public and legitimate knowledge of men. Implicitly she asked *who knows* about women, the male expert, or woman themselves.

In a sense Freidan unearthed a concealed interpretation that women were unable to voice freely in a conservative American society which naturalised gendered role expectations and diagnosed any sign of lack of conformity to these prescribed roles

as deviant. While she did not clarify the connection between knowledge and power and who was benefitting from women's unpaid labour in the private sphere, she did none the less, advise women to take charge of their lives and say 'no' to subordination.

Women's dissatisfaction with how they are perceived and exploited within the family was further debated by Radical and Marxist feminists during the 1970s and early 1980s. Radical feminists suggested that women were exploited in capitalist societies as a source of unpaid labour in their home (Benston, 1972, Firestone, 1972). Kate Millett's (1970) *Sexual Politics* and Shulamith Firestone's (1972) *Dialectics of Sex* argued that oppression of women was rooted in men's control over women in patriarchal society. Millett (1970) extended Friedan's observation to highlight that there were discrepancies between the public version of women's experiences in the private sphere and women's own interpretation of their daily realities. Discrepancy, Millett argued, that is the consequence of male self-interest that determined what women's experiences should be.

Millett saw patriarchy as a political system privileging one sex with power and authority and disadvantaging the other sex, creating the ruler and the ruled. Those who occupy institution of powers are men who are unable to understand the realities of those who they rule and their daily encounters with power relationships that shape their existence (Millet, 1970: 25). She argues that patriarchy as a political system perpetuates itself through socialisation, with girls being prescribed a very different temperament, role and status from boys. The important point here is that she succeeded in raising awareness by challenging normative assumptions about women as keepers of homes and men as achievers of instrumental gains.

Radical feminists brought to attention the notion of power and politics that is evident in both the public as well as the private sphere of women's lived experiences. Their contribution is helpful to draw upon in my research, particularity, in seeking to understand the extent to which the private world of caring in the family interacted with the public experience of studying in Higher Education. It is useful in understanding the nature of power relationships between mature women carers and their partners and its implication on their perception of the meaning and value of attachments to these institutions, the family and education. It may offer clarity about the extent to which mature women carers accept and conform to cultural expectations of seeing themselves as being available physically and emotionally to their families. Secondly, it will be useful in terms of how they feel emotionally about assuming the identity of a student in Higher Education in terms of their perceived commitment to their families and their carer identity. Hochschild (1975: 71) argued that 'feelings are linked to the distribution of power that they target'. This is an interesting issue for my thesis as one of my research aims is to gain insight about the extent to which the obligation to fulfil both the role of carer and that of a student perpetuates anxieties and dilemmas and how women's subjectivities negotiated challenges and transformations.

Power relationships and their implication on women's lived experience were taken further by Marxist feminists. They proposed that the family was the reproduction of patriarchy and that capitalism denies women opportunities in the wider society (Mitchell, 1971, Oakley, 1974, Hartmann, 1981). They argued that patriarchy relationships within the family lead to inequities that interrelate with economic arrangements to produce a climate where men become dominant in the private and domestic sphere. Therefore, they argued that in order to understand the concept of

caregiving and the role of women as carers, we need to consider the interrelationships between patriarchy and the capitalist system.

Both Radical and Marxist feminist writers critiqued the undervaluation of women's unpaid labour at home and blamed it on male-defined, gender-neutral perspectives. Such perspectives saw objectivity as the main guiding principle with consequences that separated reason from the emotion and subjective experiences of women in the private sphere, leading to marginalization and invisibility of their labour. The notion that the family maintains the power of patriarchy through ideology and socialisation is useful to draw upon in my research in terms of explaining to what extent women carers' participation in Higher Education has acted as a means through which they gained control and power over their lives. This will open the possibility to consider the nature of change and reconstruction of identity, whether it is shaped by participating in education or the consequence of renegotiation of the private public intersection.

Feminist conceptualisation of caregiving in the family continued with Socialist feminists arguing that patriarchy transfers the responsibility of caring from the state to the family (Finch and Groves 1980, 1983). Although some findings identified that a number of males were undertaking the caregiving responsibilities (Green, 1988) most were involved in the lighter dimension of caregiving (Parker, 1992). Some commentators have argued that the gendered assumption that women are more suited to the caring role than men is often assumed by carers themselves (Twigg, 1992). This is interesting to draw upon in my research in terms of seeking to broaden understanding of the experiences of mature women with caring responsibilities, particularly how they view their experiences of care and the extent to which caring in the family is seen as a choice or a gendered obligation. This analysis is helpful in terms of value and meaning attached to their connected identity and whether such attachment finds a comfortable

or marginal space in the Higher Education academic domain. Additionally, it enhances greater understanding of how mature women students caring for those with learning disabilities negotiate their roles and identities as carers and students.

While all the aforementioned feminists with their diverse interpretations have contested the universal assignment of women to the private sphere because of the naturalisation of women's association with child caring and domesticity, other feminists forwarded a social psychological conceptualisation of caregiving emphasising women's need to feel affiliated, as will be discussed below.

Feminist psychological conceptualisation of caregiving in the families

From this perspective, women's caring is seen as being motivated by their emotional commitment to the care-receiver (Graham, 1983, Noddings, 1984), an essential part of women's identity, their capacity for self-sacrifice and their sense of altruism (Chodorow, 1978, Gilligan, 1982).

These perspectives highlight that women's primary existence within the private sphere of nurturance and self-sacrifice produces a distinctive psychological personality that is internally relational. Nancy Chodorow (1978) used psychoanalytical theoretical frames to examine women's mothering as an important factor in the creation of gender differences. She points out that sexual division of labour is originated in women's mothering which is the product of unconscious psychodynamic processes that take place between mother and child during the earliest stages of development. She argues that because women are themselves mothered by women, they develop relational capacities and needs, as well as a psychological interpretation of the self-in-relationships with others, which commit them to the act of mothering. While, men's identity development, on the other hand, places emphasis on difference and

individuation which is the product of infantile experience of difference and separation from their mothers in the earlier stages of development (Chodorow, 1978).

In essence, feminist social psychologists argue that, for men the notions of separation and individualisation are closely linked to gender identity, since separation from their mothers is critical for the development of masculinity, whereas for girls, their feminine identity does not depend on the achievement of separation from their mothers or on the progress of individuation. They also argue that the sexual division of labour is generational as it passes from one generation to the next as, through the process of mothering, caring becomes identified with women's roles in maintenance and serving of relationships with their children. Chodorow (1978: 209) added that women's 'nature' is characterised by 'being' whereas men's is characterised by 'doing'.

Carol Gilligan (1982) extended the work of Chodorow. She argued that women have an ethic of care that is visible in their sensitivity towards others as well as in their sense of responsibility for caregiving. 'Women define their identity through relationships of intimacy and care' (Gilligan, 1982: 164). According to Gilligan, women develop the capacity and orientation towards empathic and compassionate close interpersonal connection and responsiveness to others' needs which involve interdependence. She points out that those women feel uncomfortable with the notion of separation and individualisation as it leaves them feeling anxious, whereas men feel uneasy about the notion of interdependence. Gilligan and other feminist theorists within the Social Psychology domain argue that the notion of responsiveness and connection within intimate relationships should be considered just as valuable as the abstract notion of individualisation and instrumentality (Gilligan, 1982, Noddings, 1984, Kittay and Meyers, 1987). Gilligan (1982) set out a framework that was followed by many researchers in the following years as well as being hotly contested as essentialising

women. She argued that the ethical ideal to which women and girls appeal, has nothing to do with rights and is concerned with the lived experiences of caring relationships rather than the notion of equality, justice and rationality. Such theories of care have raised the profile of ethical issues associated with relationships in the private space and magnified the convoluted nature of how women negotiate caring for their families and the impact of this on accessing activities in the public domain.

The main criticism of psychological conceptualisations of caregiving in the family is that it tends to reduce subordination in the private sphere as being present in the mind of women and suggest that transformation of their position can only be achieved through changing the ways they think about their gendered realities (Eisenstein, 1984). This explanation ignores the structural process that leads to their subordination. The psychological stance on caring tends to assume a uniform feminine personality that is distinct from a masculine personality, and in doing so the conceptualisation oversimplified women's and men's lived experiences and realities and downplayed differences among women and among men as well as between them (Gould, 1988). The conceptualisation of caring as a 'woman's issue' tends to dismiss the considerable role that men now play in the provision of informal care (Russell, 2007, McDonnell and Ryan, 2013). It also overlooks the care that is provided by working class women and women from ethnic minority groups (Williams, 2001; Vlachantoni, 2010). Yet, the evidence has identified that gender, age, race and sexuality underline caring experiences (Ray et. al., 2008; Riddley et. al., 2010; Larken, 2012).

Various scholars have argued that psychological perspectives construct the private sphere as timeless and unchanging (Stack, 1986, Spelman, 1988, Hull, Scott and Smith, 1982; Thompson, 1984). Black feminists in particular highlighted the importance of examining the hierarchal arrangements in society in terms of how power

and access to resources shape women's experiences of care (Hull, Scott and Smith, 1982; Lorde, 1984; Stack, 1974; Spelman, 1988; Hooks, 1994).

Black feminist conceptualisation of informal caregiving in families

Audrey Thompson (1984) argued that there is 'colour blindness' in both psychological conceptualisation of care and the liberal White feminist theories of caring in education. The theories seem to promote the Whiteness of their political and cultural assumptions. The Whiteness of the theories of care has framed caring in a universal manner and in doing so it ignored issues of race. She suggests that we need to re-examine our approaches and ideologies to ensure that any conceptualisation of caring includes Black interpretations. Audre Lorde (1984) argued that the lack of seeing and acknowledging colour overlooks structural racism. She highlights that in racist society there is racial responsibility or irresponsibility. Often there is a suppression of 'colour talk' at the expense of interrogating race, colour and cultural issues.

Elizabeth Spelman argues that 'In a society that is both culturally diverse and racist, colour blindness is a willed ignorance of colour that, although well intended, insists on assimilating the experience of people of colour to that of Whites' (Spelman, 1988). From Black-centred perspectives, there are two main problems with approaches that are characterised by colour blindness. Firstly, colour blindness fails to acknowledge that Black experience has distinctive cultural values, a historical achievement, and a social experience. Secondly, it views racism as something that can be eliminated simply by ignoring it. In doing so, colour-blind approaches ignore the system of oppression and the structure of race, class and gender that altogether conceive colour as a deficit. Theories of care often highlight their commitment to acknowledging

diversity, yet, at the same time these theories ignore the whiteness of their cultural and political assumptions.

Black feminists have consistently argued that the values and assumptions that seem to appear as natural and universal to Whites are those that work for Whites, including White feminists (Hull, Scott and Smith, 1982).

Thompson (1984: 12) points out that:

> Just as it once seemed innocuous to claim justice as a universal moral framework, it has appeared to many theorists of care unproblematic to claim caring as a universal moral framework. From the perspective of Black feminist ethics, however, neither care nor justice has the character claimed for it in mainstream theories.

In such context liberal ideas are framed around White Western values of ideal relational principles and ideal relationships built on the ideal home and the idealised mother's love for her family. There is an assumption that caring requires the retreating from the political public sphere to the private sphere. The liberal theories tend to find a solution to social issues such as gender and racial inequality through modifying and adjusting institutions (such as the family) to serve individuals and groups (Collins, 1993), yet such adjustment in social institutions may have little impact on structural inequality and thus have little impact on changing the nature of social relationships (Willett, 1995). Black feminist theorists argued that White feminist theorists framed their analysis from their own cultural and class assumptions, and by accessing information from largely middle class and White participants and even when they engaged students of colour into their research, they still sought culturally White values and practices (Thompson, 1984)

Marxist feminists also criticized ethics of care theories focusing on heterosexual feminine ethics with its White and middle class underpinning, as well as their lack of attention to the issue of power within caring relationships. Yet at the same time, structural feminists do acknowledge the contribution that was made by theories of ethics of care in terms of their challenge to the narrow rationalism of andocentric ethical and educational theories (Pateman, 1989).

Lynch (1997) highlighted the importance of structural analysis in terms of understanding the relational aspect of human relationships, but she also points out that:

> There is no doubt that structural analyses can play a critical role in informing relational understanding—perhaps especially for those of us who are privileged enough not to notice the workings of power in our day-to-day affairs. But abstract, universal principles such as those of equality and respect cannot encompass the complexity of what it means to be engaged, responsive, responsible, and interested in particular.

Theories of nurturing in education are still needed in order to support students, but they need to be underpinned by an envisioning of responsive and fulfilling relationships and informed by criticism forwarded by both structural and Black feminists re-orienting the ethics of care theories towards accounting for gender, class, race and other cultural differences.

Black feminists such as: Patricia Hill Collins, Janie Ward, Bell Hooks, Toinette Eugene, Stanlie James, Alice Walker put forward a notion of ethics of care grounded in the cultural, moral and political experiences of African American women (Walker, 1983; Eugene, 1989; Collins, 1990; Hooks, 1994; Ward, 1995; White, 1995). While White feminist ideas draw on White, middle class culture that views the status of home as 'a

haven in a heartless world'(Lasch, 1977), such interpretation does not find reference to the experience of Black women whose homes have been invaded by racism and poverty with adverse consequences on their being (Brewer, 1988). The home in this sense is seen as a politically unprotected space for Black women (Brewer, 1988). Neither is the home seen as a site of femininity in which values of the private sphere can be promoted and nurtured in exclusion from the influence of the society outside (Deyhle and Margonis, 1995). On the contrary, the home is a site where members of the Black family have been given strategies to use in the surrounding society to survive racism. Yet, while the home maybe a politically unprotected space, this does not mean that the home is not also experienced in the Black household as a refuge and a site of support and resistance (Hooks, 1990).

Another point of difference between White Liberal feminist's view of care and those of Black feminists is the notion of the family as having a primary responsibility for the moral stance of their members. The work of caring in the Black community is shared by the church, the extended kin and the whole Black community at large (Stack, 1974). While the caring in the White experience is seen as emotional and voluntary labour performed in an intimate space such as the family home, or by workers who are underplayed in the public space; in the Black experience, caring is both a private and a public undertaking (White, 1995). In this context, the caring that is undertaken by the Black community is not seen as compensatory care that solves the shortcomings of justice. Instead, the notion of caring in the Black community has an inclusive dimension that views caring as bringing about justice to all people so that they can flourish.

Black women are seen as important and powerful in both their private space, where their caring activities take place, and in their work in their communities. They are viewed as key strategists in the process of change and 'racial lift' (Collins, 1991, Eugene, 1989). The work of caring in terms of the Black experience is understood as multi-dimensional as it includes: emotional labour, political labour, physical labour and intellectual labour that helps in the 'educational uplift' (Thompson, 1984). While the notion of uniqueness and individuality of experiences are acknowledged in the Black community, in terms of racism an individual's survival tactics become hugely ineffective if the systemic conditions threaten the whole Black community (Collins 1991). In such a context, racism that harms one Black person, harms all Black people (Woodson, 1972). The notion that if one sinks, the whole sinks comes to mind.

In summary, in Black ethical tradition, the understanding of lived experiences cannot be achieved if we separate the question of ethics from the situational consideration that the experience is constructed within. Experiences are shaped historically and politically, and form part of the meaning of human actions. For example, White morality is seen through individual freedom of choice, yet the Black community has not experienced such choice. The consequence of such understanding is relevant to Black feminist ethical theory, because the assumption of an ideal ethical stance, is unhelpful in understanding how people construct a moral life, when the situational circumstances in which a person lives do not allow the sustainment of the idealised version of the ideal life. For example, the notion of the idealised loving and affectionate mother may be an inappropriate model for mothers who are putting their life energy towards maintaining a good future for their children by working endlessly outside their homes. Collins (1984) argues that the sheer exhaustion and laborious nature of the caring work of women may allow little energy and time for the kind of affection that is to be

associated with mothering conceived by the dominant culture, yet in itself, the wage earning labour is an act of love and a commitment to promote the flourishing of one's children (Collins, 1984).

Mothering and caring has a creative and ethical stance in the Black community that shows for example in the notion of 'other-mothering' a type of tradition where childrearing is shared by adults whether the mother is available or unavailable (Collins, 1984). This practice helps to promote and enrich communal bonds, improve the experiences of children, and sustain adult and community relationships (Collins,1984; Hooks, 1994; Ward,1995). Because of shared experiences of racism, identities of both women and men in the private sphere are seen in terms of stressing continuity, relationships and social ties (Stack 1986). The conflation between the arguments relating to the private sphere of home and to women's nature does not stand well in terms of understanding the experiences of women in terms of race, class and gender. Black feminists argued that the White feminist view of care purports to speak for all women, yet the social designation of a universal view of women fails to see that oppression is experienced differently by women in society. These observations are pertinent when gaining an understanding about how women negotiate their roles and identities as carers and as students in terms of the implications for their class, race and ethnicity upon their daily realties.

The issue raised by Black feminists of the importance of adopting a more inclusive rather than the exclusive framework that values and recognizes diverse experience of care is valuable advice, in terms of broadening understanding of the complexity of the task that women with caring responsibilities engage with as they navigate the costly

encounter of caring and studying. A topic that will be explored in part three of the literature review.

2.3 Relationships: Mature women combining care and education

In the previous part of the literature review I examined how the identity of informal carers, particularly women's identity within their families, has been conceptualized by various frameworks. I explored the ways in which these conceptualizations impact upon how women negotiate their gendered identities and the impact on their daily experiences. In this part of the literature review I turn attention to studies that have examined how women navigate their relationships at home with studying in Higher Education and the extent to which the home and education have been experienced as constraining or as empowering. Reviewing these studies is helpful in terms of understanding how women's relationships shaped how they negotiated their roles and identities as carers and students.

McLaren's (1985) longitudinal study undertook an analysis of women returning to a women's residential Adult Education College between 1974 and 1982. The study participants were working class students entering Adult Education in the hope that they were taking the first step in their journeys to enter Higher Education. The women in McLaren's study were married and some had children, which makes her study a pertinent reference to mention in my literature review because my research is concerned with mature women who are responsible for the caregiving aspect in their families. McLaren used two theoretical frameworks to draw upon: social reproduction and Weber's notion of subjectivity in seeking to explore how studying had shaped the mature women's relationships at home. McLaren's study paved the way for other researchers to seek to understand the experiences of mature women who are caring

for their families and studying in Higher Education and one of those pioneering research papers was conducted by Edwards (1993).

Edwards' (1993) study was interested in a specific aspect of mature women's experience as they returned to study in Higher Education: the notion of separation and connection between the family and Education. In particular, Edwards sought to answer the following question: 'what is it about gaining a Higher Education qualification that means it is viewed as so potentially disruptive to relationships between men and women with whom they live?' (Edward, 1993:1). She used in-depth interviews and drew her sample of participants from two universities and one polytechnic during 1988 and 1989. Edwards' (1993) sample consisted of 31 women who came from different ethnic and social class backgrounds and she used her research data to develop a typology 'of the way in which education and family can coexist in women's lives'. Edwards 'then draws out the links and interactions between the women's place in the typology and positioning on the continuum, and their relationships with their partners' (1993: 128).

Edwards (1993) identified three main responses to connection and separation between family and student lives. Some women wanted to connect and integrate education and family, while others wanted to keep them separate and a third typology identified women wanting to only connect some aspect of their lives in these two domains. What was interesting about Edwards' (1993) study is the extent to which conflict with the women's partners seemed to be more evident with women who sought to connect their study with their family life. Edwards' analysis came to the conclusion that women's developing sense of academic knowledge was perceived as threatening by their partners resulting in a challenging the family dynamic. Edwards started the debate about the notion of conflict due to studying and caring for the family which has

been a topic of exploration by many pioneering earlier studies and many current researchers who have sought to understand the challenges of women returning to education.

I found Edwards' study to have an important dimension to enrich my understanding about mature women's experiences in Higher Education, especially how the private and the public domains of women's experiences interact and shape each other. Edwards' study helped me to understand the constant negotiation undertaken by women in seeking to find time and space to develop their academic identity within a complex and dynamic relationship context. Furthermore, like Edwards (1993) I had personal reasons for undertaking my research as indicated in the introductory chapter.

Pascall and Cox's (1993) study titled *Women returning to higher education* took a more optimistic stance on students' experiences as they navigate education and family demands, viewing education as a means to offer women the possibility to change their lives and challenge gender oppression. Another different dimension that Pascall and Cox's (1993) longitudinal study brought about in terms of understanding mature women's experience in Higher Education is that the study was carried out by both male and female academics which offered a new lens through which gendered experience could be understood.

The study sample consisted of 43 mature women studying in two universities in the East Midlands during the late 1970s and early 1980s. Half of the participants were re-interviewed 10 years later to find out to what extent accessing Higher Education had impacted women's lives. The study described reasons behind the women's return to education; however, it did not extend the analysis to incorporate an understanding of how the women's sense of identity had been shaped by interaction during their years

at university. The study was concerned with the outcome of education and paid little attention to the process of education. Another limitation to Pascall and Cox's (1993) study is that it did not recognise theories of gender reproduction in terms of shaping mature women's experiences. The researchers viewed these theories as being too deterministic in terms of seeing women as being constrained by their domestic roles. They argued that the women in their study saw education as a positive means through which they could escape limited opportunities and a disadvantaged class position (Pascall and Cox, 1993: 5). This is a good observation to draw upon in my research in the context of seeking to understand whether my research participations viewed education as empowering in terms of transformation or reconstruction of their sense of self, opening opportunities for employment and financial independence, etc. Another important issue that Pascall and Cox (1993) highlighted in their study is that the decision of women to withdraw from their studies when they were younger was because of family pressure and expectations of settling down in marriages. Family relationships and societal and cultural gendered expectation in this instance played a role in shaping women's educational experiences. Mature women seem to face similar gendered challenges in universities.

Usher's (1982) study shed doubt on whether participation in Higher Education offered an emancipatory root that challenges normalised gender roles and society's expectations of women's labour. She highlighted that 'University adult education does play a vital part in sustaining the dominant culture, ideology and social relationships of production in capitalist Britain and in so-doing contributes to the sexual division of labour and opportunity which undermines the pursuit of genuine equality for women (Usher, 1982: 4). This study stimulated my thinking about how both the domestic space of home and the public space of the university are restrictive and constraining

structural environments that shape how women negotiate time and place to pursue their educational studies.

Other researchers such as Weil (1986) have argued that class, gender and ethnicity play a role in shaping the experiences of non-traditional students as they navigate participation in Higher Education. She argues that: 'there is a disjunction between non-traditional learners' expectations and that of their actual experiences of Higher Education. There are also disjunctions between different values and beliefs adult learners and lecturers bring to their interpretations of what it means to generate and validate knowledge and to inhabit and facilitate learning' (Weil, 1986: 232). This early research sentiment seems to find agreement with current researchers analysing the experience of mature women in Higher Education.

A considerable volume of research has been conducted that examines the challenges that women face as they navigate caring for their families and studying in Higher Education (Tett, 2000; Archer, et.al., 2003; Quinn, 2003; Reay, 2003; Brine and Waller, 2004; Moss, 2004; Osborne, et.al. 2004; Skinner, 2005; Alsop, et.al., 2008, Reay, et.al., 2010, Fry et al., 2011; NUS, 2013; Burke, 2013). An interesting study by Moreau and Kerner (2015) highlighted a concern about the invisibility of experiences of students with parental responsibility; particularly how this group of students are constructed and supported by Higher Education policies. The researchers point out that:

> In the context of the default construction of the University student as carefree, student parents often describe their experience of navigating academia as a struggle, in which time-related, financial, health and emotional problems prevail. However, the stories they tell also emphasise the benefits associated with their dual status (Moreau and Kerner, 2015: 215).

Their study draws on 10 case study universities across the North of England (Moreau and Kerner, 2012) using a social constructivist and feminist theoretical framework (David et al. 1993; Leathwood and Read 2009). This theoretical framework gives consideration to both structural constrains that shape individual life as well as a sense of agency that resists dominant discourse. They conclude that students with parental responsibilities work on reconciling the demands of being a student and parents by resisting the discourse of Higher Education policy that perceives them as deficient. Moreau and Kerner's (2012) research is useful to build on, and I will be extending my contribution to include a sample of mature women students caring for those with learning disabilities whose experiences of caring and studying have not been explored in depth. I will try to explore to what extent being viewed as 'deficient' or as 'different' impacted on how my research participants reacted in terms of disclosing their identity as a carer and in terms of seeking support from others.

Moreau and Kerner (2012) found out that:

> …student parents, especially the older ones, often explained how their life experiences helped them to be 'better' and they drew on an implicit opposition between them and childfree and younger 'others', alleged to be less equipped and organised. This rhetorical device allows them to positively redefine their identities, in a HE context where non-traditional students can feel out of place and be painfully aware of their non-association with academic success (Moreau and Kerner, 2012: 228).

This is a very interesting finding and I will build on this study by considering the experience of my research participants who are mature women students caring for those with learning disabilities whose analysis of their involvement in care and its implication on their studies is under researched. I will seek to understand how my research participants view their experiences as caregivers as a site of meaning making, not only necessarily through their constraining nature but also through their

empowering dimensions. Furthermore, I seek to understand their experiences of caregiving, not as a comparative framework to carefree students' experiences, but as a focus on defining occurrences that challenged, sustained and transformed their engagement with learning in Higher Education. Gouthro (2006) argues that seeking better understanding of the learning that is experienced in the homeplace opens the possibilities to engage in a communicative and cooperative process to learning theories in education. Gouthro argued that: 'if we are to value the richness of female experience, then the importance of living and learning within the homeplace must also be acknowledged' (Gouthro, 1998: 33).

Another piece of research that is valuable to reflect on when seeking to broaden understanding of the experiences of mature women in Higher Education is Jocey Quinn's study (2003). This research offers a more positive dimension to women's experiences that sheds light on both personal challenges as well as transformation through the process of navigating participation in Higher Education. Quinn carried out an ethnographic study of 21 women students. Her research is framed by the feminist materialist tradition. She offers an alternative view to other feminist researchers that viewed universities as 'greedy institutions' (Malina et al 1998), a locus of sexual harassment (Butler and Landells, 1995), and a 'chilly climate' (Acker, 1998). Quinn (2003) pointed out that:

> …led by my participants, I have been drawn to contextualise the University within a wider sphere and have found that the University, however dangerous, is a great deal safer than the world outside. For the women students in my study, it seemed to function as a protected space within conflict-laden lives.

My study takes courage from Quinn's study in terms of exploring the benefits that are derived from seeking to broaden one's horizon and experiences and to step outside the family home and participate in education. Mature students 'by definition, are a

group of people who are attempting to use education to shape their own biographies and identities in a reflexive way' (Baxter and Britton, 2011: 88). My research will include an understanding of mature women students caring for those with learning disabilities whose experience of caring and studying is rather limited. Quinn's study offers me the possibility to explore my participants' views regarding the extent to which the search for academic identities was a proactive and self-conscious decision by them in order to change or transform past identities and current experiences in their homeplace. Furthermore, gaining an understanding of how they negotiated the interaction between their relational and academic identities in terms of developing strategies to open opportunities to find time and space to study for their degrees.

Rachel Brooks' study (2013) argued that while the university as a place has started to be seen as a welcoming and open space for female students and those with caring responsibilities, we know very little about the domestic space and how women experience this space as they negotiate studying and caring for their families. Her comparative analysis took into consideration two contextual spaces: the Danish and the British context. Her findings indicate that in the UK context, many of her study participants who are student parents continued to undertake the majority of child caring within their family even though they had partners. Brooks concludes that:

> Overall, the attitudes and experiences of the UK Newer students were broadly in line with what previous work on student-parents has revealed: the majority were women who, although committed to their studies, prioritised their responsibilities to their children and identified primarily as a parent rather than as a student. Many felt considerable guilt at pursuing a degree and devoted enormous energy to juggling study and childcare, to ensure that family routines were disrupted as little as possible. For these students, there was a notable absence of familial *negotiation*: domestic responsibilities had been altered little as a result of study (Brooks, 2013: 448)

What is interesting about Brooks' study, is that while the above was the general view of Brooks' (2013) participants, there was no evidence of tension at home in terms of having relational difficulties or experiencing their partners as unsupportive that hindered the women's attempt to study in their home. On the contrary, her participants were happy to talk about their studies with their partners and children and some outlined that being a student and studying at home offered their children a role model and made the women feel that they became 'better mothers' as a result of participating in their studies. This contradicted the findings of a study conducted by Lynch (2008) in an American university where women with childcare responsibilities 'downplayed' their student identity at home which seemed to be in conflict with their identity as a mother. Lynch (2008: 595) pointed out in her study that:

> Student-mothers engage in complex 'identity practices', through which they 'manage their conduct in interaction with dominant cultural conceptions about what it means to be both a 'good mother' and a 'good student'.

Lynch suggested that the conflict nature of both roles (student and mother) led student-mothers to invest great deal of effort in developing strategies that aimed to minimise and reduce the negative impact of such conflict (2008: 595). She argued that:

> Respondents therefore devise strategies aimed at avoiding cultural conflict and ensuring success in both roles. Such strategies include downplaying the maternal role in the academic realm ('maternal invisibility') as well as downplaying the student role outside of academia ('academic invisibility'). These strategies offer student mothers access to culturally derived notions associated with the roles 'mother' and 'student', although often at the cost of obscuring the inherent integration of their dual identities.

This downplaying of student identity at home and downplaying their maternal identity in the university creates tensions and stress in the lives of women who have caring

responsibilities (Lynch, 2008). One of the consequences of such experiences of negotiation and concealment of identities, is that women become 'constantly available' to both their academic work as well as their caring work (Lynch, 2008: 297). These strategies highlight the cost and the pressure that women endure as they negotiate the interaction or separation between their home context and their University context. My study aims to build on both Brooks (2013) and Lynch (2008). I am interested in finding out to what extent my participants prioritised or downplayed their student identities in their homeplace. I want to understand to what extent the playing down or prioritisation of their student identities had been influenced by the level of support and acceptance they received from their families and their personal communities such as friends. This analysis is useful because it will inform better understanding on how women negotiated their roles and identities as carers and as students.

Within the UK, Quinn (2003), offered a perspective that sought to understand student-mothers' strategies in terms the women's attempt to separate the home from their university space. Quinn (2003) argued that the women sought this separation not out of choice but because they were protecting the 'safe space' that the university offered them from the encroachments of their home. In a sense, here, one feels that gendered negotiation of space plays a role in how women experience their home as constraining space. Quinn's observation about the notion of the University as offering a safe place is very interesting and in my research I want to find out about the experiences of mature women students caring for those with learning disabilities, in particular, how they negotiated their roles and identities as carers and students and the extent to which their negotiation was impacted by how they perceived and experienced the space in which they occupied. Their views about how they constructed their space at home may have an influence on their views on whether to study at home or at

university. A study conducted by Moss (2004) identified the importance of seeking to understanding how the concept of space and time relates to women's lives as they negotiate home and Higher Education.

Moss (2004) argued that time and space are socially and personally constructed and shed light on the hidden notion of power and control that shapes and defines women with caring responsibilities' experience of Higher Education. Moss (2004: 283) concludes by offering three important observations:

> Firstly, the increasingly restricted ground available for academic studies in women's lives, resulting from the restructuring of paid work, social welfare and higher education. Secondly, the hierarchy of values and ambiguous meanings attached to higher education when women attempt to study. Thirdly, the intense negotiations undertaken by women students in order to construct space and time for academic work (Moss, 2004: 283).

What is interesting about Moss's (2004) work is that the women in the study viewed the time spent at home as being valuable even when some have said that they wasted a great deal of their time doing domestic tasks. Some women in the study highlighted that their physical presence at home was desired by their partners to sustain the domestic and caring responsibilities. Moss (2004) pointed out that women's social position was significant in terms of the support they received when engaging in their studies. Particularly, mature women seen to face resistance and challenges from their families when they introduce their studies at home. The mothers of Moss's participants often perceived their daughters as neglecting 'their duties' toward their families, yet at the same time, the mothers helped to share space and time with their student daughters so that they could study at home (Moss, 2004: 294). However, younger students in Moss's study seemed to have families that validated their student and mother identities through giving them space and time to study and care. Yet, in both

cases, the notion of women giving time and space to study is often conceptualised by their partners as a woman's time for 'herself' not as legitimate work time (Moss, 2004: 294).

> Finding space and time for higher education for some women was akin to finding leisure time, in particular where it was conceived of as time for self or selfish time. Women had to justify their engagement with higher education and in some cases felt the need to disguise the pleasure they gained from it. When her partner did not recognize the labour involved in her studies.

Moss (2004: 294) argued that while the families viewed women's experiences of studying to be conceptualised as diverting their attention from their domesticity and childcare, women themselves felt that their education was an extension of their duties towards their families by securing financial stability to their household. This is an interesting point in terms of mature women from working class backgrounds and ways in which they navigated their family and study responsibilities; and the extent to which their participation caused any familial repercussion (Brine and Waller, 2001; Archer and Ross, 2003). This aforementioned study finding of Moss (2004) is useful to draw upon in my research in terms of how the families of mature women caring for those learning disabilities felt about them pursing their education while caring. This observation is beneficial because it will clarify the influence of families upon women and how they negotiated their roles and identities as carers and students.

In a study conducted by Brine and Waller, (2001), working class women viewed their roles as student and mother as being in conflict with each other. The researcher explained that women's social class has often been shaped by their father or their husband's occupation.

> A gendering of class is evident through the intersection between the domestic and the occupational spheres. If supported by a partner, women, due to the

consistent lower pay throughout all occupations are, at least partially, dependent upon their partner's earnings (Brine and Waller, 2001: 98)

Brine and Waller, (2001) used the concept of 'class ceiling' to refer to 'the structures and processes that prevent working-class women from getting out of the cellar', not up to the roof. They point out in their conclusion, that class is structured with tough unbreakable materials, the type of materials that can only be chipped away at. Thus for working class women, education is both the 'chink of light and the harsh unbreakable material' (Brine, 1999: 2). The relationship between seeking an education and gendered and classed experiences is closely related (Brine and Waller, 2001). My research will benefit from looking at a particular angle of my participants' gendered and classed experience in terms of their impact on accessing available spaces to study in their homeplace. For example, does being a middle class student afford them the privilege of having a dedicated room to study in their homeplace and what difference does such privilege have on how they experience engagement with their studies? Additionally, does being a working class student and living in small house play a role on the quality of their engagement with their studies? This type of examination is helpful because it will broaden understanding about factors that impacted on how mature women students caring for those with learning disabilities negotiated their roles and identities as carer and students.

The experience of working class women students has been the subject of Diane Reay's (2003) study. She identified the risks and costs for women in attempting to incorporate education and their family lives. Reay (2003) highlighted that both cultural as well as material factors worked to inhibit their access to Higher Education. Her study participants were juggling roles as either work commitment or childcare and domestic responsibilities with their studies. Reay's (2003) findings indicate that mature women

students who came from working class backgrounds experience time poverty and in particular caring 'for themselves'. She argued that universities need to take a proactive stance in supporting and understanding the experiences of mature working class women students and move away from viewing their experiences as personal. Similar concerns were raided by Baxter and Britton's study (2001: 87), titled 'Risk, identity, and change: becoming a mature student'. They noted two risks: 'risk stemming from established gender, which is mediated by the effects of social class and secondly, risk that accompanies the moment away from working class habitus which is an inevitable consequence of being in Higher Education'. Education, according to this study, was seen to threaten both the mature student's sense of identity and their relationships with others. Being educated is felt as being superior to others or being seen by others as being superior. Both of these interpretations threatened established relationships. Reay's (2003) study is important and will be useful in terms of finding out to what extent student status threatened my participants' relationships with their husbands or members of their families and how they navigated such tension if it had arisen. This angle of analysis is valuable to because it will offer clarity about relationship issues that hindered or facilitated my research participants' negotiation of their roles and identities as carers and students

Finally, contemporary research has suggested that analysis of women's and men's experiences within their family needs to move beyond a homogenised interpretation and shift the focus towards the dynamism of what constitutes day-to-day family living (Smart, 2007). This does not mean that we do not question the influence of normative cultural scripts on social attitude towards caring and parenting within the family. On the contrary, these aspects of women's experiences need to be made visible, as well as highlighting ways in which women respond, navigate and negotiate the challenges

of being carers for their families and active members in the public sphere. I think this type of analysis offers a means by which opportunity is given to understand women carers' interpretation of their caring roles not in isolation from their families and their social circle, but, rather in relation to them. Smart (2007) used the concept of 'personal life' to challenge the static notion of people's experience of their families as individuals, to avoid privileging biological kin or marriage.

> The personal designates an area of life which impacts closely on people and means much to them, but which does not presume that there is an autonomous individual who make choices and exercises unfettered agency. This means that the term 'personal life' can invoke the social; indeed, it is constituted as always; already part of the social (Smart, 2007: 28).

I believe that this is a welcome interpretation because it broadens the analysis of women's experiences of caring and studying to include friends and networks beyond the family domain. Friends are important in terms of a person's self-authorship, where a person begins to gain better knowledge and understanding of themselves through the discussion and dialogue that takes place through their friendship networks (Baxter Magolda, 2001). Women's friendship has been viewed to have both personal value and intellectual educative value (Martinez, 2000; Thomas, 2002; Brooks, 2007). The exploration of the role of friend is very useful, in gaining an understanding about how friends and social networks facilitate women's engagement and experiences of participation in Higher Education whether they are single, young or mature students with a caring responsibility. This in turn will enrich understanding about how mature women students caring for those with learning disabilities negotiated their roles and identities as carers and students.

All of the aforementioned studies enriched my understanding of factors that both hinder and facilitate women's attempts to combine caring for their families and their

studies. The following chapter will undertake clarification and justification of my research methodology.

Chapter 3 Methodology

This thesis considers how mature women students caring for those with learning disabilities negotiate their roles and identities as carers and students. The study draws upon Gouthro's (1998) concept of the 'homeplace' as an aspect of the lifeworld to analyse mature women's experiences of caring and studying. I aim to offer an understanding of whether normative gendered assumptions about women's association with family caring are translated into mature women's gendered sense of obligation to both roles of carer and student. As well as the extent to which these gendered expectations perpetuate anxieties and dilemmas as mature women students negotiate challenges and transformation through participation in Higher Education.

The Methodology chapter is structured in the following manner:

The first section offers justification for the study's philosophical underpinnings in terms of ontological and epistemological position. This examination is helpful because it will clarify the limitations of an objectivist ontology and positivist epistemology and justify the appropriateness of constructionist ontology and interpretive epistemology as a philosophical stance for this study. The chapter moves on to justify the use of a qualitative research paradigm and examine critically the insider outsider researcher stance. This is followed by exploration of the notion of reflexivity as constituting an important aspect of the research process.

The chapter turns to discuss the research data collection method which is semi-structured interviews. Particular attention will be given to the development of research and interview questions, the consideration of research sample, the location and the setting for the interviews, the time frame of the research, ethical consideration and finally the emotional aspects of the interview process in terms of: attentive listening,

responding to emotion and post interview support. This is followed by a discussion around challenges that have been encountered in the research and, finally, a description of how the data was analysed.

3.1 Philosophical underpinnings: Ontology and epistemology

According to Cohen, et.al. (2007: 5), 'people have long been concerned to come to grips with their environment and to understand the nature of the phenomena it presents to their senses'. In seeking to understand the social world, experience and authority is drawn upon. However, the notion of experience as a tool to understand social issues is interpreted differently. While some view drawing upon everyday experience as valuable in gaining knowledge and understanding of the world, others however, who believe in a scientific method of research, view drawing on subjective personal experiences as an unobjective approach to understanding, that draws upon common sense assumptions.

What becomes clear is that meanings of social realities are interpreted differently, and therefore Denscombe (2007: 3) suggests that 'the social researcher is faced with a variety of options and alternatives and has to make strategic decisions about which to choose. Each choice brings with it a set of advantages and disadvantages. Denscombe (2007: 3) advises that the critical point to remember when researching is that the choices that are taken are reasonable and that they are made explicit as part of any research process. In light of the complexity of the research process and to avoid conceptual confusion, it is advised that before the start of any research it is useful for researchers to understand the inter-relationship between four 'building blocks' of research: ontological assumptions that give rise to epistemological assumptions,

which in turn give rise to methodological consideration and methods of data collection (Grix, 2002, Crotty, 1998).

3.1.1 Objectivist ontology and positivist epistemology

Blaikie (2000: 8) defines ontology as:

> …claims and assumptions that are made about the nature of social reality, claims about what exists, what it looks like, what units make it up and how these units interact with each other. In short, ontological assumptions are concerned with what we believe constitutes social reality.

Ontology is seen as the study of being and it is about the nature of existences (Cohen, Manion and Morrison, 2000). In another words, ontological assumptions are concerned with the nature of the social phenomena that is being studied and investigated, and whether such reality is objective in nature and external to the individual (objectivism), or subjective and context dependent (constructionism).

Starting with objectivism as an ontological position, Bryman (2008: 19) defines objectivism as:

> Objectivism is an ontological position that asserts that social phenomena and their meanings have an existence that is independent of social actors. It implies that social phenomena and the categories that we use in everyday discourse have an existence that is independent or separate from actors [i.e. those who are part of the phenomena and/or those studying the phenomena].

Objectivism, as an ontological position, assumes that a singular reality exists and that it is driven by natural laws. Objectivists propose that reality is objective and independent of human behaviour and that such reality can be obtained by using objective measurement. Once a truth has been discovered, it can then be generalised to other situations. This refers to realist ontology. A time and context free

generalization that frames objectivist ontology underpins positivist epistemology where there is a belief that it is possible to gain objective understanding of human behaviour, because human actions can be explained as a result of real causes that precede their behaviours (Crossan, 2001).

Thomas (2009: 87) points out that:

> If ontology is the study of what there is or exists in the social world, epistemology is the study of our knowledge of the world. How do we know about the world that we have defined ontologically?

Epistemologists ask questions such as:

> What is knowledge and how do we know things? Are there different kinds of knowledge? Are there good procedures for discovering knowledge?

Positivist epistemology uses both observation and reason as means to understanding human behaviour. Auguste Comte believed that scientific methods are the most advanced way to understand the social world. Accordingly, positivists argue that social research should try to emulate the methods of science (Thomas, 2009).

The ultimate aim of positivist epistemology is to find general laws and causal statements about social phenomena. This implies that objectivity is possible through seeking explanation of behaviour, rather than in understanding the meaning of behaviour. Positivism implies that social scientists should be observers of social reality, a reality that exists in the social world which is ordered and thus predicable (Cohen, et.al., 2007). Casual relationships between variables can be identified and measured, patterns can be revealed and social behaviour can thus be predicted. The 'objective knower' can access 'facts' through the application of scientific methods of measurement and statistical methods of analysis in a value neutral context. Positivist

epistemology 'offers assurance of an unambiguous and accurate knowledge of the world' (Crotty, 1998: 18). The objectivist ontology that underpins positivist epistemology asserts that realties exist outside the mind and hence meaning exists in objects independently of any consciousness (Crotty, 1998: 10). This implies a separation between the individual and the realm of society (Block, 1990). This suggests a Cartesian view of human action whereby the mind is separated from the body. In a sense, positivists use such explanations to predict and control social reality (Gall et al., 2003).

In summary, ontology refers to the nature of the social phenomena that are being researched in terms of viewing reality as being objective and external to people or being seen as subjective and dependent. Epistemology is about the nature of knowledge, in particular how we know what we know about the world. Constructionist epistemology views realties as being socially constructed and can be multiple. Objectivist epistemology views social phenomena and their meaning as being independent of social actors.

3.1.2 Limitations of objectivist ontology and positivist epistemology

From my perspective as a researcher, I have a degree of discomfort in relation to objectivist ontology and its positivist epistemological assumptions about researching the social world because of its de-contextual account of experiences. I believe that this objective conception of reality gives insufficient consideration to the lived experiences of mature women carers as they negotiate the intersection between the public world of education and the private world of care. It will miss the opportunity to provide a deeper analysis of how mature women carers interpret their lives. Their experience cannot be fully understood if it is allocated percentages and statistical consideration

because the data becomes rather deterministic and ends up treating women as natural rather than social beings. One reason for such an omission is because the positivist objectivist approach to research tends to analyse behaviour from a stimulus response perspective rather than from deeper analysis of the inner workings of individuals (Hough, 2010). This reductionist stance does not sit comfortably with my ontological orientation because it regards an individual's behaviour and attitudes as passive and controlled, and in so doing it ignores that realties are socially constructed. For me, it is difficult to see how the locatedness of my research participants as mature women carers can be divorced from their development of knowledge, as if their realities exist independently of them. By viewing the realities of my participants as something to be discovered in a rather scientific detached way, there is an assumption that my position as a researcher should not in any way influence what is unearthed. The limitation of objectivism is eloquently identified by a feminist researcher called Lorraine Code who argued that:

> …by virtue of their detachment, these ideals erase the possibilities of analysing the interplay between emotion and reason and obscure connections between knowledge and power. They lend support to the conviction that cognitive products are as neutral - as politically innocent - as the process that allegedly produces them (Code, 1995: 16).

As a qualitative feminist researcher, I question strongly the positivist standpoint in terms of whether it is at all possible to gain a rich insight about what goes on in society in an abstracted way that universalises an individual's experiences as I feel that such a stance misses out on appreciating differences in gendered, classed, radicalised realties.

I would like to acknowledge that the statistical consideration that may be gained from an objectivist approach may be considered useful, for example, in providing shared

themes experienced by mature women carers in the context of research on their lived experiences, such as: the level of their dissatisfaction with previous educational experiences, the degree of support they have, or lack of supportive home environment. However, 'objectivist' data would be insufficient in analysing how women's subjective experiences were influenced by broader social and economic arrangements in which they and their activities are embedded. An objectivist realist stance will miss the opportunity to gain richer understandings of mature women carers' subjective experiences and the meanings they attach to their experiences. I believe that objectivist ontology undermines the notion that individuals may view reality differently from one another, and that the nature of knowledge can be culturally, historically and personally situated (Sarantakos, 2005). My research aims to consider the notion of subjectivity of individuals and how such subjectivity influences the way in which individuals define and construct their social world in a meaningful way through interaction with social arrangements and others.

3.1.3 The study's stance on constructionist ontology and interpretive epistemology

My ontological perspective aligns to constructionism and the position of relativism. Relativists believe in multiple meanings of realities and that what is real depends on the meaning one attaches to such realities. Rather than fixed realities, realities change and evolve. Constructionists oppose the objectivist notion that social phenomena and their meaning have an existence that is independent of social actors (Bryman, 2008). Rather than finding knowledge, humans construct it; it is therefore possible to have multiple socially constructed realties.

As a qualitative researcher I believe that reality is neither objective nor singular, but multiple and constructed through interaction with the world and that our descriptions are always influenced by our ideological, gender-based, historical, cultural and linguistic understanding of reality. We are inseparable from the world and our individual realities are invariably influenced by the world in which we live and interact (Heidegger, 1962). This is an ontological position that is marked by taking a subjective approach to reality; interaction with people is required in order to understand the meaning attached to experience by participants of the research. Relativists believe that realities are created by meaning and experiences. In order to understand a participant's experience and the context that shaped their experience, researchers need to engage in conversation with the researched.

Bryman (2008: 19) offers the following definition for constructionism as an ontological position:

> *Constructionism* is an ontological position that asserts those social phenomena and their meanings are continually being accomplished by social actors. It implies that social phenomena and categories are not only produced through social interaction but that they are in a constant state of revision. In recent years, the term has also come to include the notion that researchers' own accounts of the social world are constructions. In other words, the researcher always presents a specific version of social reality, rather than one that can be regarded as definitive. Knowledge is viewed as indeterminate.

The above assertion implies that realities are multiple and that it would be difficult for individuals to see the world outside their place in it (Sparkes, 1992). In order to gain understanding of meaning, a researcher needs to explore the richness and complexity of social phenomena (Bogdan and Biklen, 2003). A constructionist lens offers this opportunity as they believe that individuals do not create meaning, but, that they

construct meaning through working with the world and the object within it (Crotty, 1998: 44).

As mentioned earlier, positivist epistemology saw the researcher as an independent observer that was removed from their research; interpretivist epistemology on the other hand, considers the ongoing interaction between the researcher and the social world. Qualitative researchers subscribe to this explanation, where people are seen to be influenced by the process of being studied and the relationship between the researcher and the social phenomena is interactive (Ritchie and Lewis, 2008). In other words, 'the researcher cannot be objective and cannot produce an objective or 'privileged' account. Findings are either mediated through the researcher (value mediated) or they can be negotiated and agreed between the researcher and research participants' (Ritchie and Lewis, 2008: 13). Greenbank (2003) questions the notion of a value-free research position and suggests that researchers who believe that they are neutral are deluding themselves. Researchers, like any other people in the social world, start their research projects with a personal view of how the world is constructed which is often shaped by their experiences and which has a bearing on their research process (Grix 2002: 170). Researchers are therefore advised to adopt a reflexive approach with regards to data gathering and analysis, making all research assumptions visible and available for examination (Ritchie and Lewis, 2008).

My research is interested in how mature women carers make sense of their world and the meaning they attach to their experiences in their 'homeplace', specifically ways in which they negotiate familial and caring responsibilities to find time and space to study at home. My ontological stance regards my research participants as creative interpreters of their perceptions in order to make meaning of their social realities. My epistemology is feminist in its orientation whereby I question strongly the lack of

attention that traditional masculine frameworks pay to valuing women's sense of connected identity and how women reason and experience their realties. I have a discomfort about the narrow technical rational approach in Higher Education where the construction of the learner is still perceived to be one with no responsibilities, as noted by may feminist researchers (Leathwood and O'Connell, 2003; Lynch, 2008). Adopting a feminist epistemology is useful because it aims to address traditional epistemological questions with particular emphasis on the role of gender and a concern about the nature of knowledge and methods for attaining such knowledge. Hess-Biber (2012: 4) argue that:

> Feminist researchers hold different perspectives, and apply multiple lenses that heighten our awareness of sexist, racist, homophobic and colonialist ideologies and practice.....to unearth hidden aspects of women's lives and those of other oppressed groups, and to reclaim subjected knowledge, some feminist research continues to develop new epistemologies, methodologies and methods of knowledge building altogether.

What the aforementioned view conveys is that feminist perspectives are not just purely ideologies, but are rooted in the real lives, real struggles and experiences of women. Their activism has sought to improve women's rights and to challenge gender stereotypes. In a sense, this proactive attempt to understand and give voice to women's experiences and the quest to improve their choices through challenging oppression is what makes feminist epistemology an appropriate framework to draw upon to understand my participants' experiences of care and study.

As a researcher sharing similar experiences with those of my own research participants I am drawn to the work of feminist researchers in terms of their views that see subjectivity (of the researcher and the researched) as an important element to produce understanding of human experiences, especially feelings, attitudes and emotions (Smith, 1989). They focus on the dialectical link between theories and

practice (Stanley and Wise, 1983). The aim of feminist research is to seek empirical research that can change, rather than just describe the world. Due to a phallocentric society, man became the norm, and women's concerns became invisible and the way they make sense of the world was rendered marginal (Hawkesworth, 1989). Feminist perspectives offer a way of thinking about issues that impact women that are built on women's experiences, making women the central character and not a second sex (Spender, 1985). The main aim is to eliminate hierarchies whereby one human experience dominates or controls another. My research seeks better understanding of mature women carers' experiences at the intersection between care and education and, therefore, their experience drives such analysis. This attempt is particularly pertinent for me as a researcher, as I feel that women in general and my research participants experiences specifically, need to be validated and made a visible aspect of academic research. Harding (1993: 55) argues that:

> Knowledge claims are always socially situated, and the failure by dominant groups critically and systematically to interrogate their advantaged social situation and the effect of such advantages on their beliefs, leaves their social situation scientifically and epistemologically a disadvantaged one for generating knowledge.

In a way by adopting feminist-standpoint epistemology, I do privilege marginality over mainstream perspectives, as a strategy that shows my concern about dominant societal arrangements that universalise human experiences which in my view does not make women's concerns visible. From a feminist standpoint, epistemologists have challenged the differential power that groups in society have to define the nature of knowledge, and they have argued that marginalized groups hold a claim to knowing. Hence, marginalized groups and all women, regardless of their social location, occupy

an epistemic privilege (Hartsock, 1985). This notion is articulated by Harding (1987: 184) who argued that

> Women's experiences, informed by feminist theory, provide a potential grounding for more complete and less distorted knowledge claims than do men's.

For me as a feminist researcher, my standpoint of epistemological orientation is that I see knowledge as needing to begin in women's every day and every night worlds, and that such experiences and every day and every night worlds need to be analysed as being located within broader social arrangements of ruling social structures (Smith, 1999: 5). Hence analysis is about historically shared group-based experiences (Collins, 1997). Adopting a feminist epistemology helped me to see inequalities in how individuals are treated and constructed in society through systemic biases rather than seeing inequalities as being due to individual inadequacies and pathologies. This allows me to view people not as passive but active in their resistance to discourses that limit them. Hence, in seeking to understand 'the world of meaning, one must interpret it' (Schwandt, 1994: 118). Meaning is constructed as human beings interact and engage in interpretation of their experiences (O'Leary, 2004). Such context is harnessed within the qualitative research approaches that this study adopts. The following will elaborate further on the research rationale for adopting a qualitative research paradigm.

3.2 Qualitative research paradigm

My epistemological stance orients me closely to being a qualitative researcher as I do not see research as disembodied but as a social encounter. In order to understand how my participants experienced the negotiation of their roles and identities as carers

and as students, depended on the situational context in which their experiences occurred and thus the context of their homeplace experiences needed to be included in the analysis and the understanding of their experiences.

As a feminist researcher I was aware of the heated debate within feminism regarding which approaches are seen as appropriate to understand women's experiences and the particular reluctance to use quantitative research approaches. A major critique forwarded by feminists is that they see quantitative approaches as representing a 'masculinist' form of knowing where an emphasis is placed on researcher detachment in the collection of objective social facts that do not accurately reflect participants' meaning. Furthermore, it is suggested that in quantitative research 'only one tiny part of experience is abstracted as the focus for attention and this is done in both a static and a temporal fashion' (Maynard and Purvis, 1994: 54). In essence, quantitative methods ignore the human element. Personally, I would like to mention that I do not totally dismiss quantitative approaches to research as I believe that they are useful in terms of providing information about the student sample in terms of gender, class, disability and age. The usefulness of quantitative methods in feminist research has been indicated by various feminist researchers such as: Marsh (1979), Brannen (1992), McLaughlin (1991), Kelly, Burton and Regan (1988). However, as stated earlier when discussing my ontological and epistemological stance, as a researcher I lean towards seeking to interpret my participants' views in order to gain qualitative understanding of their experiences.

Qualitative research is 'concerned with meaning and relevance rather than measurement' (Weil, 1986: 18). It views reality as being socially constructed and accepts that reality can change and be understood subjectively (Kroeze, 2012). Using a qualitative research paradigm allowed me to gain deeper analysis of my participants'

feelings, opinions, attitudes and how they make sense of their experiences of caring and studying. Qualitative research calls for the researcher to engross themselves in the research subject that they are seeking to study through engaging in personal interaction and dialogue with their research participants (Dickinson Swift et al., 2007). The rationale for such undertaking is to seek deeper understanding of experiences that is derived from the participant's perspectives, rather than seek generalisation of outcomes. Studying my participants' experiences in a qualitative way was valuable not just in terms of better understanding of their daily realties of caring and studying but also to improve practices and supportive strategies in Higher Education for future student cohorts.

My research is not based on clinical experience, but is a study of lived and subjective experiences. There are various practical, emotional, and technical issues that can be encountered by researchers when researching participants' feelings, attitude and emotions. Hence, being able to be clear about researcher position and exercising a reflexive approach throughout the research process helps to eliminate biases. My researcher position is going to be the topic of exploration in the following section.

3.2.1 Researcher position: Insider outsider researcher

My epistemic thought as a researcher who is a female carer from an ethic minority origin aligns me closely with Black feminist perspectives which argue that Black women face considerable challenges that position them to be allocated the 'outsiders within' position as marginal academics (Collins, 1986). Gaining insight from Collins's (1985) interpretation of Black feminist academics and their use of their social location to distinctively analyse gender, race and class in various social locations, helped me in defining my own positionality. Considering my own ethnic background and being a

mature woman academic with caring responsibilities working and studying in Higher Education, gave me the opportunity to understand my own rather complex positions: as a privileged academic insider due to my professional credentials; yet at the same time, I also understand my position as marginal outsider with my gender, ethnicity and caring responsibilities being influenced by masculine and Eurocentric institutional paradigms that overlook differences.

In my research I aimed to study the experiences of mature women with caring responsibilities and by doing so I recognised that I was studying a social group that has considerable similarities to my position. I was aware that with this insider position as a researcher come both advantages and challenges that need to be understood and reflected upon and responded to in order to facilitate the process of storytelling and sharing that my research participants would be able to engage with. Greene (2014: 1) points out that:

> As qualitative researchers, what stories we are told, how they are relayed to us, and the narratives that we form and share with others are inevitably influenced by our position and experiences as a researcher in relation to our participants. This is particularly true for insider research, which is concerned with the study of one's own social group or society.

Merton (1972: 31) proposes that the insider is an individual who possesses a priori intimate knowledge of the community and its members. This is contrasted with outsider research that is undertaken by researchers who do not have prior knowledge of the community they are studying (Merton, 1972). Some commentators argue that such a dichotomy is unhelpful, and that the researcher role needs to be viewed as a continuum (Breen, 2007, Trowler, 2011). It is suggested that both insider and outsider research are different in terms of their effect on how the data will be gathered and how the data will be analysed; specifically, insider researchers have been found to face

methodological and ethical challenges that seem to be less of an issue to an outsider researcher (Breen, 2007).

Methodologically I view my insider researcher position in a favourable light due to having experience and pre-existing knowledge of the context of the research due to my own personal experience as a mature woman carer (Bell, 2005). This is also helpful in terms of approaching the research context without experiencing cultural shock due to unfamiliarity which positions me well for asking meaningful questions. Being an insider researcher aids the projection of an authentic understanding of the experiences of women carers who are the subject of my study. Like the Black feminist standpoint, I see women with caring responsibilities as agents of knowledge who draw on their own lived experiences of intersectional understanding of oppression to find ways in which they negotiate such constraints to navigate the worlds of home and study. I view each participant as a unique individual who has unique responses to their own experiences depending on the environment and the circumstances each one encounters.

As well as the above advantage of being an insider researcher, being familiar with the cultural and historical context of the participants' experiences has allowed me to avoid passing judgment and stereotypical accounts. It is noted that often insider researchers encounter a welcoming attitude from their participants who are willing to discuss issues with someone who understands (Bell, 2005). I was told by my participants that being a carer myself motivated them to respond to my request to be a participant. This has been found to be the case by various commentators when conducting their research (Chavez, 2008; Dwyer and Buckle, 2009). However, I have been mindful of issues of power when I have attempted to represent details of my research participants' experiences. Some would argue that even though I may share structural and cultural

similarities, for example in terms of gender, class and age, this does not guarantee better knowing as there are ethical dilemmas in claiming to know, represent or advocate for others (Code, 1995: 30):

> Only rarely can we presume to understand exactly how it is for someone else even of our own class, race, sexual orientation and social group. These issues become exacerbated when feminists claim to speak for others across the complexities of difference, with the consequences that the politics of speaking for, about, and on behalf of other women; is one of the most contested areas in present day feminist activism and research.

This realisation made me reflect critically on my position as a feminist sociologist researcher. I understood that I could not fully distance myself and the subject matter from those I was researching and the society in which they were situated. My experience as a researcher was not divorced from my research or the conceptual discourse of my research. My experiences as a mature woman with caring responsibilities influenced the choice of my research focus. I share a similar class background and gender to some of the women who participated in my research. This has been a useful realisation as it has helped me to understand ways in which care and study can influence each other and why women may view this interaction as shaping their learning experiences. In such a context, I would argue that my subjectivity has helped to enrich my research. I am reminded of the notion of 'reorganisation' of sociological research that has been forwarded by Smith (1987: 91) when she stated:

> This reorganisation involves first placing the sociologist where she is actually situated, namely at the beginning of those acts by which she knows and will come to know; and second, making her direct experience of the everyday world and primary ground of her knowledge... The only way of knowing a socially constructed world is to know it from within. We can never stand outside it

I was mindful that as a researcher I shared the world with those I was researching, and I could make sense of the research findings from my own frame of reference due

to my ontological and epistemological perspective that was guided by my research value (Crotty, 1998; Capurro, 2000). This was an inescapable realisation, because no matter how well qualitative research is designed, all research starts from a researcher's view of the world. It is claimed that:

> Any gaze is always filtered through the lens of language, gender, social class, race, and ethnicity... there are no objective observations, only observation socially situated in the world of - and between - the observer and the observed (Denzin and Lincoln, 2005: 31)

Consequently, I consciously needed to reflect upon the ways in which I used questions, design methods, analysed the data as well as adhered to an ethical framework. A reflexive stance challenged any biases that I may have held. Such a process of self-reflection was something that I attended to as soon as I started to think of a theoretical framework that would assist in analysing participants' experiences of caring and studying.

I am aware that the notion of reflexivity becomes very important because the notion of mutuality and equality, particularly in the interviewing process, has been strongly contested by many feminist researchers who noted how differing as well as shared structural characteristics can impact the notion of reciprocity (Glucksmann 1990; Cotterill 1992; Edwards 1993; Reay, et.al., 2007).

It is suggested by Edwards (1993: 184) that:

> If...we accept that there are structurally based divisions between women on the basis of race and/or class that may lead them to have some different interests and priorities, then what has been said about woman-to-woman interviewing may not apply in all situations.

From the aforementioned reflection, I hope that I gave an understanding of the various dilemmas that I pondered upon and ways in which I began to think about resolving them. Hess-Biber (2017: 17) suggests that at various stages in the research process,

the researcher is advised to reflect upon how their values and views affect their research practice. Plaganas, e.al., (2017: 421) argue that:

> The researcher's positionality/ies does not exist independently of the research process nor does it completely determine the latter. Instead, this must be seen as a dialogue – challenging perspectives and assumptions both about the social world and of the researcher him/herself. This enriches the research process and its outcomes

One possible way to reflect upon researcher assumptions is by engaging in reflexivity which is an important dimension of qualitative research (Morse, et al., 2002). The following section will give greater consideration to the notion of reflexivity.

3.2.2 Reflexivity

I tried to maintain reflexivity through engagement with the research process to challenge biases and prejudiced interpretations that I may hold. Reflexivity refers to the 'analytic attention to the researcher's role in qualitative research'. It allows the researcher to be part of the social world which is the object of their studies (Parahoo et.al. 2000). As the researcher engages with their research, they become involved in introspective analysis of their own values and interrogate how their 'social background, location and assumptions affect their research practice' (Hesse-Biber, 2012: 17). The main aim of reflexivity is to make the relationship and influence between the researcher and the participants explicit (Jootun, et. al., 2009: 45).

Reflexivity is a complex and challenging process, especially regarding how to deal with the emotions of research participants (Van der Riet, 2012). Expecting the researcher to be distant and detached from their research process is claimed to be unrealistic and will undermine the research process. Stanley and Wise (1983: 150) argued from a feminist perspective in relation to the place of the personal in the

research process that: 'the presence of the researcher, as an ordinary human being with the usual complement of human attributes, cannot be avoided. Because of this we must devise research of a kind which can utilise this presence, rather than pretend it doesn't happen'. Researchers are influenced by ontological and epistemological positions that are guided by the value base of the researcher (Crotty, 1998), and hence those who propose that their stance is value-neutral are 'deluding themselves' (Greenbank, 2003: 792). It is claimed by Denzin and Lincoln, (2005: 31) that:

> Any gaze is always filtered through the lenses of language, gender, social class, race, and ethnicity... There are no objective observations, only observations socially situated in the worlds of – and between – the observer and the observed.

Researchers carry with them assumptions and inclinations about the nature of reality (Silverman, 2006, Grix, 2002). I reminded myself that I was not an isolated inquirer but shared my participants' experiences and this gave me greater understanding of their experiences, as direct experience of or closeness to a phenomenon gives researchers valid knowledge of it (Capurro, 2000: 80). Furthermore, my position in such context may have made me more biased and I may have interpreted my participants' views according to my own experience. Dorothy Smith (1987) a prominent feminist sociologist argued that feminist researchers must refuse to put aside their experiences and, instead, identify their bodily existence and activity as a 'starting point' for their inquiries and their epistemological stance. Smith (1987) draws on an example from her own experiences as a single mother, where she argued that she navigated the terrain and movement between raising her children as a single mother and the abstraction of her academic work. She identified this shifting movement between private and public as characteristic of most women's experiences.

Feminist researchers question whether it is at all possible or even desirable to develop a body of knowledge in which the researcher is uninvolved with the people they are researching. The notion that one can gain an understanding of people in society in the form of law-like abstraction is questionable. This is eloquently presented by Lauren Code (1993: 16 cited in Gouthro, 1998) when she argued that:

> …by virtue of their detachment, these ideals erase the possibility of analysing the interplay between emotion and reason and obscure connections between knowledge and power... they lend support to the convention that cognitive products are as neutral – as politically innocent – as the process that allegedly produce them (Gouthro 1998:257).

I did not wish to treat my participants as objects but as subjects, I wanted to address and gain meaning from my participants' experiences and concerns. In doing so, I was guided by advice such as that given by Van der Riet (2012: 31) who suggested that researchers need to be 'cautious in terms of avoiding a "Hollywood plot" where the findings seem to emphasise positive outcomes rather than portray what they actually are'. Through engaging in reflexivity, I began to be aware of my own assumptions about the experience of caring and studying, about my own aspirations, philosophy and belief systems and how these have shaped my quest to research mature women with caring responsibilities. I responded to this by writing my own personal reflection on my own experiences of being a mature woman with caring responsibilities as well as my participation in both work and study, a situation I have explained in Chapter 1. This allowed me space to get connected at a deeper level with the research process, where my position as a researcher could be then seen in relation to the research.

In an interesting way, as I engaged with the research process and gained an understanding of my research participants, I began to feel a sense of commitment to highlight the issues that my participants raised and wanted to find a way to bring about

some kind of change. So in this way, I feel that my research has transformed me personally and professionally. I think that what became apparent to me is that in some way I have initially shaped the research process through my own ontology and epistemology and accordingly through gaining access to my participants' experiences and insight. However, I felt shaped by what I found and experienced as a researcher. It was a reciprocal process of 'giving and receiving'. This type of experience has been affirmed by Reay (2007: 611) when she engaged in her own research. She argued that:

> My most important learning is to acknowledge that research has both its power and limitation for social change and development. I saw its importance in conveying ideas from those who have direct experience of poverty to those who can render action in response to poverty. However, there were a number of times during the data collection when I felt I could do nothing but to empathize with the plight of the participants and assure them that the study would definitely serve as a tool for change if utilised accordingly by policy makers and development implementers.

The awareness of my own subjectivity actually served to make me more aware of the importance of sensing my own interpretation throughout the research process and especially as the categories or codes started to emerge from the participants' interviews.

As well as the issues that have been highlighted above, one issue that was considerably difficult was understanding how the interview process was going to impinge on my participants' time. Finding time to do any activity beside studying and caring is an enormous task for women with a caring responsibility, so my concern was to make sure and to make clear that I would fit in with time slots that were convenient to them rather than with me.

Constant reflection and reviewing was an ongoing process that promoted ethical relationships with my participants. Drawing on feminism as a theoretical stance, made me aware of the power-differential throughout the research process because of my identification with the women as my research participants (Dowling, 2006). Being involved in the research process and data gathering, I was witnessing complex issues that women were telling me about such as: gendered expectations and how they influenced women's negotiations of the carer and student identities; power relationships that shaped women's expectations of themselves and others; and ways in which some have resisted normative frameworks. I witnessed vulnerability as well as resilience, but kept in mind that critical interpretations of what I was witnessing would not patronise or pathologise my research participants and would instead provide an accurate account of my participant's views. It is suggested that:

> The unique contribution of researchers and participants to a project makes them both inseparable parts of the final creation. Both partners might feel significant levels of involvement. Participants feel involved because of the examination of their personal experiences. Researchers are involved because of their in-depth study of the others' experiences and the aspiration to understand them (Miller and Strier, 2009: 279).

The interviews were taped and participants' consent was sought. By taping the interviews, this allowed me the space to be more attentive to participants' stories. I made sure that my research adhered to the British Education Research Association (BERA) professional code of conduct and to Plymouth University ethics committee. As a researcher I was mindful that the insights that I gained from my participants shed light upon their experiences and life history which required strict adherence to ethical protocol such as: informed consent, the right to withdraw, protection from harm, and anonymity and confidentiality. These ethical considerations will be discussed in greater detail later in this chapter.

In summary, being reflexive offered a way of improving the rigour of the research process (Jootun et.al, 2009: 1), which allowed me as a researcher to attend to what I listened to and how I interpreted the participant's views. However, other considerations needed to be attended to during the interview process such as paying attention to the practical and the emotional aspects of conducting the semi-structured interviews that I chose as a research data collection method for this study. The following section will undertake this discussion.

3.3. Research data collection method

Earlier on in this chapter, I offered an articulation of my feminist stance in terms of my constructionist ontology and interpretive epistemology and argued that a relativist position offers me the possibilities to view multiple meanings of realities and that what is perceived to be real depends on the meaning my participants attach to such realities. I reflected on both my researcher position and the importance of engaging in the notion of reflexivity. In this section of the Methodology I will explore the research data collection methods and particular attention will be paid to the technical and the emotional aspects of the interview process. The discussion about the technical aspects of the data collection process will shed light on: the use of semi-structured interviews; the formulation of the research and interview questions; the sample of research participants; the research setting; the research timeframe; and ethical considerations. The discussion of the emotional aspects of the interviews as data collection method will explore the factors that played a role in the interview such as: attentive listening, responding to emotions, and post interview support.

I will commence with the discussion about the technical aspects of the data collection method.

3.3.1 Interviews: The technical dimensions

I used semi-structured in-depth interviews as a method of research as I believed it would encourage mature women carers to draw upon their life histories. Kvale (1983: 147) points out that the qualitative research interview is:

> An interview, whose purpose is to gather descriptions of the life-world of the interviewee with respect to interpretation of the meaning of the described phenomena.

The in-depth qualitative interview can be a means through which a researcher can gather data through face to face interviewing or use of phone interviews. In-depth interviews can be time-consuming due the time it takes to conduct the interview and to transcribe and analyse the data (Cohen et.al., 2007). However, the in-depth interview has a range of benefits in terms of giving the interviewer the opportunity to probe for more information through follow-up questions (Oppdenakker, 2006). It offers a tool through which rich understanding about the attitudes and perceptions of participants regarding specific topics can be gained (Cohen et.al, 2007). It is 'an invaluable method for exploring the construction and negotiation of meaning in a natural setting' (Cohen et.al. 2007: 29), which means that the qualitative interview has advantages over use of questionnaires as a research method. Berg (2007) suggests that the in-depth interview offers a holistic snapshot through analysis of the participant's views and through aiding the interviewees to 'speak in their own voice and express their own thoughts and feelings' (Berg, 2007: 96). The face to face interview specifically is useful in providing access to social cues such as tone of voice, body language and posture which are helpful in offering the interviewer additional information that can enrich the verbal data that the participants offer (Oppdenakker, 2006). Additionally, the in-depth qualitative interview allows the interviewer to build

rapport with interviewees and make them feel comfortable which can lead to generating rich and insightful data and responses from the interviewees (Oppdenakker, 2006).

At the heart of interview-based research is 'an interest in other individuals' stories because they are of worth' (Seidman, 1991: 3). The interview in this study offered an appropriate tool to gain an understanding about the nature of the relationship between the participant's public and private world. In particular I sought to understand, through listening to their interpretations, how my participants (mature women caring for those with learning disabilities) negotiated their roles and identities as students and as carers and how they managed to find time and space to study for their degrees. An important issue that I attended to when thinking about the interviews was to develop interview questions that addressed the research objective, a process that will be discussed in the following section.

3.3.1.1 The research and interview questions

I explained earlier in this thesis that my personal experience of caring and studying compelled me to conduct this research, as well as being in contact with mature students combining care, work and education. Farber (2006) argues that researchers need to be very passionate about and interested in what they are studying as this passion will sustain their engagement with the study. I was also concerned about how the purpose of Higher Education has become primarily defined by the notion of employability, rendering other forms of learning unimportant. This view sits uncomfortably with me as a lecturer because I believe that approaches to teaching in Higher Education needed to encourage and affirm personal life experiences and draw upon their richness and wealth to connect the student life to educational experiences.

I believe that although education will remain instrumental in terms of gaining qualifications, it needs to have a broader purpose and that is to develop more life-affirming approaches to education.

Initially during the doctorate research proposal process (the completion of the RDC2), I developed broader questions such as: How do mature women carers experience participation in Higher Education? What do mature women carers want to achieve by participating in Higher Education? What type of challenges and opportunities do they face in trying to participate in Higher Education? What do these experiences teach universities about how they can better integrate and support these students academically and socially?

At this stage, I found out that there was limited research in Higher Education about the experiences of mature women caring for those with learning disabilities. This realisation helped to identify a gap in research that my study aims to address. I felt that there is a real need to conduct research to understand the experiences of caring and studying for this particular group of students. This is especially important in light of research findings that give an insight into the unique set of challenges that carers for those with learning disabilities encounter due to the considerable time spent caring at an intensive level: the high-level and long-lasting nature of learning disabilities; the lack of respite services; managing the unpredictable nature of learning disabilities; and limited opportunities to engage with social, academic, work and leisure activities. I wanted to highlight the challenges but also draw attention to the transformation that happens in the homeplace in terms of the personal growth that take place as women care for those with learning disabilities.

Having such clear motivation and identifying a gap in research led me to devise more focused, clear, open-ended research questions that were capable of being researched through data collection, were relevant to the wider context and were informed and connected to existing literature and theory. What I found very helpful at this stage was both my wide reading of literature but also the theoretical framework of Gouthro (1998) relating to the homeplace and how it shapes women's educational experiences. Bradley (2001: 574) suggests that good research questions need to be 'stated clearly, are researchable, but also need[s] to involve some concepts relating to either theory or applied context'.

Gouthro's (1998) theoretical framework helped frame the study as a whole and, specifically, was very useful in guiding the design of the interview questions in terms of understanding the nature of the participants' caring labour, how they constructed a sense of their identities and how they experienced relationships with others such as family and friends. I kept the interview questions open-ended to allow the participants to tell me their stories and for me to listen to them.

My new revised key research question evolved into: How do mature women students caring for those with learning disabilities negotiate their roles and identities as carers and students? I also developed a sub question that sought to understand: How does an understanding of their experiences of caregiving in the homeplace clarify how they find time and space to study for their Higher Education degrees? A List of interview questions and how they relate to Gourthro's concept of the homeplace is found in Appendix B.

Once the key research questions and interview questions had been considered, I was conscious of how to go about recruiting a sample of participants who would be willing to participate in my research.

<u>3.3.1.2 The research participants</u>

I managed to recruit four mature women caring for children with learning disabilities who were undergraduate students in the final year of their degree. The rationale for choosing to interview students at Level 6 of their degrees was based on the view that by the final year, students have accumulated experiences of managing care and education and experienced various responses that have shaped their educational journey, which would provide rich data. I set criteria for my sampling where 'the participant would be chosen because they have particular features or characteristics which will enable detailed exploration and understanding of the central themes and puzzles which the researcher wishes to study' (Ritchie and Lewis, 2003: 78). These criteria were that the participants needed to be: women, mature, caring for those with learning disabilities, undergraduate students in their final year of their studies. It is proposed that an important criterion for selecting a research sample is that they have experienced the phenomena under study, are interested in taking part in the study and grant the researcher permission to use the data in the dissertation (Dahlberg, et.al. 2008). I believe that the sample met these criteria. The participants had in common their experiences of caring for those with learning disabilities whilst studying; however, each participant had their own unique experiences in terms of how they negotiated their roles and identities as carers and as students.

I recruited the research sample by using the snowballing sampling approach which involves asking students that have volunteered to participate in identifying other

students who fit the selection criteria. I used various strategies to recruit participants, such as flyers that were placed on student notice boards and Students Union boards. I emailed various departments in universities in the hope of gaining the attention of a broader student cohort. I was hoping to access a diverse group as representative as possible in terms class, gender, ethnicity and race. I posted Participant Information Sheets via the cohorts' email codes (to protect individual identities) and suggested that students contact me directly should they wish to know more and/or to accept the invitation to participate.

I explained in detail in the Participant Information Sheet about: the purpose of the research, the voluntary nature of participation, the process of interviewing and maintenance of confidentiality and anonymity. I informed the participants that I would conduct two interviews; the first to take approximately one hour, in a mutually agreed and appropriate location on campus. I explained that the interviews would be audio-recorded so that I could capture their views accurately and that they had the right to request that the recording machine be turned off at any point during the interviewing process. I also requested to conduct a second interview where I would present them with a summary of their interview from the first interview and ask them to comment on it to ensure that I had accurately represented their views. I confirmed that the second interview would also provide a further opportunity to share any further reflections since the first interview.

I planned to involve a small number of participants because the aim of my qualitative research was to collect detailed, rich and extensive information about each participant as the intention was 'not to generalise the information, but to elucidate, the specific' (Pinnergar and Daynes, 2007). Furthermore, the sample needed to be kept reasonably small, because qualitative research is very intensive and therefore it would be very

difficult to manage, within the research time framework, to conduct large numbers of interviews. I was eventually successful in recruiting four students from two South West universities which added richness to my data, because the participants had experience from two different Higher Education Institutions and brought with them a wealth of information about a range of factors that shaped their experiences of participation in these different settings.

The participants who responded to the recruitment request were white mature women who were caring for children who have learning disabilities and autism and who were studying courses in social sciences. Through self-reporting, three of them identified themselves as middle class and one as working class. The participants were all married and lived in close proximity to their mothers and fathers. Three of them had a sibling but their sibling lived far away from them in other part of the country. They had all lived in the same locations for a considerable time. All of the participants were students and none of them were working outside the home when the study was conducted. The husbands of two of the students from middle class backgrounds had professional jobs and worked locally, while the husband of the third participant from a middle class background worked away from home, travelling during the week. The husband of the participant from a working class background worked in a non-professional job. The participants' children's disabilities varied in terms of the severity from mild learning disabilities to severe learning disabilities where they encounter challenging behaviour. Two of the participants were close friends and reported that their friendship has developed through their shared caring experiences and through belonging to carers groups in their local area. All the participants were given pseudonyms for confidentiality reasons.

The following is outline of their profiles:

Sarah: Age late twenties, white, working class, married with a 7-year-old son.

Dawn: Age mid-thirties, white, middle class, married with a 7-year-old daughter.

Emma: Age early thirties, white, middle class, married with a 5-year-old daughter.

Helen: Age late thirties, white, middle class, married with an 8-year-old son.

I anticipated that my research would gain rich data from the participants, but I needed to prepare an appropriate interview setting. I wanted to conduct the interview in an environment where interruption was minimal and the location was acceptable and preferable to the participants.

3.3.1.3 The research setting

The interview setting and location was negotiated with the research participants in terms of where they felt comfortable to discuss issues relating to caring and studying. I offered various possible sites for conducting the interview, but all the participants preferred the university setting as a site for the interview. They gave various reasons for this, including: they would be able to combine doing the interview with an academic task such as visiting the university library to borrow academic books, or to combine it with visiting a friend who lives near the university, or being in a place where they do not get interrupted by their families and caring responsibilities. These views show the complexities of their lives and how time is managed carefully. Giving the participants the opportunity to choose the location was good strategy because it gave them the freedom to choose a location that fitted in better with their lives.

Elwood and Martin (2000: 657) point out that:

> Participants who are given a choice about where they will be interviewed may
> feel more empowered in their interaction with the researcher, and the

researcher has an opportunity to examine participant's choice for clues about social geographies of the places where research is carried out.

I carried out the research interviews myself in private locations in educational institutions. They took place at a time and a day that was suitable to the participants because they were not required at university for lectures and on a day and they could get support for someone to look after their children. The interview location was quiet which meant the atmosphere was calm and conducive to having conversations with my participants. The participants seemed comfortable in the interview environment and that may relate to their familiarity with university context as students in Higher Education.

Once the setting location was considered, the research needed to stay within an appropriate time frame.

3.3.1.4 The research time frame

This study was carried out as a professional doctorate in education research project. I started the doctorate in education programme in 2012. I started the doctorate thesis stage in 2016 after successfully completing the taught modules of the doctorate. I received ethical approval at the end of February 2017 and started to plan the data collection stage. I submitted the thesis for the viva examination in May 2019. I aimed to submit the thesis in April 2020 after addressing the viva examination feedback and corrections. The study required an appropriate time frame to allow time for accessing participants, data collection, data analysis and writing. The main aim was to have sufficient participants to interview within the time frame proposed for this research.

In summary to the discussion about the technical aspect of my research, I chose to conduct semi-structured interviews, I made sure that the research question was clear

and that the interviews question were able to answer the research aim and objectives, I selected the sample of participants, and took consideration of the research setting and time frame. All these issues were very important in terms of the study design, but one of the most important aspects of the research was gaining ethical clearance as well as adhering to ethical protocol.

3.3.1.5 The ethical considerations

I gained ethical clearance prior to commencing gaining access to my participants.

From the start of the recruitment process, and guided by advice put forward by various scholars (Bravo-Moreno, 2003; Dawson and Kass, 2005), I was aware that at that stage control over the research process lay with me as a researcher in terms of how to introduce the research aims to the participants in order to engage their cooperation (Bravo-Moreno, 2003). The aim at that stage was to recruit potential participants to take part in my research and share with me their knowledge as well as their personal experiences of caring and studying. I was dependent on the participants to give their consent and I helped this process by providing information about the research objectives and about me as a researcher. I held knowledge about the aim of the research and my participants held the knowledge and experience that was needed for me to carry out my study; hence, negotiation between us was very necessary to allow my participants to decide voluntarily whether they wanted to take part or not. The process of gaining participants' consent was undertaken after my ethics application had been approved by the university ethics committee which was a rigorous process. This process ensures that honesty is adhered to in terms of explaining the research aim and objectives and what is required of the participants without obscuring any information.

I made sure that my research adhered to the British Education Research Association of (BERA) professional code of conduct and to Plymouth University ethics committee.

Informed consent was sought prior to participation in the research and I made sure that consent was given voluntarily and without any coercion. The consent was obtained in written understandable format. The consent form was completed and given back to me by the participants at the time of the first interview. The Informed Consent form provided the participants with details about: the research purpose, any potential benefits that would be gained from the conducted research, and the risks that may have been involved. I advised the participants that they were free to withdraw from the research at any point up to the analysis of the data, without any adverse consequences and that any data related to them would be destroyed if they requested such action within that time. I explained before the interview that support would be available should the interviewee became emotionally distressed recalling their experiences, especially when talking about their struggles. Time and tissues were allowed for with regards to any upset felt during or immediately after the interview. Information was given to the participants, should they have felt they needed to talk to someone after the interview about accessing appropriate support services. I also offered information about independent local services should the participants prefer to seek support from external sources. The Informed Consent form was accompanied by information sheets that set out for participants: the purpose of the research; information about the researcher and how they would be contacted; the voluntary nature of participation in the research; the expectations of the research from the research participants; the confidential and anonymous nature of the research and how the findings would be used. Gate Keeper consent was sought prior to accessing the participants.

As well as informed consent, the right to withdraw criteria were adhered to. At the onset of the research, the research participants were informed that they had the right to withdraw from the research at any time without any obligation or negative consequences. The next ethical criterion that I aimed to address was 'protection from harm'.

As a researcher, I made sure to the best of my ability that taking part in my research was not going to cause the participants any physical or mental distress. The research complied with the UK Data Protection Act 1998 and the Freedom of Information Act 2000 to manage personal information. The participants were given information about who to contact in the event of any stressful issue arising during the research process if such an issue could not be resolved by the researcher. Should it have been appropriate to respond with compassion and 'active listening', then I was going to utilise my skills as a qualified life coach and as an experienced adult educator. All participants were informed, as explained above, about professional services which can offer appropriate support above and beyond my abilities within the interview, or should the participant have found subsequent emotional consequences arising afterwards.

Finally, I addressed the notion of anonymity and confidentiality. All participants were assured of anonymity and confidentiality. Anonymity was ensured by changing all real names (people, places and settings) so that any person reading the research narratives would not be able to identify the participants as contributors to the research. Participants were informed that the data would not be discussed with third-parties or non-participants and would only be shared (if appropriate) with my research supervisors, and the examiners of my thesis. The data was anonymised and stored on a password protected computer. All paper data was stored in a locked cabinet. The

data is to be kept for ten years then destroyed. Participants were informed, prior to the interview starting, that the only exception to the confidentiality agreement above was that if any information were disclosed about acts of abuse or neglect of vulnerable others, action might have to be taken to inform appropriate authorities. I would like to note that the ethics forms (Participant Information Sheet, Informed Consent sheet and Application for Ethical Approval of Research) are in placed in Appendix C.

3.3.2 Interviews: The emotional dimensions

I used semi-structured interviews where I asked the four participants open-ended questions and let other questions emerge from my dialogue with them. Although there was a set of guidance in terms of the question asked, the participant's responses to the questions gave me the flexibility to ask further questions that probed areas that had arisen. I planned to conduct 50-minute interviews, but some lasted over an hour. The interviews produced rich data.

What I sought to achieve through the interviews was for the women to tell their stories and for me to listen. I understood that by listening to my participants telling their stories, 'a space is offered where details of the women's lives can be understood as the stories become a meaning–making process' (Seidman, 1991: x1). As I was seeking to understand how my participants interpreted their realities, I anticipated different interpretations that reflected diverse and differing realities; this was the result of my epistemological stance that viewed 'the social world as an interpreted world' (Altheide and Johnson, 1994: 489). Although the research participants shared similar experiences of care, each had a unique set of circumstance through which their experiences of care had been filtered. The participant's experiences of caring and studying deserved my full attention.

The participants talked about their experience of caring in the homeplace and how they managed caring and studying. They gave me time to enrich my understanding, and I felt I wanted to give them my time to appreciate their contributions. My role as a feminist researcher was to listen to my participants' stories. I listened actively and attentively and showed them signs of my engagement and interest in what they were telling me. I nodded and sought clarification from my participants when I needed to probe an issue of importance that had arisen during the interview. I watched their facial expression and their body language for signs that gave me indications about how they felt about a particular topic. I also found myself, saying 'yes, I understand' as a way of encouraging them to continue the thread of their conversation.

I listened to what was said and what was not said. I was interested in understanding both the articulated experiences and the hidden and unarticulated knowledge of my participants' experiences of caring and studying. I wanted to acknowledge and raise awareness of their interpretations and the meaning they attach to their experiences. For example, in my interview with Sarah, she used the phrase 'do you see what I mean' several times during the interview. When I asked about how caring affected her studies and whether she talked about it with others she said that:

> I honestly don't discuss my caring responsibilities with anyone at the university, because I don't think anyone will understand where I am coming from, *do you see what I mean.* (Sarah)

As a feminist researcher, I needed to honour the meaning of the 'do you see what I mean' phrase that was placed at the end of the participant's conversation, I needed to include this type of language in the analysis of her experience rather than just omit such insight. My participant's reassurance-seeking phrase indicated that she wanted

to be understood; such a phrase compelled me as an interviewer to take notice of what Sarah was saying and try to gain more clarity about the issues she was experiencing. Hesse-Biber and Leavy (2006: 133) argue that:

> A feminist perspective regarding in-depth interviewing would see the interview process as a *co-creation of meaning.* The researcher must stay on his or her toes and listen intently to what the interviewee has to say.

I sensed and heard that the disclosure of Sarah's caring responsibilities to others was problematic to her, and as a researcher I needed to delve deeper and allow my participant to reveal her concerns and make them more visible in order to gain better clarity about her lived experiences. She was willing to talk about the issue of the disclosure of her identity as carer with me.

Listening attentively to what my participants were saying was important so that I could attend to my participants' feelings and non-verbal communication that may have arisen during the interview process. Asking someone to talk about their own experiences is like inviting them to 'translate their sense of self into language' (Birch and Miller, 2000: 192). A language which can be spoken or unspoken, but none the less the language conveys messages that shed light on the participants' varied experiences. These experiences are noteworthy.

It was interesting to notice how the language that is spoken and the non-verbal communication that accompanied the language cemented better understanding of my participants' experiences. For example, during one interview the participant (Emma) highlighted that engaging in her studies gave her a voice to discuss assertively her childcare needs with health professionals. Emma mentioned that prior to undertaking her studies she was shy and found that her husband often took the lead in conversation when in meetings. I could sense Emma's sense of empowerment

because as she spoke about being more vocal and being more assertive about her child's rights, she appeared to elongate her posture and sit straight in the chair as if the inner transformation she was experiencing given her strength to make herself more visible and noticeable.

I had a similar transformational experience myself after I gained my qualification where my ability to express my views about my child's rights for health and Social Welfare provision became better articulated and were supported by research findings to support my request for respite. I understood my participant's position about experiencing marginality prior to her qualification. My personal biography as a researcher in terms of class position, race, ethnicity and gender filters a particular understanding of the world. I have a southern hemisphere cultural background. This epistemological stance influences my position as a researcher. I view knowledge as socially situated and within this construction, I view marginalised groups as being in a position to question the reason for their marginality, and I see them as being more aware of their position in society than non-marginalised groups (Collins, 1990; Harding, 1991; Hartsock, 2004). This awareness of their position gives oppressed groups clarity about their social realties much more than those with privileged position. There is a reason, then, to suggest that my research is richer because the marginal and invisible position of mature women with caring responsibility as a group in society puts them in a position that is well poised to critique these social arrangements. Listening to my participants' stories revealed the macro processes that shaped their experiences and at the same time offered an insight into how they responded to these constraints creatively.

Throughout the interviews, I maintained my active listening and I gave the participants all the time they needed and did not interrupt the flow of their conversation. Although

I had a list of questions that I needed to ask them, I remained flexible and open to gaining deeper understanding of their concerns. This flexibility given me rich data that went beyond the semi-structured questions that I was planning to ask. With such openness by both the participants and myself I came to experience of range of emotions.

3.3.2.2 Responding to emotion

I experienced a variety of emotions as I interviewed, such as feelings of gratitude toward the participants, feeling touched by their stories, sensing their frustration about their positions, experiencing a sense of uplift as they smiled, and feeling tearful when hearing their sense of sorrow and deep affection to their children who have learning disabilities. I sensed that my emotion was present in my research rather than totally removed from it.

As a feminist researcher conducting an in-depth interview, I would find leaving my biographical experience of caring and my emotionality behind as being extremely difficult to do. These aspects were part of my research journey that helped me to learn a great deal about my participants' experiences as well as learning great deal about myself. Emotional dimensions of researchers as they conduct their research have been recognised as adding greater value to research (Holland 2007; Mitchell and Irvine, 2008). As a researcher I cannot be disembodied, detached and distant (Holland 2007; Mitchell and Irvine, 2008). My knowledge and emotion help me construct meaning about my social world and offer me an intuitive insight into how others experience the world (Hubbard, Backett-Milburn and Kemmer, 2001). I am present in the world that I am studying as Heidegger (cited in Watts, 2001: 12) proposes:

I cannot look at the world objectively because the world is not, and cannot possibly be, outside of me, since I am - and always have been since birth - in the world existing as part of it. I am inextricably linked to all other entities in the world-wide web of significance.

My participants and I share similarities, they are mature women and their children have learning disabilities and autism, this shortened the social distance between us which helped the data that I obtained to be richer and more insightful (Oakley, 1992: 55). Using my personal experiences and my emotion allowed me to remove the hierarchal relationship with my participants and, in doing so, they opened up and started to talk about their experiences with me without feeling that they would be misrepresented or judged. For example, one participant commented on the love of her child and how the child had enriched and transformed her life. I could feel her eyes filling up with tears. When I reached out for a tissue and offered it to her to wipe her tears, I could see that she witnessed that I myself took a tissue and wiped my tears. It felt like we were united by our love and labour to our children who have learning disabilities. This show of sympathy was noted by my participant as she reached out and patted my hands in united understanding of our identities as mothers for those with learning disabilities. At that moment my participant and I experienced a reciprocal understanding of each other's positions and emotions. We share a similar 'turning point 'of our lives which is the birth and experiences of the caring for our children who have learning disabilities. Van Krieken (1998 cited in Perry, et.al. 2004) points out that: 'As human beings, studying a social world of which they are a part, researchers are inevitably emotionally involved with their subject of study'.

A reciprocal and a non-hierarchical approach to interviewing helped me to distance myself from a masculine approach to interviewing that requires the detachment of the researcher from the research object. Instead of being a detached observer, I actually

shared some of my experiences when the participants asked me questions at the end of the interview about my own experiences of caring and studying. I gave them an honest answer and gave them my time as a reciprocal gesture of gratitude for the time that they had given to me. For example, one participant was curious about how I managed to gain health and social care support for my own child that allowed me to care, work and study. She thanked me and said that she appreciated the supportive information that I forwarded to her. Being empathic and supportive made the participants feel heard and validated (Dickson-Swift et al., 2007).

For me, it felt appropriate to self-disclose and be reciprocal in terms of my interaction with my research participants as it showed that I too have experienced caring for a child with learning disabilities and, in doing so, I showed appreciation and respect to the participants' experiences. Disclosing information about my caring responsibilities to my participants may have been beneficial in terms of building trust and willingness on their behalf to share their stories (Dickson-Swift et al., 2007). One participant commented that it had been easier to talk to me about her experiences, more than for example talking about them with others who have no caring responsibilities. This reflects that familiarity of the researcher with the topic of research can put the participants at ease to explore their views because they feel understood (Darra, 2008).

By showing interest, understanding and empathy in my participants' views, I was hoping that I helped them to feel valued, protected and less worried about my position as a researcher (Dickson-Swift et al., 2007). The notion of 'it is good to talk' comes to mind when hierarchies are eliminated. Building rapport with research participants helps to build positive research relationships. The significance of building rapport with the interviewee has been acknowledged by feminist researchers (Oakley, 1981;

Stanley and Wise, 1993). The supportive stance that I offered during the interview carried on to the post interview period.

3.3.2.3 Post interview support

As a researcher I ensured to the best of my ability that taking part in my research would not cause the participants any physical or mental distress. I was attentive, welcoming, compassionate and showed my appreciation for the participants' contribution to the research. The research complied with doctorate ethical protocol as highlighted in details earlier in this chapter. The research also complied with the UK Data Protection Act 1998 and the Freedom of Information Act 2000 in the management of personal information. The participants were given information about who to contact in the event of any stressful issues arising during the research process if such issues could not be resolved by the researcher. All participants were informed about professional services which could offer appropriate support above and beyond my abilities within the interview, or should the participant find subsequent emotional consequences arising afterwards. I informed them that a summary of their interview transcripts would be offered to them so that they would have the opportunity to make changes if required and I confirmed that the final copies of the thesis would be available to read.

In summary, I made sure that the research participants were supported through active listening, building of rapport and post interview support. Yet, the data gathering process was not entirely smooth as I faced some challenges as will be explored in the following section.

3.4 Reflection on the challenges of the data gathering process

After my first interviews with my four participants that took place after the first semester of their degrees, I informed my participants that I would require to follow-up the first interviews with a phone conversation in order to seek further verification of their views on the accuracy of the first interviews and also in case I needed to delve deeper and gain further understanding of the issues that had arisen from my analysis of the first interview. At that stage, they all agreed that they were happy to have a phone interview as long as they were able to do so taking into consideration their engagement with their studies and their caring commitment. I thanked them and I told them that I understood and that I would contact them in due course to arrange to talk to them.

I transcribed and analysed my first interviews scripts and gained rich data, but realised that I needed to delve deeper in some areas to gain more information. I therefore contacted my participants again seeking to arrange a phone interview with them as discussed in the earlier stages of data collection. However, they did not respond at this stage, despite the various attempts I made to contact them. My personal explanation for their lack of response to my request for the second phone interview is that, when I called them, they would have been extremely busy academically due to nearing completion of their final coursework and their dissertations as they were students in the third year of their degree. Furthermore, some of them might have been getting ready to consider progressing with their academic studies which required a great deal of planning. I know from conversations with them that two of the women were thinking about progressing to engage in a Masters programme. Furthermore, I know from my own personal experiences of caring and studying that caring for children with learning disabilities can absorb every possible trace of time available and I actually understood their position in that respect very well. I think the other issue that

may have played a role in their lack of response could also be that they might have found it difficult to source babysitters or a family member to look after their children while they took time to have a phone interview. I base this explanation on my own experience because I have been in a similar situation when I was asked to be interviewed for a research project and my biggest problem was who would look after my child while I was talking on the phone. In terms of seeking babysitters or someone to look after a child with learning disabilities; it requires a person who has knowledge of learning disabilities and hence it can be problematic because not everyone knows how to care for a child with complex needs. These factors may have played a role in explaining my participants' lack of availability to have further contact and conversations.

Luckily later and acting on my doctorate supervisors' feedback on the first draft of my thesis, I contacted two participants in early January 2019 in order to gain more information about their first interviews and gain further clarity about issues that had arisen from their responses to the questions posed that needed further clarification and deeper analysis. Fortunately, this time the two participants gave me the opportunity to conduct a second interview which enriched the data for my research considerably. I was very pleased at the end of my study to have managed to conduct four full interviews and two phone interviews. This is a small amount of data, but the data is rich, illuminating and informative and was sufficient to pursue and address the research key question which was to find out about how mature women students caring for those with learning disabilities negotiate their roles and identities as carers and students. But I must admit that I found the process of trying to access data from my participants to be extremely challenging and it caused me a great deal of stress. This stress was exacerbated by my own challenges of finding time to research and study

due to my own very busy personal life, caring, working full time as a university lecturer as well as studying for the doctorate programme. I am very grateful that my participants contributed to my knowledge and understanding of their experiences that contributed to my doctorate research. I made sure that the process and location of the interviews were suitable to facilitate their engagement with my research as discussed earlier.

The following section will explore how the data was analysed.

3.5 Data analysis

In seeking to analyse the data for my research I sought the advice that was given by Denscombe (2007). I found Denscombe's explanations of the main four principles of data analysis very helpful to follow as a guide. Firstly, I understood and made sure that the analysis of the data and conclusions that I drew from the research were rooted in the data that I collected. This strategy, Descombe (2007: 287) argued, is 'In direct contrast to armchair theorising and abstract reasoning, there is commitment to "grounding" all analysis and conclusion directly in the evidence that has been collected.'

The second principle of data analysis relates very closely to the first one, and I made sure that my explanation of the data came out from my own careful reading of the data. However, Denscombe (2007: 287) pointed out that 'This does not mean that the data "speak for themselves" or that their meaning is self-evident, this would be a naive approach.' This meant that exploring the meaning of qualitative data required a process of interpretation, where I produced meaning out of the 'raw' data that I collected from the interviews. This required that I develop my explanation of the mature women's caring experiences of their homeplace by examining very closely the data that I had collected.

The third of Denscombe's (2007) data analysis principles that I followed was that I made sure that I avoided the introduction of any unwarranted preconceptions into the analysis of the data that I collected. This step was important because it did not allow any personal prejudices or biases to influence the data interpretation.

The fourth principle, was that the data analysis process involved an 'iterative process' Denscombe (2007: 288). This meant that I made sure to go back and forth over the data to compare codes, categories and the concepts that were being utilised. Denscombe (2007: 288) pointed out that 'Most qualitative researchers prefer to move from the data to the theory and from the particular to the general.' I tried to discover meanings from the collected data in order to generate conceptual understanding grounded on what the research data contained. This necessitated that I move from the particular feature my participant's interpretations of their experiences towards more generalised conclusions.

The application of these principles served me well. Then, I started to think about the procedure of data analysis and found that again there seems to be an agreement by many research texts that following a logical order is helpful in terms of processing qualitative data: preparation of the data; familiarity with the data; interpreting the data through developing codes, categories and concepts; verifying the data and finally representing the data (Kvale 1996, Denscombe, 2007, Bryman, 2008). I initially went about the process logically and systematically, which meant that I completed each stage before moving to the next, but this was not sequential as it was suggested because on many occasions I had to go back and forth between the stages in order to verify the data. I was reminded, then, of the 'iterative' nature of data analysis. Some commentators refer to revisiting the data as the 'data analysis spiral' (Dey, 1993: 53).

I had four full interviews to transcribe; then I managed to have further two telephone interviews which I transcribed to make sure that I accurately understood and conveyed the participants' views. I returned several times to the transcripts to delve deeper to find out information that would further enrich my data. As soon as I conducted the interviews, I kept the recording in a secure place. Before I transcribed the interviews, I made sure to remember to include a wide margin to the right-hand side of the pages of the transcription to allow me to comment on the relevant point being raised. I then referenced each transcription and gave the participants pseudonyms in compliance with ethics procedures.

Once I had prepared the data I began to immerse and familiarise myself with the data. In this stage I listened and re-listened to the recorded interviews. This entailed getting a feel of what the participant said, what was observed, and what was portrayed through the data. Initially I read the data superficially, just to get a broad view of ideas that had arisen from the data. Then I returned to the data and tried to cross reference with some of my own field notes to contextualise it. I thought about the time that the interview was conducted, the participant's chosen location to conduct the interview, and any factors that might have had influence on what was said during the interviews.

Then I transcribed the data. I tried to capture what the participants said in the transcript, but it was not easy; my recorder was old and sometimes it was hard for me to hear some elements of the interview. Retrospectively thinking, I should have tested the recorder myself and listened to my own recording, but I always feel under pressure, always time-poor and constantly juggling commitments. The good thing is that only one interview was partially affected, while the other three were clear. Also, I think that when I was interviewing the whole encounter seemed alive and immediate, while transcripts do not have that quality. Kvale (1996) argued that the interview is a social

encounter and the transcription of the interview, however detailed, may not convey adequately the event. With this in mind I went back several times to the original recording to get a better feel of what was being said. I read and re-read the transcription of the interviews. I did make short notes after the interviews that summarised briefly my participant's facial expressions and body language when they were discussing issues relating to their caregiving experience. The notes helped me to understand the emotion that was being conveyed in relation to their feelings about those they cared for. I gained meaning of what I heard and saw. However, at this stage I did not code the data.

Once I had prepared and familiarised myself with the data, I began to produce my initial codes of the data. Codes are 'tags or labels that are attached to the raw data' (Denscombe, 2007: 292). I coded the data manually. I used a colour coding strategy by using highlighters to note my codes. I followed a systematic coding of all the data. At this stage I was looking for as many potential codes as possible. I ended up with a long list of different codes. Then I moved to categorise the codes by grouping them into categories. A category act as 'an umbrella term under which a number of individual codes can be placed' (Denscombe, 2007:292).

The next task that I undertook was to start to search for themes. I started to look for a broad identification of potential themes that emerged through sorting the different codes. I began to identify relationships between the codes or categories of the data. I identified the themes and the relationships among the codes and categories. The themes that emerged were made up initially of subsets of codes. Finally, I began to review the themes that had emerged, and found that some themes collapsed into other themes.

I analysed the data using the theoretical framework developed by Gouthro (1998). I analysed the participants' responses about their caregiving experiences in their homeplace in terms of their caring labour, their identity and relationships with others (Gouthro, 1998). A diagram of interview questions and themes of analysis can be found in appendix (B). The use of Gouthro's (1998) notion of the homeplace was helpful when analysing the participant's responses, because it shed light on how their experiences of caregiving in their homeplace had an impact on their educational experiences (Gouthro, 1998). This in turn helped in answering my key research question research which was to find out about how mature women students caring for those with learning disabilities negotiate their roles and identities as carers and students. A diagram of the final themes that arose from analysing the participant responses can be found in Appendix A.

In the following chapter I provide the findings and data analysis and discussion of participants' views.

Chapter 4 Findings, analysis and discussion

The research aim is to understand how mature women students caring for those with learning disabilities negotiate their roles and identities as carers and students; particularly, how their caregiving experiences within their homeplace have impacted upon their personal experiences of finding time and space to study for their Higher Education degrees. The analysis of the participants' responses in this chapter is underpinned by the theoretical framework that suggests that the homeplace is a site of living and learning where women's experience of their domestic and caring labour, their identities and their relationship shapes their educational experiences (Gouthro, 1998). The analysis is structured in accordance to the theoretical framework and the themes that have arisen from the questions that have been posed. The analysis of findings is structured as follows:

The caring labour: Caring as emotional labour

Identities: Caring as constrained to identities

Relationships: Caring as negotiation of relationships

The findings of this study indicate that the mature women students' experiences of caregiving in their homeplace and of Higher Education study were experienced as having pressurising and precious dimensions. In this chapter the pressured and the precious aspect of the participants' experiences will be discussed. Part one will shed light on how the caring labour in the homeplace has been constructed, how identities were experienced. Part two of the data analysis chapter will attend to how relationships with family and wider network community were navigated by the research participants.

4.1 The homeplace and university as pressured experiences

In part one of this chapter, the participants' construction of their experiences of caregiving in the homeplace and its implication for their studies in Higher Education will be analysed and put forward. The participants' accounts highlight that their caregiving experiences within the homeplace have been constructed by them as being pressured due to experiencing caregiving as an emotional labour and caregiving as a restriction to their identities.

Caregiving as an emotional labour is constructed by participants in terms of viewing their caring responsibility through: caring for and caring about, as kinships and personal duty, and as demands from the institutions of the family and education.

Caregiving as a restriction to identities is constructed by the participants in terms of experiencing: invisibility, time poverty, guilt, unpredictability, problematic disclosure and perseverance to study. These experiences had an impact on how they experienced their homeplace and participation in Higher Education.

4.1.1 Caregiving as emotional labour

The participants in this study have identified that their caring labour was intensive and put pressure upon them which had implications for how they negotiated their carer and student identities and their opportunities to find time and space to study for their Higher Education studies. Experience of caring as emotional labour was filtered through the participants' experience of: caring as loving and labouring, as kinships and personal duty, and as demands from the institutions of the family and education. All these aspects of experience will be analysed in the following discussions.

Participant experiences of informal caring in their homeplace demonstrated that they are committed and engaged in emotional caring that entails both aspects of 'caring for' as well as 'caring about'. The participants' daily encounters of caring in their homeplace involved an intense level of provision of personal and practical assistance intertwined with expression of deep affection and love to those they care for, as indicated below:

> So, my typical day starts at 5 am because my daughter (Lillie) wakes up very early. We have a set routine, I begin by preparing breakfast, followed by personal care, I must do most of the bathing because she can't really wash the soap off her, as an example. After the personal care, I help her to dress, she needs to be prompted all the time, then I make sure that her nails are cut short, so she doesn't scratch herself; I make sure that her room is free of dust because she (her child) is allergic to dust...I reassure her all the time, she needs lots of reassurance, otherwise she gets anxious... I must say that I feel exhausted at the end of the day, it feels that I haven't stopped from 'dawn till to dusk, they say women's work never ends, I feel so much under pressure. (Emma)

The pressure that the participants felt as a consequence of the intensive caring responsibilities impacted upon available time and energy left to pursue their studies, as shown by the participant views below:

> Adam (the son), needs to be lifted as he has very limited mobility. I lift him to change his bedding every day, I lift him to give him a bath, I lift him when we get in and out of cars to go shopping or go out to the park, it is very physical and emotional work, I don't really mind, I am his mother and I will do anything to help him, although I do feel strained by continually caring and have little energy to do my studies. (Sarah)

All the participants talked about the constant involvement in caring for their children in their homeplace as being very pressurising aspects of their lives that occupy a significant portion of their daily realties of caring for those with learning disabilities. The participants' accounts highlight the caring activities involved: feeding, dressing,

bathing, transportation, shopping, preparing meals, house work, responding to correspondence, visits to the doctors, meeting with health and Social Welfare professionals, face to face communication with their children, mentally stimulating activities, supervision of activities, keeping their children safe, hugging, comforting, soothing, and reassuring. The aforementioned construction of participants' caregiving roles and responsibilities highlights the complex and demanding aspects of caring for those with learning disabilities. This is similar to other researchers' findings who investigated the level and intensity of caring activities carers were involved with daily and the impact of such intense involvement upon carer's wellbeing (Bittman et al., 2004; Fitzpatrick and Dowling, 2007; Arber and Venn, 2011). Caregiving is a dynamic activity that will vary in intensity and duration and it is characterised by both physical and emotional exhaustion (Caserta et. al., 2013). The evolving and changing nature of caregiving intensity and carers' involvement in both the practical and emotional aspects of caring is referred to by commenters as caregiving career (Montgomery and Hatch, 1986). Caring has an immediate as well as a prolonged effect on those who care. There may be worries and concern that the carer's experiences do not have a time limit; they may worry at present but may also be concerned for the future in case they themselves become incapacitated by illness and old age and are unable to meet the needs of those with learning disabilities. Concerns about their ability to care for now and in the future was articulated by the participants. There is a sense of urgency and a need for forward planning for the future that seemed to cause the participants to experience considerable stress and at times loss of sleep.

The participants also explained how caregiving often disrupts their sleep patterns because they need to monitor and attend to their children's physical and psychological needs when they wake up during the night as demonstrated below:

> Caring is consuming emotionally and physically. I find the night time especially difficult because I am constantly up and down and sometimes I only sleep few hours which can be exhausting. (Helen)

Caregiving at night has been found to be detrimental to carers' sleep patterns due to attending emotionally and physically to the care-receivers' needs (Arber and Venn, 2011)

Another participant talked about the emotional impact of constantly worrying about her child when she said:

> I worry all time about her and the worry cause me so much stress, it is difficult to explain how consuming worrying is. (Dawn)

These findings align with studies that have suggest that parents who care for a child with physical and intellectual learning disabilities have been found to experience higher level of stress, anxiety and worries than those who care for normally developing children (Rayner and Moore, 2007). One participant (Dawn) mentioned that the support offered by her family and in particular her mother was invaluable in terms of reducing the stress level that she experienced due to caring but she pointed out that formal support would be great if she could access it because she can't continue to rely only on her mother for support as her mother is getting older herself. This highlights the importance for carers to access formal support mechanisms such as Social Welfare provision aimed at supporting carers as well as support from their universities. Yet, accessibility to Social Welfare services is not found by many carers to be a straightforward process because there are various barriers that hinder access to formal support (Brimblecombe et al., 2017). One key barrier relates to availability of services (Brimblecombe et al., 2017). Even when the care needs have been assessed by a local authority, the care-recipient often either receives no services or does not

receive enough. Sometimes services may have been cut or closed altogether (Brimblecombe et al., 2017).

Carers, and in particular mothers, wish to care for their children in the family home; however, they often feel unsupported to realise this wish (Redmond and Richardson, 2003). It is suggested that mothers of those with severe learning disabilities and life threating illnesses refer to the process of gaining valuable information about health services for learning disabilities and acute medical health issues as being 'haphazard' and that most of the services that are offered to them are experienced as difficult to attain, uncoordinated and unreliable (Redmond and Richardson, 2003). Caring is gendered and in the absence of structural support, women will continue to struggle with the intensive emotional labour they are involved with through caring for those with learning disabilities. The higher demands of caring for a child with a disability combined with inadequate social support from health and Social Welfare professionals have been found to exacerbate carers' experiences of stress and feelings of being overburdened (Redmond and Richardson, 2003).

Additionally, affordability to purchase private care services as an alternative form of support for carers may not be experienced evenly by carers because those who can afford to privately finance and fund services such as physiotherapy, sensory services, and babysitting and respite-break opportunities are at a more advantaged position than those who come from lower socioeconomic strata with limited financial resources. Carers from poor backgrounds who depend on state intervention and support, lack choice and flexibility in terms of how to juggle caring and work or study. Caring without formal support will continue to limit a carer's ability to perform activities that require them to free time from care, such as engagement in education or paid work. Marandet and Wainwright (2010) have found out in their studies of student's caring for their

families that they experienced high levels of stress and shortage of time to study especially when they were also engaged in paid employment. Limited access to opportunities in the public sphere such as education and paid work will remove carers from seeking academic and work fulfilment, stimulation and, friendships.

As well as the above issue relating to the caring labour, caring needs are not static and the level of engagement in caring might change as the needs of the care-receiver alter. Due to advances in medical technology, people with intellectual disabilities are living longer than they did in the past, which means that an increasing number of elderly parents will continue to care for their children who have learning disabilities well into older age (Department of Health**,** 2001). Great numbers of people with intellectual and learning dishabilles only become known to relevant statuary agencies when their families face crises (Department of Health, 2001**)** As parents continue to care for those with learning disabilities, they will begin to face their own health and social support needs. This study's feminist stance proposes that we need to view the implication of caring as emotional labour not just through current experiences of care that carers are involved with, but through viewing long-term implications of caregiving for carers as they and those they care for get older. Caring for others without being supported by state provision will diminish carers' opportunities to care for themselves.

Caregiving labour was described by the participants in this study as being very demanding because it involved practical and emotional dimensions. The participants constructed their caregiving labour as having two components: 'caring about' that involves primarily a psychological connection and the notion of 'caring for' as involving task-oriented practices, as highlighted below:

> I worry all time about her, is she sad, does her expression indicate that she is bored... as a mother, I need to respond to her, not only that I keep her physically

well, but also psychologically well too... as a mother I want my children to be happy and content. (Dawn)

The participant is conveying the practical and emotional aspects of care. This study's findings align with research that examined the personal and social meaning of caregiving that a person experiences as they engage in family caregiving (Parker, 1981; Graham, 1983; Ungerson, 1983; Thomas, 1993; Watson and Mears, 1999). The personal and social meanings of care assume that each person is in some way a member of a family and as such we will either give care to others or receive care from others. This proposition assumes that family caregiving in the homeplace is indisputable and investable. However, caregiving is a complex notion because it goes beyond the private and public, productive and reproductive relationships (Graham, 1983). A person's unique experience of caregiving and the meaning they attach to caring incorporate the values of broader cultural, economic and political spheres. The emotional aspects of care, such as the expression of love and affection often get romanticised by broader societal values and the practical aspects of care, such as personal assistance, cleaning, feeding, transportation etc. are not considered as real time-regulated paid work (Cott, 1977). The consequence of such societal perceptions of caregiving in the family results in policies that put more pressures on families and women in particular to assume both the physical and emotional care for those whom they care for on the pretext that the family is best suited to care for their members.

Societal values that promote the expectation that caregiving within the family is private responsibility will see caring as an individual rather than collective activity leading to residual approaches to provision to carers. It views family needs as homogeneous. Residual Welfare policy approaches to social care will increase reliance on the family to take the majority of caring labour and reduce the role of the state to support the

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family. Residualism ignores plurality of family diversity because residual policy directives are grounded in the ideology of familism that exacerbates women's unequal place both at home and in public. Understanding how women caring for their family members construct their caring labour requires that 'women's experiences need to be grounded in everyday lived world, the immediacy of the issue, the pain and the emotions women experience as they face learning and challenges, need to be recorded as such' (Gouthro 1998: 37). The notion of emotions has surfaced many times during the conversation with the participants in this study.

The participants viewed caring as being linked to emotion with association to both positive and negative emotion (Thomas, 1993, Barnes, 2012), as is seen by the participant response:

> When you care you feel totally exhausted as if all the energy is zapped of you, but then you look at your child and think I must do everything I can to get her to have a decent quality life, this is the motivator. (Emma)

I probed the participant (Emma) in order to gain further understanding of her interpretation of her expression of being 'zapped of energy'. She conveyed a variety of concerns that put her under considerable stress:

> I am sure I meant that caring is not a straightforward experience, when I talk about my energy it is not just about dealing with day-to-day routine of care, I also worry about my daughters' challenging behaviour that relates to her disability and inability to communicate her need, it is really hard to deal with this aspect. I feel sorry for myself because I have no time to spend with the rest of the family and enjoy what life can offer, so it is really difficult for me to express these issues because I don't resent my daughter, but feel always under pressure. (Emma)

These are considerable emotional reactions and concerns that can absorb any person's energy and diminish their positivity. In such a context, a family member with

learning disabilities can reshape other family members' lives and experiences and the subjective dimension of caring as emotion conveys the demand that confronts the family member who takes on the carer role and responsibilities and ways in which this demand devours any available time left to pursue activities such as education.

The participant (Emma) reflected on her feeling of sadness about the implications of her daughter disability as noted below:

> I often feel very sad about her too and how her disability impacts on her current and future quality of life. (Emma)

The notion of a feeling of sadness conveys what Fitzpatrick and Dowling (2007) referred to as 'chronic sorrow'. This type of emotion often refers to the perception of loss of a perfect child with a feeling of sadness and grief (Fitzpatrick and Dowling, 2007). This aspect of caregiving for a child with learning disability is extremely difficult for parents and can cause them a great deal of stress (Fitzpatrick and Dowling, 2007).

I asked the participant (Emma) if she had access to formal support provision to help her have time off and respite from caring in order to replenish her energy and give her time to rest and relax. Her response highlights another challenge that she faces when attempting to seek support from others:

> Yes, I did try to find out whether I am able to get some support from health and social service, but I got so very exasperated and felt so upset at the responses they gave me like, we are experiencing funding cuts, or the elderly need more support currently etc. etc. I actually thought this is too much for me and I left this issue. I see myself going back as usual and ask my family and friends to help me. (Emma)

The participant (Emma) acknowledged the considerable demand that caring put upon her and she showed a willingness to ask for support from formal support provision.

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Her experience shows the challenges that carers face when attempting to gain formal support which puts extra pressure on them. The participant understood that funding issues can have an impact on provision for carers to have respite, but the complicated assessment process put her off seeking the support. This finding aligns with studies that identified a link between decrease in government spending policies and cuts in health and social care provision (Duffy, 2014; Grootegoed et. al., 2015; O'Hara, 2015; Brimblecombe et al., 2017). The cuts in provision increased levels of disadvantage experienced by vulnerable groups in society such as people with learning disabilities and their carers (Duffy, 2014; Grootegoed et al., 2015; O'Hara, 2015; Brimblecombe et. al., 2017). Cuts in social care and health provision impacted carer ability to have respite from their caring responsibilities (Power, et. al., 2016). Although in recent years the introduction of informal carers' rights for support have been legalised through the Care Act 2014, this legal and moral duty has not always been realised (Trudeau-Hern and Daneshpour, 2012). It is estimated that 1.2 million carers have become 'silent sufferers' who undertake considerable amounts of unpaid caregiving responsibilities (Trudeau-Hern and Daneshpour, 2012: 534). Without supportive mechanisms in place to help carers, they are left single-handedly navigating their roles and identities which can be very demanding. A caring labour that often hidden. Hart (1992) argues that 'our understanding of labour and productivity need to be re assessed to recognise the value of the importance of sustainable and life affirming form of labour' (Cited in Gouthro, 1998: 112).

The participants' answers highlight the constant effort they exert as they try to combine care with their studies. The lack of recognition about the complexity of the impact of caring labour upon women's ability to negotiate care and education is not only absent from Social Welfare policy initiatives; it is also absent in Higher Education policies and

staff narratives about students with caring responsibly. Discourse of individualisation underpins prevailing Higher Education dominant policy rationale (Gouthro, 2009; Moreau and Kerner, 2012). This dominant discourse in education presumes that success or failure academically is an individual not structural issue. The discourse separates the self from society which obscures the connection between the private sphere of home and the public sphere of education with implications for how caregiving is viewed by society and experienced by carers. Policies that underestimate the impact of the juggling act that students with caring responsibilities are experiencing would lead the student to struggle (Leathwood and O'Connell, 2003). Student carers will end up contemplating withdrawal from their studies (Moreau and Kerner, 2012; NUS, 2013). However, Moreau and Kerner (2012: 42) point out that 'the discourse of struggle does not characterise all students in the same way'. Which suggests that Higher Education policy that homogenises student identities and provisions in Higher Education is unhelpful because it does not pay attention to the implication of student socioeconomic background or financial hardship that students are experiencing and the impact on their studies.

I would suggest that a recognition of the connectedness in women's lives as carers, independence and interdependence and the interaction between the needs of the caregiver and care-receiver will be valuable in terms of supporting women caring for those with learning disabilities to negotiate their roles and identities as carers and as students. As an educator like Gouthro, I believe that a greater attention need to be given to the caring labour that takes place in the homeplace and the influence it has on the lives and experience of mature women students caring for others.

In summary, the findings in this section indicate that the emotional labour that the participants' caregiving responsibility exerts upon them is considerable. Being

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responsible for caring for their children and families impinges on the time spent studying The participants' accounts about the nature of their caregiving responsibilities tell that caring for a child with learning disabilities is an unremitting type of loving and labouring that is carried out 'from dawn till dusk'. The participants in this study expressed bonds of affection to those they care for coupled with increased feelings of pressure due to the commitment of fulfilling their caregiving responsibilities. Yet, there was no indication of any participants articulating any resentment or disappointment about having to care for those with learning disabilities, they just acknowledged that caring requires a huge emotional commitment that spares little free time for them to study in their home and impacts upon negotiation of their roles and identities as carers and students.

4.1.1.2 Caring as kinship and personal duty

The practical and affective aspects of caring were viewed by the participants as being their own personal responsibility as family members and as mothers.

> I love my daughter very much and feel very committed to look after her. I am bound to care and love her; after all she needs me, and I know I can make a difference to her life. I think families should care for their disabled child because it is our duty as parents. (Emma).

The participant's views show that their commitment to care stems from their belief that caring is a kinship duty; and that family obligation is an important rationale for their intensive level of 'caring for' and 'caring about' their children. These findings agree with studies that analysed reasons for caring as being an extension of kinship relationships (Evandrou et al., 1986; Finch, 1993; Orme, 2001; Maher and Green 2002). Caring as kinships and obligation has consequences upon carers. Carers living with the person for whom they care, are more likely to spend more hours looking after

the care-recipient (Maher and Green, 2002). The residence and the relational status between the carer and the care-recipient has considerable impact upon the time spent caring (Maher and Green, 2002).

One participant noted that the caring role is intertwined with being a mother.

> I will always care for her that is what all mothers do, don't they? (Dawn)

This finding aligns with dominant prevailing discourses that view caring as women's work (Hobson, 2002; Smart, 2007). Caring is gendered as the majority of those who care for people with disabilities are women (Folbre and Nelson, 2002; Clements, 2013). Caring is often undertaken by families with clear hierarchal status in terms of who will take care of members of the family who are disabled (Orme, 2001). Women specifically have often been expected to step in and care according to normative role expectations towards members of their families and their children (Parker, 1993; Twigg and Atkins 1994; Dalley, 1996; Maher and Green, 2002). The moral and societal expectation has been evidenced in the participants' exploration of their caring.

> I am his mother and it is my duty to care for him, I feel it is morally appropriate for mothers to care. (Helen)

This finding agrees with Grummell et.al., (2009; 194) who argue that 'care is not only a set of social practice but strongly gendered one with deep moral connotations'. The participants' moral stance positions them as being responsible for their families and their children who have learning disabilities, yet, such a stance of continuous caring takes its a toll on their emotional and physical health. The experiences of caring and its implications for women's lives will be lost when inadequate attention is paid by societal arrangements and policies that are neutral in terms of gender, class, race,

age and other variables. Gouthro (1998, 2009) argues that women's limiting perception of self often arises from the limited value placed on women's position and status in the homeplace and that such structural perceptions of identities need to be contested.

Policy directives within both education and Social Welfare require an understanding of the complex nature of caregiving for those with learning disabilities and its impact on carers as well as the changing societal context of caregiving. Outdated ideas about caregiving as solely as family responsibilities, or student responsibilities, isolated from their experiences of care in the homeplace and their experiences in education, need to be questioned and replaced by acknowledgement of the importance of people connected identities as well as the importance of community interdependence and social justice for carers. Tronto (1993: 103) argues that care is better understood as part of a 'life-sustaining-web' of connectedness between people in society (Tronto, 1993: 103). Seeking support from formal and informal networks should be seen as promoting and securing social contact with others in society, rather than being seen as deficiency in identities (Baltes, 1995).

The participants expressed the notion of love for their children and portrayed it through their facial expression; some felt tearful as they explained how much they valued their caring relationships. Some expressed that loving their children and caring for them gave meaning to their lives and helped them to care for themselves in order to care for their children. The expression of caring is captured when one participant held her hand to her heart as she went about explaining her commitment to her child. The expression and the imagery of caring was captured through their tone of voice as it softened when mentioning the names of their children. The notion of 'sticking together' gave meaning to the importance they attach to their caring role

Families should stick together and care for each other. (Sarah)

The participant articulated this notion of 'sticking together' with her family in terms of knowing that she will be there to support her family and they will be there for her, and that caring for each other in the family was underpinned by reciprocity. The findings align with Black feminists when they viewed caring as having multidimensional characteristics in being experienced as emotional labour, political labour, physical labour and intellectual labour. This helps Black women and members of their families to negotiate the external structural struggles that they face as a marginalised and oppressed group (Thompson, 1984). Black feminists believed that the individual survival tactics that a person adopts are ineffective if the systemic conditions in society began to threaten the whole Black community (Collins, 1990). They believed in togetherness as strength.

The participant (Sarah) referred to the homeplace as a space where 'we lean on each other'. She viewed the 'leaning on each other' notion as a good feeling especially when the demands of caring and trying to study became difficult for her to manage. She mentioned that she always wanted her family to stick together and that if anyone have any worries or concerns, they should talk about it at home with each other. Bell Hooks (Hooks, 1990: 42) suggests that the homeplace is a site of resistance and a centre for family relationships that were made possible through women's involvement in preserving the sense of faith and solidary that provided members of the family to work together to resist racism and other structural constraints.

All the participants commented on the importance of caring for their families. Gouthro (1998: 229) argues that 'if women's contributions to society are to be recognised, then the importance of reproductive and substance labour need to be addressed'. Some

feminists have gone as far as suggesting that 'women's reproductive consciousness and potential, their connectedness to the production of life, the ontological significance of their physiological and cultural relation to genetic, times and species (re)production locates their experience of self and others in an embodied relation to and in continuum with life (Luke, 1992: 43). Feminist maternal discourses advocate valuing the life-affirming work that women undertake within their homeplace and the need to question the dominant societal and educational discourse that prioritises economic profit agenda over the productive work of women who contribute to constructive social change (Ruddick, 1989). While some may argue that such positioning can be seen as essentialist, women's capacity to reproduce life makes women experience the world differently to men. Women's orientation toward life and connection may not find a space in an academic environment that constrains such orientation. Dominant policy in Higher Education narrowly defines what valued learning means, with particular focus on technical rational approaches that do not recognise students' connected sense of identities to their families. Tension will arise if the women students find that their connections to those they care for have not been considered. Feeling unsupported or unrecognised will have consequences not only for how students negotiate their roles and identities as carers and as student but also may impact continuation with their Higher Education studies and retention rate.

All the participants represented caring for their family as an ongoing commitment that put the participants under pressure, but they said that it did not deter them from trying to maintain connection with their children. So, when they studied they did not lose sight of their commitment to their family members with learning disabilities. Carers in this study showed serious committed to their caring role. They talked about the worries, concern and tiredness, but, their accounts did express that those they care for are

seen as burdensome. However, society needs also to recognise that caring as kinship and personal responsibly comes with a costly risk and that carers may be committing themselves to the role for a long time, even to old age. Those who are parenting a child with learning disabilities experience parenting differently; they are engaged in what Kelly and Kropf (1995) referred to as 'perpetual parenting'. This means that in the absence of state support carers will be solely responsible for caring for their child, a commitment that is extremely pressurising. The participants' level of commitment to care had an impact on available time to free for their studies

4.1.1.3 Caring as demand from institutions

The participants in this study claimed that the emotional aspect of 'caring for' and 'caring about' was pressurising, especially in terms of their worries about how to manage the amount of attention they are required to give to both their families and studies.

> I feel under pressure, I have to attend the lecture, make sure that I don't miss hand in dates at the same time, there is the family, care, cooking, shopping. (Emma).

> I often feel like being pulled in all directions, but fortunately I have supportive family which is really helpful. (Sarah)

In feeling that they need to attend to their academic studies and to their caring responsibilities, the participants experienced a considerable challenge. Such challenges have been explored by many studies on women's experiences of straddling both roles of family carer and student (McLaren, 1985; Edwards, 1993; Pascall and Cox, 1993; Quinn, 2003; Gouthro, 2006; Lynch, 2008; Brooks, 2013). The notions of

the family and education were referred to as 'greedy institutions' (Coser, 1974: 4). The participants' views convey a tension between the family and education.

> I knew that when I start my degree that is going to be really hard to combine caring and studying, but I didn't realise the level of the pressure that I was going to face. (Helen)

The family and education shaped the pattern of women's experiences with their feet in two worlds - in the public sphere of Higher Education and in the private domain of 'the family' and 'domesticity' (Edwards, 1993: 62).

The participants' views about caring and studying demonstrated their ongoing negotiation of what they wanted to achieve in their lives as voiced below:

> Caring and studying are extremely demanding... but I work hard to make sure that I achieve what I set up to achieve which is to gain the degree without compromising my responsibilities towards my daughter. (Dawn)

Seeking to maintain a connection to their homeplace was as important as studying; none of these aspects of their lives were less important than the other, both the family and education were experienced as demanding but with perseverance the tension between being a mother and being a student was viewed by the participants as being reconcilable.

> The thing about being a parent and a wife, it is never ending; giving and caring and I struggled throughout the degree about how to manage, but I really persevered. (Emma).

Studies have suggested that parenting is a process that is shaped and embedded in wider social values, structures and institutions. While the social norms of caring and parenting appear to be natural, mothering and fathering are seen as being socially constructed (Ribbens McCarthy et.al., 2000). Some feminists would argue that the

gendered nature of care influences the meaning attached to it and the consequences of carrying out the caring role responsibilities (Ribbens McCarthy et. al., 2000). Social construction of gender pre-arranges who will shoulder the caregiving role within the private sphere. Hence, gender is not natural; neither is it the fixed property of individuals. Rather it is a structural process shaped by power relationships that have an impact on the individual's experiences. Gender is a complex concept that impacts identity formation and intersects with other variables to shape identities. Black feminists such as Patricia Collins (1994: 56) argue that in order to gain better understanding of the notion of motherhood, we need to consider that 'Motherhood occurs in specific historical context by interlocking structure of race, class and gender.' This brings to attention that women's experiences in the homeplace and in education need to be seen through not only gendered, but classed, and racialised experiences. Gouthro (1998: 113) argues that 'within the homeplace identity, relationships and allocation of labour may be individually negotiated, but in order to fully understand these issues, one must examine the influence of larger culture and society'. Systemic structures and processes have an impact on how women caring for those with learning disabilities negotiate the demands of their caring roles and freeing time to study. Mothers caring for children with learning disabilities have been found to be overwhelmed by their caring responsibilities and the lack of responsive social care services to give them a break from care (Redmond and Richardson, 2003). The lack of social care provision gives little choice for women but to carry a considerable amount of caring responsibilities for their families with implications for finding time to study and to socialise. The implications of women's experiences in the homeplace on their education need to be acknowledged by educators so that more compassionate

approaches to education can be adopted that respect connection to the homeplace, difference and diversity.

The participants' accounts suggested that taking responsibility for care in the homeplace had a particular impact on their ability to free time to study, but they persevered.

> I knew that I can turn to my husband for support, but I also recognised that he is under great pressure himself because his work is very demanding and very tiring, so I just took things in my stride and managed to find ways to free time to study, at the same time I felt that I met my son's caring needs and kept the family functioning, that is what we do as a family. (Sarah)

Sarah's understanding of her husband's position and her attempt to maintain carefully structured routines was aimed at fitting her study with her caring role so that she could reduce disruption that may impact negatively upon her caring and family responsibilities. Ribbens McCarthy et. al., (2000) argue that often women attempt to carry extra responsibilities as they arise in order to ensure that the lives of others in their families are running smoothly. Studies also have identified that the ideology of parenting in Western society has been seen to gauge a mother's behaviour and actions by socially acceptable norms of a proper family life, which is still being shaped by an idealised version of family type that demands women's attention and energy to care for their families (Ribbens McCarthy et. al., 2000). Mothers themselves, conceptualise their motherhood roles and practices in relation to these wider ideological social norms (Ribbens McCarthy et.al. 2000; May, 2008). Women still endure the main responsibilities for domestic and childcare with the consequence of limiting their time for study and leisure more than their husbands' (Sullivan, 2000). Gouthro (1998: 136) argues that not all homeplaces are supportive and for many women their homeplace is a site of continuous labour and she suggests that 'we do

disservice to women when we dismiss the value of the work that women do, and the importance of relationships that they sustain, when they commit time and energy within the homeplace'. All the participants demonstrated the complexity of the meaning of caring that women experience in Western society and its effect on their quest to combine roles: being carers in the private domain and students in the public domain.

The intensive emotional dimension of care that the women in this study experienced may have meant that they lacked the means to live in ways which allowed them time and space to study in their homeplace, while still maintaining what is valuable to them which is caring for their children who have disabilities. The participants' perception of their caregiving experiences related to their own gendered position as well as the ways in which gender operates and is perceived in Western capitalist society, as mentioned below:

> I had to be very strong and think for myself when trying to meet the various demands that are upon me, I couldn't let myself as a mother and my family down, just because I wanted to study. I had to be there for them too. Although I put myself under great deal of pressure, I kept thinking it is not going to be forever and I also kept saying to myself that I am doing what I am doing because I am achieving not only for myself but for all the whole family, we will all benefit in the end. (Sarah)

Commentators have argued that caring for their families as a moral imperative, positioned women as the ideal people to attend to all their family's needs at home (Ribbens McCarthy et.al., 2000; Maher and Saugeres, 2007). The fusion of both the concepts of 'caring about' and 'caring for' tends to make the effort that women put into meeting the demands of care in their homeplace become naturalised, invisible and taken for granted. This gives rise to the romanticised notion of caring as a psychological dimension of women's identity and the homeplace as being a haven, which increases the pressure on women to carry out most of the care in their home

place in the guise of the natural kin keeper. However, caring is a complex phenomenon that often transcends traditional boundaries between productive and reproductive relationships.

The construction of women as the main carer for their kin draws attention away from various risks that are inherent in women's position as primary caregivers due to the considerable time they spend providing care (Jenson and Jacobzone, 2000; Knijn and Ostner, 2002). Being involved in caring often entails long hours that can hinder caregivers in meeting their own needs as well as leave them too exhausted to use what time is left on their hands (Arber and Venn, 2011). Lack of time to access opportunities outside the caring role becomes exacerbated in a context where reduction in spending on social care provisions for carers prevails. Carers are vocal about the need for better quality social and health services for those they care for in order to be able to have free time to combine caring with other activities that take place outside the sphere of care (Milne et al., 2013). Research indicates that carers who receive social care services often praise them for allowing them to carry on their caring roles and for supporting them with access to opportunities such as paid work for example (Yeandle et.al, 2007). However, this need for support to care for members of the family and carers' desire to access public sphere opportunities, may not be realised because of the conflict that exists between policy goals that seek to support carers and the huge cuts to provision of social care services (Brimblecombe et al., 2017). Substantial cuts in social care services have been evident since 2009 with implications for the number of people receiving publicly funded social care services. (Burchardt et al., 2015; Glendinning, 2016). Reduced access to social care services means that carers for those with learning disabilities have limited time to devote for their studies.

Having little time to care for one's self was clearly articulated by one participant:

> By the time I do all that is required of me in terms of caring and domestic chores as well as studying, there is hardly any time left for me to do anything else, like going to have a haircut, or shop for clothes or visit the dentist, or get an eye test. (Emma)

I delved deeper into how the participant (Emma) experienced the nature of caregiving for a child with learning disabilities and its impact on her access to opportunities outside her caring role. The participant felt that caring had an impact on her because she could not access opportunities that others can access as noted below:

> You must know yourself as carer for a child with a learning disability, how much this restricts life in a big way. I am not like a Mother of a child without disability who can just really live a normal life, for example, I cannot just go out when I want to, the only way I can go to the dentist for example, is if I can find someone to look after my daughter and this not that an easy thing to achieve. (Emma)

Emma's account seemed to draw attention to being restricted by her caring responsibilities and she perceived herself as experiencing inequalities that limited her access to opportunities that other individuals could access in society. Her perception might be related to comparing her experiences to an 'ideal other' who is free to pursue activities as they wish, which could have created tension in how she viewed herself. Judging herself as being less equal is a consequence of the structural process that creates an impression that caregiving is an individual activity, making women individually responsible to find solutions to improve the qualities of their experiences whether this is looking or feeling better about themselves, or trying to find time to access opportunities outside their caregiving domain through their personal effort and in the absence of any external support. I think placing the primary responsibility of caring on women impacts on how women experience their lives with repercussions on how they negotiate their roles and identities as carers and students. Furthermore,

women carers' connection to their homeplace is brought with them when they attend their universities. However, the neoliberal discourse that underpins Higher Education policies tends to 'underestimate the role of dependency and interdependency in human relations' (Grummell et.al. 2009: 193). In such a context, women's emotional connection to their caring roles in the homeplace seems to be at odds with a Higher Education environment characterised by objectivist and individualistic stances on student identities. Grummell et.al, (2009: 193) argue that 'the liberal tradition does not recognise fully the role that emotion plays in our relationships and actions'. Such discourses view students as self-sufficient rational actors. This definition of a Higher Education student would position women caring for those with learning disabilities as their own problem-solvers for their own personal concerns.

The participants' experiences of caring for those with learning disabilities require flexible approaches in Higher Education to accommodate their ongoing consuming caring roles. However, flexibility was not experienced by the participants.

> If only there was an allowance to have an extenuating circumstance to extend an essay deadline that takes into consideration my caring role, life would be so much better. (Emma)

The participant (Emma) experienced tension when negotiating her carer and student identities due to institutional processes that lacked flexible approaches to understanding the issues she faced while caring and studying. Neoliberal policy construction of student identities tends to underplay the role of social structures on how students experience caring and studying (Moreau, 2011). Students' connected identities to their family and children become underplayed by policy provision and the students are required to adapt to the demands of academic life through developing personal strategies, rather than rely on their educational institutions to accommodate

their needs for support. (Crozier et.al., 2010). Furthermore, Moreau and Kerner (2012: 37) point out that 'institutional policies are not always perceived as playing a role in the problems faced by students and that care is not legitimate area of policy interventions for universities.' Gouthro (1998) points out that dominant discourses in education are more focused on making connections to the market place rather than connections to women's homeplace experiences. Focusing on market related rationales rather than connection to women's experience in the homeplace will deny that decisions that women take to participate in education which often have significant implications for how they renegotiate their caring responsibilities and commitments to their families. Negotiation of roles and identities as carers and as students becomes stressful when women with caring responsibilities are blamed for not being able to fit their studies with their caring roles. Higher education needs to be more adaptable and flexible in order to respond to the pattern of women's homeplace experiences.

An important issue that was highlighted by the participant (Emma) as a consequence of caring, is the implication of lack of time to care for herself socially and to engage in leisure activities. The participant's experiences of her homeplace involved the weaving together of many tasks and projects leaving little time to pursue social activities outside the caring roles. The participant mentioned that being intensely involved in caring had removed her from the social context of the university.

> Caring takes me away from being part of the social community at the university. (Emma)

The sense of isolation that the participant experienced agrees with research findings that demonstrate the impact of caring in terms of limiting leisure activities and challenges in maintaining friendships (Green, 2007; Kolmer et al., 2008). The

participant conveyed a sense of loss through being unable to pursue social activities in her university. Her comments highlight that she differentiated herself from others who do not have caring responsibility. The notion of 'being taken away ' that was expressed, conjures the tension that arises when women seek to maintain their caring responsibilities and their desire to revive social and academic encounters that pull them away from their caring role. Reconciling their caring responsibilities with their academic studies creates dilemmas for mature women caring for those with learning disabilities. Studies have highlighted that the women caring for their families often 'prioritised their formal academic activities over informal academic activities, and as a consequence felt socially isolated with the university' (Alsop et.al. 2008: 629). Furthermore, Moreau and Kerner (2012) found out that student parents felt that they were 'missing out' on student experiences due to their considerable involvement in caring for their families.

Caring is interpreted by the participant (Emma) as impacting her negatively. However, it is difficult to gauge how such interpretations would be received in public. Interpretation of caregiving as disadvantaging the caregiver has been challenged, especially by disability scholars in terms of emphasising the negative aspect of the caregiving rather than taking notice of the care-receiver perspective (Oliver et.al,, 2012). Commentators have argued that the conceptualisation of caring as an oppressive practice and as a burden pays little attention to the issues that care can be mutual and reciprocal which emphasises relational characteristics of the caring relationships (Henderson and Forbat, 2002; Barnes, 2012). Women have had contradictory experiences of both empowerment and oppression within the realm of the lifeworld and the homeplace is often experienced by women as a site of resistance,

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where women have been the defenders of the lifeworld as a place of community, spirituality and family (Gouthro, 1998).

The meaning and interpretation of care by the participant in this research highlighted that while the participant experienced her caring role in the homeplace as challenging and limiting in terms of time for pursing social and leisure activities due to her child's severe learning disabilities, the participant nonetheless did not view her role as being oppressive in any form; on the contrary, she viewed it as being very important for her and her daughter:

> My life is intense, there is no denying about it, but I have never ever felt at any time in my life so far that my daughter been a burden, on the contrary, I see her as enriching my life because she is always smiling and happy even when she is in pain due to her disability.. I call her my smiling star, she reminds me to smile too. (Emma).

The participant's expression that referred to her child as her 'smiling star' and that helped her to smile too, conjures reciprocal rewarding gestures that have been exchanged between her and her child. It shows bonds and affection between them. This affectionate reciprocity conveys that amidst the participant's intense existence, there are moments of happiness and pleasure, which very clearly the participant appreciates and takes notice off. Feminist commentators that are concerned with ethics of care, view unpaid informal care as emotional labour because it is grounded in feelings of affection and love (Chodorow, 1978; Gilligan, 1982; Ungerson, 1990; Orme, 2001).

There is a need to consider women's own interpretations of caring in their homeplace in terms of their relationship with the social world and the way the women interpret their feelings about these experiences. Their lived experience and the relational

dimension of caring need to be understood in the context of how discourses construct and shape women's relational emotional experiences, such as caring, within their home place, as well as allowing space to grasp the 'magical aspect of emotions, to avoid the tendency to view emotions negatively as failure in instrumental reasoning' (Crossley, 1998: 29). The relational aspects of experiences allow us to see women's interpretation of caring as being given meaning in a socio-cultural context. We cannot fully understand how women act, behave and interpret their relations to others unless we are attentive to what caring means to them. Sayer (2005: 38) argues that:

> To understand how inequalities are lived, we have to come to term with actors' ambivalent responses of compliance, resignation, rationalisation, resistance and longing.

The participants' expressions and responses in this study showed varying degrees of compliance, resistance or negotiation of ways in which they managed their experiences of caregiving as it interacted with their experience of studying. Their homeplace is not neutral, neither it is static, but it is it is a dynamic place that is unique to each of them and can be only be understood through their own interpretation of their experiences. Their connected sense of identity coloured their daily realties with its rewards and challenges, but was undetectable at times by their universities, as articulated below

> I always felt that starting at 9 o'clock was such an issue for me, how can I get to University at that time when I have so much to do in the morning before I leave the home, why being a carer is not been taken into consideration when timetabling is designed (Emma).

The participant perspective about challenges relating to timetabling agrees with a range of studies in Higher Education about the experiences of students with caring responsibilities (Alsop et.al. 2008; Lynch, 2008; Moureau and Kerner, 2012). The

participant (Emma) showed concern and dissatisfaction with university timetabling policy, where being a carer has not been given sufficient attention when university processes have been implemented. There is a disparity between the image of the student as a valued customer promoted by Higher Education Institutions and the lack of recognition of the needs of students caring for those with learning disabilities. Higher Education Institutions need to be more welcoming and hospitable to students who fall outside the 'ideal care-free' image that underpins policy process and practice in Higher Education. Gouthro (1998: 275) argues that 'there is a need to address inequalities in treatment as a form of systemic bias rather than individual problems'. Commitment to family's needs to be understood in academia, so that connection between the homeplace and education can be strengthened rather than weakened by marginality and indifference.

In summary, the views of the participants' show that constant provision of care and their perceptions of care as emotional labour have put them under pressure in their homeplace. This feeling of being under pressure seemed to be exacerbated when they talked about how they experienced their Higher Education studies programmes in terms of navigating different value systems: the family and Higher Education. They felt that their worries, such as experiencing inflexible approaches in Higher Education support processes, were invisible to their universities.

The participants' high level of involvement and commitment to those with learning disabilities consumed a considerable amount of their energy and shaped how they negotiated their roles and identities as carers and students through dividing their attention between caring and studying. Once they had attended to their caregiving labour (caring for and about those with learning disabilities, fulfilling their kinship duties, and meeting the demands of their family and educational responsibilities) any

available time to meet the requirements of their academic studies had by then partially been evaporated. This juggling act highlights the complex challenges mature women carers face as they attempt to combine caring with education. Gouthro (1998: 124) argues that 'the homeplace shapes and influences each of us all throughout our lives. It affects our sense of identity, provides a centre for personal relationships, and for most women, it is place of essential and continuous labour.'

4.1.2 Caregiving as constraints to identity

The findings in the previous section indicated that the participants' caregiving labour left them emotionally and physically pressured and drained. Their experience of their carer's identity within the homeplace did not fare better. In fact, the findings indicated that an aspect of their carer identity was perceived to be constrained due to experiencing their identity as: invisible, time-poor, guilt-ridden, challenged by the unpredictable nature of care, anxious about disclosure of their carer identity, and determined to continue with their studies. These aspects of the participants' experiences will be analysed next.

4.1.2.1 Caring and invisibility

The participants' offered an account of their experience that reflected their difficult position, where their identity as a carer for their families and being a student in Higher Education reinforced upon them oppositional and different values systems. The family demanded commitment to connected relational identities and education demanded commitment to individualised student identities. This was particularly evident when they were asked to explain the extent to which caring had an influence on their educational studies. The notion of inflexibility in Higher Education surfaced once again

when one participant voiced her perspective on how carers are perceived by Higher

Education programmes:

> I don't think that the degree programmes have any idea about the challenges that we have to deal with as carers, I mean you only need look at hand in dates for essays, there is no flexibility whatsoever that I have been up all night, actually three nights in a row and what that really does to your brain and concentration. (Emma).

The participant (Emma) conveyed her opinion that Higher Education study demands

the commitment of a free-of-care student ready to step in and engage as an individual

character, hand in assignments on time, attending early morning and late afternoon

lectures. On the other hand, family seems to want a great deal of love and attention.

These findings support those of a study conducted by Alsop et.al., (2008: 623) where

it was suggested that there is 'disjuncture between how students experience the

challenges of negotiating care and study, and the narrow and economist way care is

addressed within Higher Education policy'. Caregivers would be in a disadvantaged

position if access to supportive mechanisms to help them navigate care and education

is limited. In a context of cuts in public expenditure and formal support for carers,

women will shoulder the physical and emotional costs of caring for their families with

implications for their wellbeing and the available time they will have to devote to their

studies. Societal assumptions play a role in the gendered division of emotional and

practical aspects of the caregiving labour that take place in the home and in the

community (Armstrong and Armstrong, 2004). Caregiving is viewed as feminised:

'care work is women's work, paid and unpaid, located at home, in voluntary

organisations or in the labour forces, the overwhelming majority of care is provided by

women. It is often invisible, usually accorded little value and only sometimes

recognised as skilled (Armstrong and Armstrong, 2004: 4). While women's position in

society has improved considerably, women' role as the bearers of the majority of the caring responsibility within the family remains unchanged (Simoni and Trifiletti, 2005). Constant juggling of roles and identities will have an impact on the level of strain and stress that women experience in both education and the homeplace.

Another dimension of implication of gender became evident when the participants talked about their identities. The participants in this study showed that some aspects of their experience are gendered in terms of seeing themselves as taking moral responsibility towards caring for their children, as noted below:

> If you ask which comes first, I would say caring will always be a priority for me (Dawn)

This finding aligns with Alsop, Gonzalez-Arnal and Kilkey's (2008) findings, especially considering how women students tended to prioritise caring above their studies. The participant (Dawn) seems to suggest that her connected identity as a carer is an important aspect of her experience. Her expression highlights that she is evaluating which identity to prioritise as if a choice has to be made. Choosing to care or to study must be a daunting task. The gendered nature of caring is not only a consequence of cultural societal expectation and traditions but is also rooted in how policies to support carers have been practised. Morris (2004) found out that when women seek hourly support from formal service provision they received fewer hours than men and this meant that women's needs for support are unmet due to the presumption that women might be more able to meet their caring needs than men. The notion of conflicting demand of roles as carer and student was conveyed by all the participants in this study. Having no support will impact how women negotiate multiple identities.

In this study the participant from a working class back ground (Sarah) found her family to be supportive of her being a student in Higher Education. It is reasonable to assume that she turned to her family to support her as accessing paid support would incur a financial cost which she may not have been able to pay for due to her working class status. I need to mention here that my study is very small, thus it does not necessarily convey a representative trend, but only offers the experience of a small sample of students who live in a particular community at a particular time. In any case, class experiences do impact how students experience participation in Higher Education (Brine and Waller, 2004). In Brine and Waller's 2004 study, the sample of working class mature students taking access courses felt that being a mother and a student created tensions and challenges for them. These students were just starting to access their courses, and this must have presented a rather alienating and challenging experience in terms of class identity and how it is negotiated in transition to Higher Education.

The participants from middle class backgrounds in my study implied that seeking paid support to care for their children was not too problematic, as noted below:

> I generally ask my mum to help, but I also know that if am pushed or my mum is unable to help, then I can always pay someone with experience of caring to come and look after my daughter so that I can [have] free time to study. (Dawn)

This ease of access to resources assists the middle class participants to care for their children with learning disabilities and this differentiated their experiences from working class students who have limited access to material resources for free time and space, as highlighted below:

> I always seek support from my immediate family, I cannot really think of other alternative like finding someone that I pay to help me with my son, we literally

work very hard me and my husband just to keep us going, I have to be careful with money. (Sarah)

Social class status remains an influential factor in terms of access to resources to give the participant (Sarah) time off from caring in order to study. There are relationships between seeking an education and gendered and classed experiences (Brine and Waller, 2004). Cultural and material factors work together and impact negatively on working class women students attempting to navigate their studies in Higher Education (Reay, 2003). Working class students risk encountering the individualisation discourses that underpin policy provisions in Higher Education, and which exacerbate the disjuncture between the 'project of the self and the women's experience of returning to education (Reay, 2003: 301). Universities need to consider the implications of social class identities in terms of how experiences in education are being navigated in order to provide positive learning experiences. Not being able to access support will impact on how women negotiate their roles and identities as carers and students.

One participant account shows that she was aware that her position as carer is not being acknowledged by Higher Education institutional procedures:

> ...I think they [their degree programmes] don't seem to differentiate between us and the students who don't have any caring responsibilities, it is unfair because our lives are literally ruled by our caring responsibilities, we can be seen as the same as others even in comparison to mothers who have no disabilities in their families. Our lives are different. (Helen)

Her remarks suggest that she is contesting Higher Education policies that view students as a homogenous group without appreciation of difference. Emily Martin suggested that those who are marginalised have a different relationship to power and

this gives them 'greater critical vision' than those who are more privileged (Martin 1992: 203).

The mature students' accounts in this study show that they had concerns about how their carer identity was treated in Higher Education. The participants were questioning how they were perceived and treated. Sayer (2005: 948) pointed out that:

> The most important questions and concerns people tend to face in their everyday lives are normative ones of how to act, what to do for the best, what is good or bad about what is happening, including how others are treating them and things which they care about. The presence of this concern may be evident in fleeting encounters and conversations.

One participant commented on the feeling of being overlooked or feeling invisible in Higher education:

> It feels like I am invisible, no one seems to really have concerns whether my life at home have any role on my life as student, I am supposed to just be a student. (Dawn)

The experience of feeling invisible to others may be seen as conveying personal expressions about being unnoticed, being separated from others. This invisibility may be experienced at an individual level; however, this invisibility has a structural root as noted by the same participant below:

> It is difficult to integrate when there is no opportunity to get together with other students, because often social outings are held in the evenings, automatically this puts a stop to any attempt to socialise. (Dawn)

This participant is aware of her invisibility and the process that led to such position. She saw the Higher Education environment as unaccommodating to her position as a carer and in its impact on her time and availability. Studies have found that 'the social environment provided by university has been seen as being geared toward young,

white, middle class students (Marandet and Wainwright, 2010: 800). The image of the care-free university student that is promoted by universities' policies does not hold relevance for the experiences of mature women caring for those with learning disabilities. In their study, Moreau and Kerner (2012: 19) found out that 'nine out of ten institutions in our sample do not systematically collect information on student parents'. Feeling a sense of exclusion is unhelpful to students as it positions them as being disadvantaged. Their expressions may reveal an association with experiences of inequalities which may shed light not only on their immediate experience but also on experiences in their community and in society. Here I suggest that the experience of being invisible means that their needs for support may become less transparent to others in society, putting them under pressure individually to negotiate their carer and student identities. Gouthro (1998: 5) argues that as educators we need to 'broaden our perceptions of adult education by examining the underlying value systems which defines the various discourses in lifelong learning'. This requires critical examination of the system imperatives and initiatives that have left behind the lifeworld initiatives within dominant discourses in education (Gouthro, 1998, 2007, 2009).

The participants' accounts highlighted the tension that arises when they found themselves navigating the value systems of two demanding institutions: their families and Higher Education studies. Their experience at home and at university so far shows that it shaped how they viewed and negotiated their roles and identities as carers and students. One of the most pressing issues that affected all of them in the homeplace as a constraint to their identities as carers was the feeling that they were 'time-poor'. This will be analysed below.

4.1.2.2 Caring and time poverty

Time poverty has been identified by all participants as putting them under enormous pressure in the homeplace in terms of managing their caring responsibilities and complex lives and attempting to find time and space to study.

Participants identified the notion of relying on themselves to organise their time and space to study in light of limited support at home from their husbands and extended families.

> I feel all the time like I am swimming against the tide, no matter how organised I try to be to find some time to dedicate to my study, I never seem to get there, it's like I never seem to reach the shore. (Emma)

> I never seem to have enough time to study at home. (Helen)

The participants' accounts show that caring for their families led them to experience reduced opportunities for an available time space. This finding is similar to studies that found that women generally have been viewed as time-poor due to both material as well as relationship experiences (Millar and Glendenning, 1989; Moss, 2004; Alsop, et.al., 2008). Studies that researched the construct of 'time poverty' have confirmed that women, especially mothers, often experience competing demands on their time through their work at home, work outside the home and family caregiving (Bittman and Wajcman 2000).

The construct of 'time poverty' relates to a person experiencing insufficient time for rest and leisure (Bittman and Wajcman, 2002). The diverse social roles that women occupy such as mother, carer, student, and employee have an impact upon the availability of time. Folber (2004) argued that a better understanding of how women

experience time poverty would be to consider the role of institutions in household time allocation. In other words, institutions such as childcare resources, the availability of social service, social norms and the structure of the labour market; all these play a considerable role in time allocation and use. Therefore, we can gauge an accurate picture of how much time women spend on caring and why are they appear to experience time poverty if we just consider the whole household as a unit of analysis. Two participants in this research commented on the length and duration of time spent caring and its impact on their studies. Finding time to study and care was constructed by the participant as 'miraculous' endeavour.

> For example, if you ask me how many hours I spend caring, picking up the children back and forth from school, preparing meal, ironing etc, I would say that I am on the go all the time literally and therefore, it is impossible to quantify. (Emma)

> I think my time is totally absorbed by my caring responsibilities toward my child who has disability and also towards the rest of the family, I think it is *miraculous* that I am able to study or do anything outside the house. (Helen)

Folber (2004) suggests that time in a given household is not static, but subject to negotiations, bargaining, cooperation, reciprocity between members of the households. Some commenters argue that women 'do gender' within their home by taking responsibility for the unpaid caring labour (Thompson and Walker, 1995). The homeplace is not a gender neutral space and this means that women caring for their families may experience unequal power relationships in terms of division of labour that allocate most of women's available time for their own needs. Gouthro (1998) argues that when division of labour in the homeplace is inequitable between men and women, women will be disadvantaged in terms of availability of time for themselves to recuperate and rest. This shortage of time has been experienced even more by carers

who are engaged in paid work (Marandet and Wainwright, 2010). Caring not only absorbs time but has a negative impact upon the carer's mental and physical health and wellbeing (Milne et al., 2013).

Participants in this study demonstrated generally that they found their family as being supportive; however, one participant in particular explained that her husband has not fully engaged in the practical aspect of care because of his lack of confidence to manage the severity of her child's learning disability.

> My husband would love to help with caring especially in the evening after his work, but he is totally out of his depth when it comes to caring for our daughter, I think maybe it is the complexity of her learning disability, or it could be how he was brought up, his mum did everything for him, he didn't need to lift a finger. (Emma)

In absence of other forms of support this participant had to step in and take the majority of the caring responsibility. Rather than blame her husband for his lack of involvement in care, she rationalised his action based on a process of socialisation.

One participant commented on how a time to escape from all her responsibility seemed to have evaporated once she started to work and study besides caring:

> As I added more and more responsibilities to my daily lives, I seemed to have lost any space to hide and give myself a space to contemplate and think uninterruptedly. (Helen)

This finding concurs with a study by McGinnity and Russell (2007) who indicated that there is a strong association between employment and caregiving on time poverty for women. The web of wider relations that women with caring responsibilities become involved with, such as their homeplace, paid work and Higher Education, leads to the space for their studies shrinking in their lives (Moss, 2004). Time poverty maybe a

response to dominant cultural expectations in the Western capitalist societies that mothers must invest a considerable amount of themselves through 'intensive mothering' (Collins, 1994). This renders the notion of self-sacrifice as an important feature of motherhood (Arendell, 2000).

The participant's views about wishing to have a space to escape from her considerable caring responsibilities may convey the image that the homeplace is not a sanctuary to retreat to, but, that it is experienced by the participant as a confining space in terms of access to time for herself. In such an instance it is reasonable to propose that escaping such space is an attempt to have a break from the constant demand on women's time and space. It is interesting to mention here Quinn's (2003: 453) suggestion that 'women students often perceive the university as a refuge from various external threats'. Time and space seem to be at a premium in the lives of mature women students caring for those with learning disabilities.

A combination of factors plays a role in the dominant re-ordering of space and time (Moss, 2004). At home, a broader trend still indicates that gendered division of labour within two parent family households remains persistent (Hobson, 2002; Craig, 2007). Deep rooted gendered practice still plays a role in terms of both allocation of domestic and paid work (Hobson, 2002; Craig, 2007). Some commentators go further to argue that discrepancies in division of labour commence even before the arrival of children when couples form one household; the women's unpaid work rises while the men's falls (Craig, 2007). The arrival of children then intensifies the division of domestic labour (Craig, 2007). However, in this study one participant commented that her situation in terms of division of labour in her homeplace remained the same after the arrival of her children, but she was hoping that she would be supported more due to increase pressure on her while caring and studying:

We always had a traditional set up at home, I always carried out the domestic responsibilities and my husband did his bit, like mowing the grass, maintaining the car etc, but this seemed to stay the same as we started a family, so no change really, we always seem to have specific roles within our family, we stayed as we are, although you would think that our expectation of what we are able to do would have changed as we had our daughter. (Emma)

Accessing education and having a child with a disability did not appear to shift the traditional division of labour in the participant's homeplace. Hochschild (1990) suggested that women may not seem to be critical of the inequalities in the division of labour or childcaring even if they believed in sex equality, because it is masked by ideological language of sharing used by themselves and their husbands. The participants' views in terms of continuing to take the majority of caring responsibility for their family showed that available time to study was at a premium, but they did mention that they did think of seeking support from informal networks like friends and formal support from Social Welfare to give them break. The participants acknowledged that seeking support for respite would be helpful. The seeking of such support by carers has been encouraged by the Carers Strategy (Department of Health, 2014, 2016) which advocates enabling 'those with caring responsibilities to fulfil their education and employment potential (Department of Health, 2014: 28). This strategy was part of the legal duties of local authorities to provide support to meet the needs of carers (Care Act, 2014). However, such promises have not fully materialised as only small number of carers have received the support they were promised (Brimblecombe et al., 2017). In a climate of cuts and underfunded resources that reduces access to informal support, the pressure of negotiating care and education will be felt. Studies have identified that some carers try to meet the shortfall of service provision by undertaking private fundraising themselves (Brimblecombe et al., 2017). However, even with such intentions, carers have been unable to raise enough to fund care needs

(Brimblecombe et al., 2016). This highlights that affordability of service is problematic and would certainly have an impact upon carers from working class backgrounds who cannot afford to pay privately to meet the needs of those they care for. Caring is not short and episodic for those caring for individuals with learning disabilities, it can be prolonged and time-absorbing.

Commentators argue that structural factors involving cuts in Welfare and state support have pushed some women to take on extra responsibilities to generate income besides studying and caring for their families, which puts greater pressure on them due to the decrease in time and space allowed for their academic studies (Moss, 2004). These observations show that negotiating diverse roles and identities such as being a carer and a student is not a straightforward process.

Additionally, the impact of care on student experience of education becomes even more problematic when Higher Education Institutions only collect data on identity markers such as class, gender, ethnicity, age etc. but do not collect relevant information about the family circumstances of students with family responsibilities such as parents (Moreau and Kerner, 2012). This renders important aspects of women students' identity invisible. Gouthro (1998: 3) proposes that 'we need to focus on the significance of family life and responsibilities upon the construction of individual identity and the societal differentiation of gendered expectations of labour, roles and responsibilities'. By understanding the homeplace experiences of students, one will arrive at supportive strategies that attend to the challenges that women learner's experience.

<u>4.1.2.3 Caring and guilt</u>

In attempting to accommodate time demands that the caring required and their study demanded, the women in the study repeatedly described emotions such as feeling guilty for not spending more time with their children who have learning disabilities. In particular, the study found that a tension arose in relation to the fusion between the physical and affective dimensions of care which was felt by the participants regarding: how they interpreted their carer identity; how they cared for their children and their families; as well as the requirement to give up their own time to study in the homeplace which conflicted with their caring and domestic chores.

> I know that caring is exhausting and pressured type of work because I am involved physically and emotionally, and I know it is never-ending and it does impact my academic and social life, but, I would feel very guilty if I was unable to care for her myself at least part of the time. She is constantly on my mind, I feel totally responsible for her wellbeing. (Emma)

The participant's feeling of responsibility towards her child, viewing her as 'being constantly on her mind', conveys an image of deep relational connection to her child and a commitment to meet her childcaring needs. It also highlights the participant's concern about being separated from her child even for a short time. Her account highlights the tension that she is experiencing through wanting to study yet at the same time wanting to be at home with her child. The ongoing pressure that the student is under magnifies the substantial costs that negotiating roles and identities such as being carers and students incur for women.

These aspects of participants' experiences are arguably heavily gendered. There was no class variation in their response in relation to feelings of guilt; they all commented on the notion of guilt as a difficult aspect of being a carer for children who have

disabilities. The women interpreted and acted upon their carer identity by prioritising the nurturing aspect of caring above other needs. This agrees with studies that found an enduring normative gendered interpretation is still evident in some women's interpretation of their identity in their family, especially in terms of putting others ahead of themselves in interaction with a dominant cultural interpretation of what it means to be a nurturing mother (Chapman, 2004, Blunt and Dowling, 2006). The participants' feeling of guilt reflects other studies which found that managing dual identity as a carer and a student in Higher Education brought increased emotional tensions through women's perception of guilt (Tett, 2000; Reay, 2003; Moss 2004: Alsop, Gonzalez-Arnal and Kilkey, 2008; Hussain et al., 2011, 2013).

In seeking to understand women's interpretations of the feeling of guilt in the experience of being a carer, some commentators have argued that how people interpret their experiences often reflects the way in which they construct their feminine and masculine identities (Tett, 2000). These feminine and masculine identities are not static but are spatially and historically situated and emerging, affecting how a person situates themselves in their social context (Tett, 2000). A woman's sense of her situated subjective position is interpreted in terms of gender, class, race and age. This means that structural arrangements have an impact on how women interpret their lived experiences as the participant's comment below shows:

> When I am at home, I try and organise myself to fit my study around my caring responsibilities, so that my time to study doesn't intrude on my time with him. I always put my caring responsibilities first before my academic study, that way I don't feel guilty. (Sarah)

Sarah valued interconnectedness and she experienced her sense of identity in relation to others in her homeplace rather than viewing herself separately as an autonomous

individual. The construction of her sense of obligation toward meeting the caring need of her family seems to convey that she does not wish to turn away from those she cares for and neither does she wish to make their need for support a secondary matter. Attentiveness and emotional responsiveness have been valued by the feminist ethic of care that values interconnectedness (Held, 2006). However, feminisation of the nature of care and the naturalisation of women's identities are unhelpful in terms of understanding women's experience of caring and studying. Such framing of experiences exaggerates mind-body dualism that differentiates between women's emotions and reason. Tong (1993) argues that traditionally 'reason' has been linked to impartial, mental, public and male, whereas 'emotion' has been linked to partial, physical, private and female; hence, emotion was constructed as oppositional to reason. However, emotions are important because through emotions a woman conveys her way of knowing (Jagger, 1995). Taking notice of emotion and women's connected sense of identity would offer a valuable source of knowledge to understand how women's experiences in the homeplace have shaped their interactions with their studies in Higher Education. The decisions that the participants undertook to combine caring and studying were impacted by their emotional connections to their homeplace.

Guilt as an emotion seems to be a kind of self-surveillance and 'self-assessing act', and an evaluative act that the participants experience as they navigate the interaction between caring and education. Although guilt may appear to be the outcome of an individual characteristic response, the symbolic meaning of the 'good mother' and the 'good student' that are prevailing may lead women to assess themselves against these ideals and generate a feeling of guilt because they are competing with an ideal other. Guilt then may be viewed as socially constructed rather than as individual property. Guilt may be seen as societal rather than personal construct. Nelson (2003) argues

that caregiving responsibilities situate women's identity as a person in relation to others, and this position contributes to the moral and emotional context in which women's sense of agency is located. In order to understand how women experience their carer identity and the feeling of guilt, requires being able to understand the cultural and social processes that have positioned care as feminised work with associated norms that link care with the notion of femininity.

One participant expressed her feelings about the notion of guilt and her concerns about how others see her:

> I don't want to be viewed as bad mother or uncaring mother because I leave my child for a short time while I go to university. I already feel guilty anyway without being made to feel even moreguilty because I am perceived as neglecting my caring duties. (Dawn)

This sense of assessment may be multiplied due to both familial and external scrutiny, as Moss (2004: 289) indicated in her study when she argued that: 'Women studying in Higher Education face scrutiny of their actions by other household members and often had to justify the time they spent in studying.'

The external scrutiny that the participants felt may perpetuate further assessment of their identities as carers whereby the perception of not being available to their family begins to equate to being absent from their own duties.

> I always feel guilty when I am away from her, I can't help feeling like that. (Dawn)

Feelings of guilt may stem from women's attempts to live up to societal moral expectations that have been advocated and practised within society. Black feminists argue that human experiences and actions should be seen through historical and

political arrangements that shaped these experiences not as just as personal isolated encounters (Collins, 1984). Black feminist also argue that taking an ideal moral stance that seeks an understanding about how people construct a notion of a moral life is unhelpful, particularly when the situational circumstances in which a person lives do not allow the sustainment of the idealised version of the ideal life (Collins, 1985). Caring labour is an act of love and a commitment that promotes the flourishing of one's children (Collins, 1985), but the energy such love consumes is mammoth, leaving women struggling to give part of themselves to their children and the other part to their studies. In both situations guilt ensues as painful emotion.

Despite the challenges and the feeling of guilt, the participants in this study agreed that they have persevered and at the time of the interview they were in their third year of their degrees, which conveys their commitment to sustain their engagement with their studies. However, their persistence with their studies was tinged with unexpected and frequent demands on their time and energy that was experienced as emotionally and physically taxing impacting upon their negotiations of roles and identities as carers and as students as it will be highlighted by the findings below.

4.1.2.4 Caring and unpredictability

All the women in this study articulated that time dedicated to care has limitless and unpredictable characteristics due to the unpredictable nature of their children's disabilities that shifted and changed in intensity.

> Caring is not just daily routines and demands, it has an element of the sudden and unexpected, when dealing with the disability becoming complicated by another physical illness like flue or stomach upset etc. (Helen)

> Caring has lots of ups and down, no two days are the same. (Sarah)

The participants' experiences in this study show that they are at the front line as caregivers, which magnifies the intense pressure they feel as they navigate caring and education in their lives. The participants talked about how the unpredictability of the disability shows itself through how the person with learning disabilities responds to physical and psychological stress or illness. The child with a learning disability may begin to suddenly become more restless, agitated, showing challenging behaviours and needing a considerable amount of reassurance. The sleep pattern gets disrupted and the children become very clingy. This pattern of increased demand put carers under great pressure that begins to disrupt their daily routine as noted below by one participant:

> When you have a child who has a disability, you can't plan or stick to a plan to study at this time or that time...your daily life depends on how well they feel and how well you feel. (Emma)

Caring for a child with a learning disability is extremely demanding and this demand does not diminish when the child get older, in some cases the demand may increase (Ellis et. al., 2002). Each stage of life presents its own unique set of challenges (Ellis et al., 2002). Gaining formal and informal support during stressful caregiving experiences has been found to be valuable for a carer's wellbeing and ability to cope with the demands of caring (Yeandle,et.al. 2007). However, support for carers has been dwindling as the number of carers receiving publicly funded services has decreased with negative consequences for meeting caring needs (Burchardt et al., 2015). Within a climate of austerity carers are left to manage the unpredictable nature of care as well as trying to remain fit and healthy to meet the needs of those they care for. The participants highlighted the complexity of their situation and the importance of maintaining their own health.

> Caring for a child with disability is so demanding, physically, psychologically and emotionally. The home environment is really pressured, especially when I am unwell myself, because I must get up and do what is needed even if I am physically struggling. I definitely see change in my health in terms of tiredness and lack of energy. (Emma)

Emma's account about being under pressure due to individually negotiating caring for her child even when her own health is below par, draws attention to an equity and fairness issue that requires an understanding about why women still struggle with equity issues as carers and as learners. Why the support that the carer requires in terms of short is breaks from care to recuperate not available? Why is an understanding of students' emotional connections with their homeplace still overlooked by Higher Education policy processes and practices by not including care as an extenuating circumstance? These questions, if answered, may begin to offer a better understanding of women's personal struggles and help to shed critical light on implications of the structural patriarchal, racialised and classed worldviews that have shaped women's experiences in the homeplace and in education. Care is still seen as family responsibility that need to be negotiated individually. Larkin and Milne, (2013: 1) point out that 'despite increased national acknowledgment of carers, a politically active carers' movement and a number of policies intended to enhance the recognition and rights of carers, many carers remain invisible and receive little support from services, to the detriment of their own health and well-being'. Other researchers support this view and suggest that social care policies, particularly in Western Europe, are still underpinned by the proposition that individuals who have dependency needs are best looked after by members of their relatives in the community (Means et. al., 2008; Pickard, 2008). Carers value looking after those who they care for, but they need support and recognition because under taking caring day and night can have a

debitating effect on the carer. One participant commented on the issue of sleep deprivation and its impact on her:

> The worst thing is when my sleep gets interrupted when my son has health issues, like when he has constipation for example. It means that for many nights, my sleep is interrupted, I get up so many times to see if he is ok, I might need to change his clothes, give him medication, hug him and reassure him, he really become clingy too when he is unwell poor thing. it is such an anxious time because I don't like to see him suffer. Caring is really constant. (Helen)

There is considerable literature that demonstrates that carers who take responsibility for caring for members of their families experience increased personal health problems (O'Brien, 2008; Arber and Venn, 2011; Hoffman, Lee and Mendez-Luck, 2012). It is reasonable to suggest that the unpredictable nature of care, sleep deprivation and physical exhaustion are factors that play a role in shaping women's negotiation of roles and identities as carers and as students. Women in particular remain as the person who take the majority of caring responsibly within their families and report higher levels of subjective burden (Larkin and Milne, 2013). While there is a legal requirement that local authorities should meet carers' identified needs (The Care and support Act, 2012), accessibility for such support is hindered by structural processes as will be analysed next when the participants talked about their experiences of seeking support from formal institutions.

4.1.2.5 Caring and disclosure

One particular issue has arisen through the account of the participant with a working class background (Sarah) and that is related to her hesitation to seek respite support from Social Welfare provision to free some hours to dedicate to her study and personal needs. Sarah demonstrated that while caring is an important aspect of her daily realities and while as a mother she feels a sense of pride maintain her caring

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responsibilities, she felt a sense of apprehension about seeking help from friends and her peers at the university, as well as any support from outside her family such as Social Welfare provision. She mentioned that she did not want to be seen as inconveniencing others or being seen as a 'burden':

I don't want to burden people with my personal problems. (Sarah)

Reluctance to disclose caring needs has been a topic of debate of studies by other researchers who offered various explanations in terms of why students with caring responsibilities appear to avoid the disclosure of their caring roles in Higher Education. They identified various reasons for such reluctance, such as avoiding being perceived as having a stigmatised identity (Berti, 2013). They also found that students attempted to hide the caring aspect of their lives from their peers (Kirton et al., 2012).

What these studies and Sarah's reluctance to disclose her caring role highlight, is the considerable load that working class women with caring responsibilities take upon themselves to negotiate their roles and identities as carers and as students, especially when they negotiate caring responsibilities individually. Caring is an intensive activity that is often characterised by long-term didactic relationships where carers care for their spouse, their parents, their children, their in-laws (Niblett, 2011; Carers UK, 2012a). Lack of access to support from Social Welfare services will put carers under considerable strain.

While the research participants from the working class background found seeking assistance from external sources difficult, the three participants from a middle-class background did not perceive themselves as a burden and instead their remarks

showed that they would seek Social Welfare resources as a source of support to free time and space to study when they deemed the time right.

It is reasonable to assume that the working class participant's desire to avoid being burden on others shows that she drew a boundary between her experience of caring in her private sphere of home and of any public knowledge of her experience. Working class motherhood is seen as a stigmatised identity, which has further implications for keeping caring responsibilities private for fear of being judged as being unfit or even losing their own children. Dominant social norms delineate an image of motherhood as that of being a 'good mother', and this image plays an important role in how a woman begins to represent herself. The representations of the good mother allow no room for less than perfect motherhood to claim a moral self (Ribbens McCartthy et.al. 2000). Social norms about the notion of motherhood appear to be natural (Sayer, 2005), yet motherhood is socially constructed (Smart, 2007). Hence, mothers from different class and ethnic backgrounds may hold differing perceptions of what constitutes the notion of 'good 'motherhood (Thompson and Holland, 2002).

In relation to why some carers seem to hide their carer identity from others, Bittman et al., (2004) have argued that most carers view their caring to be an inherently private and a charitable family activity. Hence, it is quite common that many carers do not identify themselves as carers, but rather see themselves as meeting their kinship obligation (Bittman et. al., 2004). Carers' lack of identification with their caring roles has nothing to do with how they view their carer identity individually, but it is a result of the meaning that was produced by both social and cultural ideologies that viewed women as primary carers performing caring and domestic duties within their family home, and these perceptions have affected how caring is constructed as being activity that takes place in the home by women (Voydanoff, 1988). The ideology of familism

and parenting that underpins the traditionalist view of the family is underpinned by possessive individualism that maintains the notion of privacy from outside intrusion (Dalley, 1986; Ribbens McCarthy et.al., 2000). Possessive individualism encourages individuals in society to be self-dependent on the basis that such qualities are important in order to care for oneself and one's family in Western capitalist societies (Dalley, 1986. In such an instance, the pressured type of work undertaken by carers that contributes to the family in the homeplace becomes largely misunderstood and perceived negatively as dependency (Clements, 2013). This is can be viewed as one plausible analysis for reluctance of women to let others into their private domain and for their concern about being seen as a burden or deficient when seeking support and assistance.

It is also reasonable to understand why women would adhere to a moral imperative of family as their private duty in Western capitalist societies, especially when they are confronted by being seen as 'not an ideal mother' if they chose to ignore or not comply with these normative scripts. In summary, I would argue that when an ideological framework defines non-adherence to prescribed roles as inferiority, women would see themselves as a burden rather than as a credit, hence, viewing oneself as a burden is the product of social construction of carer identity rather than an individual definition. Caring is embedded in and shaped by wider social values, structures and institutions. Although caring may appear natural, the social norms regarding motherhood and fatherhood in White Western societies are socially constructed. Social, cultural and political arrangements play a role in how care is defined in society and how carers construct their identity and how they are constructed by others. However, in this study there was also evidence from the account of all of the women that they were not content with limiting positioning and limiting expectations that shaped the experiences

of their carer identity, instead they sought to maintain their student identity in Higher Education despite the inscribed cultural scripts. They talked about their motivation to carry on with their studies. A topic that will be discussed next.

4.1.2.6 Caring and perseverance to study

The women in this study recognised the benefit that they would gain from studying in Higher Education. Their pressured life, although experienced as stressful, did not diminish their love for learning. The desire for transformation through learning sustained their engagement with their studies and propelled them to seek ways to free time to study.

> I think there is kind of a transformative aspect of being a student for me, I started to become more aware and more vocal about my disabled child's rights and people who struggle in society. So, it is a bit of a mixed feeling, I feel I sacrifice time that I should be spending with my family, but I gain so much from being at university. (Emma)

> I don't want to neglect my caring responsibilities, but, I try my best to keep going with my study because I can see how much confident I feel and how knowledgeable I become, this aspect of studying is so fantastic. (Dawn)

> I struggled throughout the degree with the idea that I am not with my son for few days while I am studying, but the enjoyment of learning is certainly a great motivator to continue with the studying. (Helen)

Various studies have examined risks that mature students experience as they assess the personal cost that caring for their families and studying in Higher Education tend to incur (Davis and Williams, 2001; Reay, 2003; Alsop et. al.,, 2008), Yet, there was the stimulating academic environment, the critical debates, the notion that one is in need of a project (Moreau and Kerner, 2012: 49) that made the women want to pursue their studies:

> Doing the degree has given me the opportunity to feel connected, if you know what I mean, I think being just a carer at home seems to be just one part of who I am, I needed to feel connected to the outside world in some way and if it is not through work as yet, then studying was an option. (Emma)

The women's remarks about their quest to gain education and their interpretation of its benefit finds agreement with studies that took an optimistic position in terms of viewing education as one resource that women have been able to utilise to free themselves from the constraints of traditional roles and fulfil their personal ambitions as they negotiate caring for their families and studying (McLaren, 1985; Edwards, 1993; Pascall and Cox, 1993; Quinn 2003; Reay 2003). Other commentators such as Moreau and Kerner (2012) have argued that women students with parental responsibilities utilise their sense of agency to resist discourses that curtail their initiatives and view them as inadequate. In this way it is possible to assume that being seen as marginal and pressured subjects may have made women more creative in developing strategies to free time and space to study at home to counteract the limitations of their positions as carers. The participants were actively engaging in rationalising their motivation to study through using strategies that helped them to negotiate their roles and identities as carers and students. The study by Quinn (2003) viewed women's enjoyment and interest in their education as an indication that they assessed and saw value in what they had come to negotiate and accomplish.

The younger participant in the study in particular felt that she wanted to make sure that her caring responsibilities did not suffer; at the same time, she also acknowledged that there is an instrumental aspect to gaining education.

> When I leave my daughter and go to university, I think I am doing this to get qualifications and get a job, I remind myself the sacrifices will pay off in the end. (Sarah)

The young participant's view in this study agrees with Reay's (2003) study in recognising that younger students in Higher Education tend to identify an instrumental aspect of education as being an important dimension of the decision to sustain engagement with their Higher Education studies. The other three mature women participants conveyed an impression that a transformative motivation underpinned their desire to carry on with their studies.

> When I started studying I felt that I became something else, I think my opinions became more informed by my studies and my knowledge, so they made a difference to how I feel about myself, I think I personally developed as a person. (Emma)

These findings align with Reay's (2003) study whereby she argued that mature students were more inclined to study for the love for learning. Moreau and Kerner's (2012: 49) study found that doing education 'for yourself' acted as a motivator and was seen as a positive aspect of being a student parent.

All participants talked about their desire to contribute to society in light of knowledge gained from their studies. Their social class did not appear to make a difference to such an orientation as the three mature women from a middle class background and the young women with a working class background seemed to convey that they wished to contribute to society.

While all the participants talked about the importance of being focused on gaining benefits from their education and ways in which they attempt to reconcile both demands, they also revealed that the investment in time that their studies required, caused them to experience discomfort.

I suppose if I had a child without disability, at least they can play with their friends, or they could entertain themselves for a while, or get invited by friends etc, which means you don't have to be totally immersed and involved in meeting your child's needs, but when you have a child with disability, your time is not your own. (Emma)

When she is unwell, everything else seems to take a second place, this is the nature of what is it like when caring for a child with disability. (Dawn)

There is always this niggling feeling that my study is taking me away from spending time with my family, it is such a tough feeling. (Helen)

It is always difficult to combine care and studying, but I remind myself, the end of my study is in sight and my degree will be very important for the whole family. (Sarah)

This aligns with Davis and William's (2004) study findings that indicated that their participants felt that time spent studying was not time spent with the family and friends and on home and job responsibilities and that studying was not only an investment of the individual student's time, but the time of other people around them in a variety of ways. However, unlike the Davis and Williams (2004) study, the participants in this research felt that time pressures, although experienced strongly by all of them, have not compelled them to think about discontinuing their studies. They seemed determined to finish their studies and that was evident by the time of the interview which was conducted in the third year of their degrees. None of them interrupted their degree studies. They did however, express the importance of getting themselves organised in their homeplace through seeking the support of their immediate families, their friends and personal communities.

Summary to part one: Caring as emotional labour and caring as constraint to identity

The findings in part one of this chapter have indicated that the caregiving experiences of mature women students caring for those with learning disabilities are experienced as pressured due to experiencing caregiving as an emotional labour and viewing caregiving as having a constraining effect on their carer identity. These experiences highlight the significant challenges that mature women students caring for those with learning disabilities face when negotiating their roles and identities as carers and as students.

The findings have also indicated that caregiving responsibilities were perceived by the mature women students caring for those with learning disabilities as having a constraining effect on their carer identities. The constrained dimensions of their identity relate to viewing it as being invisible, time-poor, guilt-ridden, managing unpredictability, feeling discomfort about disclosure and persevering to continue with studying. This analysis sheds light on the various factors that play a role in how mature women students caring for those with learning disabilities negotiate their roles and identities as carers and as students.

These two aspects of their caregiving experiences (the emotional caring labour and the constrained carer identity) impacted upon their opportunities to find time and space to study for their Higher Education degrees which in turn impacted on how they managed the interaction between their caring and studying roles and identities. The experiences of mature women students caring for those with learning disabilities highlights the significant relationship between the home and Education, and between the carer identity and the student identity and the importance of making these experiences more visible to universities so that these groups of students can be better understood and supported. Interestingly, the findings also highlighted that such pressure did not distract the mature women caring for those with learning disabilities

from proactively seeking to find strategies to free time to study and actively seek to negotiate their roles and identity as carers and students because they saw value in education despite the challenges they faced such as: feeling invisible; the inflexible approaches in Higher Education processes; and the attitude towards student cohorts as an homogenous group who are care-free rather than care-connected. These were part of their experiences but they also voiced opinions about how their studies impacted them in a positive way such as: being able to be more vocal about their children's rights; increasing their knowledge and the level of their confidence; making them enjoy learning for its own sake; making them feel connected with the outside world which reduced their sense of isolation; and encouraging them to think of pursuing employment.

In part two of this chapter, I will continue to shed light on the women's attempts to sustain their engagement with their Higher Education studies as well as their commitment to maintaining their caregiving identities and relationships with their families, hence, clarifying the complexities of negotiating their roles and identities as carers and as students.

4.2 The homeplace and the university as a precious experience

In the previous part, the participants offered their views about the pressured aspects of being a carer trying to find time and space for their Higher Education studies through experiencing their caring responsibilities as emotional labour and their identities as being constrained. In this part they shed light on an aspect of their caregiving experiences in the homeplace that they experienced as positive. Their accounts highlight that they view their caregiving experiences within the homeplace as being precious due to negotiation of relationships with family members and friends.

4.2.1 Caring as negotiation of relationships

The participants experienced caregiving as negotiation of relationships through: organisation of resources, mutual negotiation with their families, and through connection with their personal community. The participants' perceptions of these aspects of caregiving in the homeplace had an impact on their personal experiences of finding time and space to studying for their Higher Education degrees and how they negotiated their identities as carers and as students. These key findings will be explored in the following sections.

4.2.1.1 Caring as organisation of resources

The way that the women organised themselves in this study demonstrated that they showed creativity in terms of harnessing time and space to study. They referred to their negotiation with others as being a positive aspect of their experience of their homeplace. They made sure that their daily lives and routine continued to run smoothly with little disruption to their caring responsibilities. Their accounts demonstrate that they sought to develop various strategies in order to free time and space to study for their degrees.

> I settle her in bed around 9 o'clock. I then do couple of hours studying and catching up on uni work and go to bed around 11. Of course this is not the case when she is very unwell which happens periodically, which means that I might not be able to settle her early as she tends to become very agitated and clingy and sometimes challenging when she is unwell. (Emma)

Another participant from a middle class background commented on using the study as a space where she could escape to in order to focus on her assignments and reading:

> Once a week, I ask my mum to come and spend the afternoon with (Adam), this gives me some time and space to do my reading or course assignments. I use the study at home so if I am needed for anything, I am still nearby. (Helen)

The participant's middle class background positions her well to benefit from having a bigger house with an allocated room specifically to study. Bourdieu (1986) in his theory of social stratification and Habitus argues that unequal access to resources is based on various experiences in terms of class, gender and race. Various forms of capital such as social, economic, and cultural enable individuals to mobilise and use resources to benefit them. Capital in all its form is not uniformly accessible to people in society but is connected to a person's class position and other forms of stratification; this in turn allows those who have capital to benefit from such a position. Helen's cultural capital in the form of a bigger house and specific quiet room to study without interruption, situates her in a more privileged position to participants who have less cultural and material capital.

The working class student, on the other hand, talked about studying in the kitchen where she made a point that she wanted her children to observe her studying in order to motivate them to do their homework and to succeed.

> It is important that the children see how committed I am to my study and hopefully start to imitate me. (Sarah)

The representation of working class mothers as wishing to be role models to their children, something to aspire to, something to look up to, relates to how women from working class backgrounds are represented in relation to a place by members of their family and community (Ross, 1983). For their families, working class mothers become 'the symbol of communal utopia' (Rose, 1993: 58). Black feminist geographers argue that 'place can become feminised through reference to fantasied maternal women' (Carby, 1982). Representations of working class mothers invoke an image of women

who are tireless, full of energy, inspiring and compassionate (Ross, 1983). The vision of a nurturing, caring mother is articulated vividly by Seabrook who viewed the mother as 'the formidable and eternal, virago, domestic lawgiver, comforter and martyr' (Seabrook cited in Rose, 1993: 58). Working class women and men share the orientations of wanting to care for others, which derive from working class struggle and painful life experiences (Reay, 2003). The working class participant's commitment to help her children achieve is in response to her commitment to benefit her family and herself through engaging in education. Giving something back to her family in terms of being a role model reflects the participant's connection to her relational identity and the importance she places on her relationship with her child and her family. By being a role model to her children, Sarah is trying to show to her children that social mobility is achievable not only for herself but also for them too. The participant's views show that rather than surrender to the challenges and the impact of her class position, she uses her motivation to study and progress to energise her children's motivation to be educated. The participant's relationships with her family are oriented toward solidarity with her family members rather than pursuing an individualistic orientation. Yet, such sense of relational identity is in stark contrast to the dominant discourses in Higher Education where individualisation is prioritised. Additionally, the participant's positive representation of her motherhood stands in contrast to structural constructions of working class motherhood that has often been portrayed as deficient and stigmatised.

In addition to class background and its impact on participants' opportunities to dedicate space and time to study, the second aspect is the role of mother and the part it plays in supporting the participant to free time to study within the homeplace. One participant (Helen) emphasised the role that her mother played in helping her combine caring and studying. I asked her during the second interview to explain further her relationship

with her mother and its impact on how she organised and negotiated caring for her child and studying in Higher Education. The participant mentioned that she is very close to her mother and expressed positive qualities underpinning their relationship.

> I have an amazing mother, she is supportive, encouraging, always there for me and honestly, she is my best friend. (Helen)

The findings highlight the strong bond between the participant and her mother and that their relationship is built on mutual and reciprocal interactions, where support for each other is very important to them both.

> We try to help each other, I help her and she helps me during tough times. I cannot thank her enough for helping to carry on studying, her support is invaluable. (Helen)

The mutual respect they have for each other is maintained through their constant contact due to living in close geographical proximity to each other.

> My mother and I have a great relationship and really get on very well with each other. We also live very close to each other, which means that we see each other a great deal which is really helpful because she can pop in any time I need her to support me with caring and vice-versa, if she needs me I will try and help too. (Helen)

Additionally, Helen conveys that her mother's acceptance of her views helped her to seek her support when encountering personal difficulties in terms of her caring and studying:

> I feel really comfortable talking with my mother about anything whether it is to do with caring for my son or something to do with my study. We have very open and honest discussions and that is really important aspect of our relationship in terms of how well we get on with each other. (Helen)

The relationship with her mother played a role in facilitating the participant's attempt to combine care with her education in terms of being able to openly express her needs for support as well as the flexibility of both herself and her mother to step in and help each other. Within such a context, it is reasonable to suggest that the mother-daughter relationship conveys a precious and rewarding aspect of caregiving within the homeplace. It signifies the importance of women's relationship to their family in helping to reduce the tension that may arise from negotiating their role identities as carers and as students. This study finding tends to offer a more positive portrayal of the mother-daughter relationships than various studies in Higher Education (Tett, 2000; Reay, 2003; Moss, 2004; Alsop, Gonzalez-Arnal and Kilkey, 2008) that viewed the relationship as being problematic due to perceiving the women students as neglecting their duties toward their children. In the absence of structural sources of support as mentioned earlier in the participant's narrative in this study, the participants in this study turned to their family and their mother in particular to give them time off caring so that they could study. Hooks (1998) argues that the private space of home may provide security to socially and culturally disenfranchised identities. Alfred (2001: 7) states that in her study of African-American women working in White universities, one of her participants mentioned that the home provided her with 'a safe space where she can escape others' definition of her marginality'.

The support of the participants' mothers in terms of looking after their children who have learning disabilities is akin to the notion of 'other-mothering' practices that was forwarded by Black feminists who argued that childrearing has an ethical and creative dimension where caring for the children is shared by members of the community (Collins, 1984, Hooks, 1994). Such practice helped the participants to have strong and sustained relationships with their mothers and their families. Gouthro (1998, 2009)

argues that the homeplace is a central component of the lifeworld that needs recognition and understanding in terms of its limiting as well as its liberating dimensions, because both of these dimensions are structurally rooted and impact upon how women navigate their experiences in the public space.

Besides being able to draw on her mum to help her, the participant (Helen) also talked about the importance of being organised:

> Without organisation and set routine, I can't really study, even though I have supportive family. (Helen)

All participants felt that they organised their time to study in ways that did not interfere with their caring responsibilities. Being organised was seen by all of the participants as a solution to resolve the pressures they felt due to bringing their studies to their home place.

> It is all about planning when to study, where to study, is it possible to study at home, all these are questions I have to think about when I began my degree. I knew that I have to organise myself in order to make sure that the caring aspect of my family life does not suffer while I am studying. (Helen)

The participants' views demonstrate that they did develop strategies to minimise the negative impact of their studies on their families and reduce tension which, to a certain degree, reflects Lynch's (2008) study which saw women downplaying their student identity at home. However, in this study, the accounts of participants showed that they did not hide their identity but rather they sought to reconfigure their supportive networks from total reliance on their husbands to seek the support of their families and friends to give them respite from care and use this respite time to study. Rather than fragmentation and transient social bonds, the participants' interaction with their micro social world appears to have active and rewarding dimensions. Social support proved

to be important factor in how they negotiated their roles and identities. The availability of space to study and the availability and flexibility of the participants' mothers played a role in how the participants organised their resources in order to free time to study. However, Gouthro (1998: 245) points out that when considering a deeper understanding of women's experiences of the homeplace and the impact on their educational experiences, the analysis needs to acknowledge that women's experiences and voices are diverse. Hence, White, upper class, heterosexual women offer a different outlook, status and experience to women from an ethic minority, working class or homosexual orientation. Black feminists are also aware of the importance of seeing identity and relationships not simply through privileged positions in society but also through the experiences of women who do not have a privileged position, such as Black women where multiple factors have intervened in how they define their identities and their life experiences (Collins, 1984, Hooks, 1994). Both similarities and differences in experiences help shed light on assessing how the homeplace impacted women educational experiences. The participants in this study made it clear that they wanted to share the load of caregiving with their families and in particular their husbands as will be analysed below.

4.2.1.2. Caring as mutual negotiation with the family

One participant mentioned that she mutually negotiated with her husband about sharing the load of caring. She felt that her relationship with her husband was an important aspect of her experiences at home that she valued and cherished.

> We (with her husband) agreed amicably that when I started my studies there needed to be time for us as family and a time for me as a student, this (understanding) worked for us previously when I started to work, so we knew that it would work again when I planned to start my degree. Initially when I worked outside our home, there was lots of tension about who does what etc. but then we sat down and had a chat about what we could do, so that we both

> felt that we could contribute to each other's lives and share the load of caring for our child. (Helen)

The participant's account showed that she resorted to cooperation and negotiation with her husband rather than confrontation about sharing the load of caring. She had had success previously using this method of working to resolve tension and she used it again with the aim of freeing time and space to study in her homeplace. This participant's account aligns to an interactionist conceptualisation of how roles are negotiated in the family. Interactionists view subjective realities as being based on a person's action and the meaning they attach to a particular situation; a meaning therefore, is actively constructed as people interact with their social and material world (Berger and Kellner, 1964; West and Zimmerman, 1987; Gieryn, 2000; Gans, 2002; Caren, 2012; Healy, 2014). Interactionists view gendered behaviour as the product of social interaction (West and Zimmerman 1987). However, it is important to consider that families may negotiate relationships differently and therefore to view negotiation of roles within families as having societal and cultural dimensions. The private sphere of home cannot be seen in isolation from the political life in a given society. Chapman (2004: 98) argues that the interplay between 'established patterns of cultural, economic and political life always impact on the private world, formally, through the activities and dictates of institutions that establish building regulations, pattern of employment, mortgage contracts, health, safety, and so on'. There are also informal social and cultural influences that impact experiences in the private sphere through 'the social pressure exerted by the family, friends, neighbours which in turn tend to produce continuities in social behaviour both inside and outside the home' (Chapman, 2004: 98). Hence, negotiation of relationships should not be assumed on the grounds that men and women, working class and middle class, Black and White, able or

disabled, young or old, negotiate relationships on an equal footing. Power imbalance may create conflict, although some commentaries argue that re-negotiation of roles and responsibilities of studying and caring can be achieved through a more gender equal arrangement (Moss, 2004).

In this study, the participant's mutual shared experience with her husband is not achieved through one encounter or one negotiation but goes on being redefined in the marital interaction (Berger and Kellner, 1964: 171).

> Even now, after three years of studying, I still have to sit down and have a quiet chat with my husband about helping me with caring so that I can have some time to study. He needs to be prompted now and then, but he is very good, he doesn't mind me reminding him. (Helen)

The impression that the participant conveys about her relationship with her husband is that of mutual respect where opinion is given and debated calmly. This is an interesting finding, because often the image of caring conveys a hectic and demanding space far removed from an image of calm. Additionally, Helen's views convey an image of a husband who appears to be less rigid in his attitude about roles and relationships in the caring and domestic sphere.

The participant (Helen) mentions that she reminds her husband to step in to help her with the caring responsibilities, which suggests that while there is willingness and cooperation on her husband's part to help, there is an assumption that she still undertakes the majority of care.

Perception of caring and its value to carers may depend on family circumstances, personal values and societal recognition and appreciation of the caring roles. Housework and domestic life often may be perceived by men and women as being thankless tasks, because they may be perceived as being unrewarding and

undervalued (Chapman, 2004). But there is a distinction between domestic work and caring work which may influence how the person who is caring perceives their roles and responsibilities toward others. Commentators suggest 'that caring is qualitatively different from housework because it involves negotiations with others and responsiveness to others' needs; it is both a form of labour and of love' (Smart and Neale, 1999: 20). Involving fathers in care of their children may reduce the pressure that women experience as they negotiate multiple roles and identities. Some commenters have argued that attention needs to be given to the involved fatherhood debate that focuses on emotional closeness in men's 'relationship with their children and men's sharing of the joys and work of caring giving with mothers' (Wall and Arnold, 2007: 509). This does not deny the patriarchal struggles that impact women's experiences but allows men to articulate their willingness to participate and engage in caring for their children (Bjornberg and Kollind, 2005: 128).

From Helen's responses, I detected that her experience of caregiving had an impact on how she viewed her life and how she wanted to develop herself and her relationship with her husband in order to give her child a better quality of life.

> Having a child with learning disabilities changed my views about the world and made me aware about the importance of my relationship with my husband, particularly because I needed his support and encouragement and I needed him to help me help our son. I think we both grew stronger as couple; we become more aware that we need to help each other so that we survive the hard times while we care for our son. (Helen)

Their need to grow and develop in light of their son's learning disabilities made them aware of the importance of sharing the load of caring responsibilities. Their child had a significant impact on the re-assessment of their capabilities as a couple and in the

re-building of a stronger base from which to help each other and enjoy the positive aspect of their child's impact on their lives.

> I have had several conversations with my husband throughout the years about how much our son impacted us not only negatively but positively. It is unreasonable to say we enjoyed the difficult times of caring, but we often thought we needed to focus on the positives so that we can help each other and also help our son to have a good life. (Helen)

The participant's attempt to focus on the positive aspect of caregiving for a child with a learning disability was largely shaped by the reward she gained from caring for him.

> Caring for our son made me much stronger and made us as a couple more assertive and be able to fight for his rights in meetings etc, I think I am less judgmental than I ever been and more tolerant to other people views, also we enjoy his company, he can be so funny and he is very affectionate, he gives a lot of himself to us. (Helen)

The participant's expression that her child 'gave a lot of himself' was expressed through the qualities that the child with learning disability brought to their family.

> He is always smiling, very happy, he hugs and loves to be hugged, he helps around the house in his own way when I ask him; he is always there near me at home which is very comforting. (Helen)

The participant's views about her relationships with her child highlight a reciprocal dimension where mother and child are engaged in giving and receiving of attention and love.

The findings so far show that having a child with learning disabilities brought about both challenges and considerable rewards and that it had a positive impact on the participants' relationship with their husbands and strengthened their commitment to share the load of caring through cooperation with each other that facilitated the women's negotiation of roles and identities as carers and as students.

But there was another area that the participants felt had helped them to experience

transformation and that is engagement with their academic studies.

> I mean I am not saying that the degree did not have its challenges, there is plenty of that and things really need to improve a lot but overall, I look at what I got out of my study, I would say that I am now much more informed person than I was before I started my study. (Helen)

> Studying about how a person constructs views about their experiences and how they see themselves compared to others in society was the most enlightening aspect of my education. I no longer find myself judging other people from my own view, but actually pausing and saying to myself, that people have different set of circumstances than mine and will react differently. (Helen)

> I feel more assertive now and I really like this side of my character now. (Emma)

The rewarding aspect of participation in education that the participants convey as

transformative was the critical engagement that their academic studies demanded and

through which they were able to gain greater knowledge about social issues.

> I think that I have changed a great deal through my study too because the debates that we engaged with in the lectures, with other students on the degree and with the lecturers themselves, and the number of the critical issues that we explored during the degree, really opened my eyes to inequalities, injustices and how they really affect people, it made me aware of my son's rights as well as why he should be supported to have a good quality life. I would say anyone who says that education is not a good thing is lying to themselves. (Helen)

Caregiving and education played a role in how the women came to see themselves

as being transformed. In previous sections the participants highlighted that education

offered them opportunities to understand their own positioning and those of others and

a chance to connect with the outside world.

Their relationship with their family and their husbands has contributed to toward

viewing aspects of their caregiving experience as being rewarding and precious

through sharing the load of caregiving. One participant mentioned the notion of 'love' as an emotional dimension that facilitated a supportive environment within the homeplace through which support for caring was negotiated with her husband.

> We love each other and love our daughter, that's why we always help each other and find way in which we can support each other. (Sarah)

This is an interesting dimension of the participant's construction of her homeplace as a 'precious' space. Love, negotiation, agreements and reciprocity still seem to hold influential dimensions in negotiation of responsibilities and a supportive home environment. However, the sample in this study is small and can only shed light on how this particular group of participants have experienced their homeplace. Three of the participants were White middle class and one is White working class. Their experience is different from women who come from Black and ethnic minority groups whose caring for themselves and others would be interpreted differently through their class, ethnicity and race positions. Commentators argue that for someone who lives in a deprived area, the homeplace is a site of harsh realities, violence, hunger, poverty and disease (Plumb et al., 2007). In terms of Black identity, Audre Lorde (1984) argued that conceptualisation of caring needs to include Black interpretation because lack of acknowledging colour will overlooks structural racism and its implication for how Black women experience their daily realties. Furthermore, it is important to acknowledge that families and relationships within them are not homogeneous and that the family types have diversified in terms of single parenting, stepfamilies, reconstituted and dual-income families and same-sex parenting. Although inequalities are still experienced by women who are positioned to take the primary responsibility for their families (Miller, 2011b: 21). Inequalities need to be seen not just in terms of gender but also class,

ethnicity and other socioeconomic dimensions of identities and relationships and marriage.

The participants mentioned marriage. Marriage is an intense human relationship and working together to resolve tensions in some way facilitated women's engagement in diverse roles besides just being a housewife and a mother. One participant saw her supportive husband as playing an important part in her continuation with her studies.

> Without being supported by my husband, I think it would have been impossible for me to carry on studying while caring... his help is invaluable and he and I know that we are a team, we will always help each other, isn't that what a good marriage is all about? (Sarah)

The participant's reflections on her relationship with her husband, do not align to some commentators' views, specifically those who argued that marriage is an ideological arrangement through which women become trapped into a dependent relationship with men with an unfavourable legal contact (Simone de Beauvoir; 1972, Gavron, 1983; McRobbie, 1991; Richardson, 1996). Furthermore, the participant's views do not align with those who view relationality between women and men as being oppressive or damaging to women. Other commentators have offered other perspectives and argued that, rather than viewing marriage as either benefiting or damaging individuals, it may be possible to view it as having both a darker conflict-ridden dimension and a lighter peaceful dimension (Smart, 2007).

The participant commented on the enduring nature of her relationship with her husband:

> Even before we were married, we were always there for each other and this continued as we married, had children and even going through the tough times when our son was diagnosed with his disability. (Sarah)

The participant's view disagrees with commentators who suggest that relationships between men and women make people develop an individualistic orientation in an individualised society (Beck and Beck-Grensheim, 1995, Bauman 2003). Commentators have argued that due to individualisation in society, people invest a great deal in their relationships, yet they end up being disappointed due to lack of fulfilment (Beck and Beck-Grensheim,1995: 12). This was not evident in Sarah's account as she talked about sharing the load of caring with her husband.

Optimism about importance of love and reciprocity seems to have arisen from two participants (Sara and Helen) who viewed their relationships with their husbands as being supportive, reciprocal and cooperative. However, a darker side of marriage can also be present according to commentators such as Bauman (2003), who showed disapproval of people's preoccupation with love and relationality when he argued that:

> Our contemporaries, despairing at being abandoned to their own wits and feelings easily disposable, yearning for the security of togetherness and for a helping hand to count on in a moment of trouble; and so desperate to 'relate'; yet wary of the state of 'being related' and particularly of being related 'for good', not to mention forever...in our world rampant 'individualisation' relationships are a mixed blessing. They vacillate between a sweet dream and a nightmare, and there is no telling when one turns into the others (Bauman, 2003: viii)

Interpretations of scholars that focus primarily on risks and anxieties as consequences of relationships between people in a contemporary society do not pay any attention to love as entailing attentiveness to each other that gives space for negotiations. Neither do they consider that relationships are subject to gendered, racialised, classed experiences. Feminist ethics of care theorists such as Virginia Held (2006: 11) argue that 'a person does not choose which gender, racial, class, ethnic, religious, national, or cultural group to be brought up in, yet these sorts of ties may be an important aspect

of who they are and how their experience can contribute to moral understanding.' Furthermore, interpretations such as that of Bauman (2003) do not focus on the 'compelling moral salience of attending to and meeting the needs of the particular others for whom we take responsibility' (Held, 2006:10). Thus, individualistic discourse has limitations because 'moralities built on the image of the independent, autonomous, rational individual…largely overlook the reality of human dependence and the morality for which it calls (Held, 2006: 10). Taking a feminist ethical stance on caring for each other allows relationships to be seen in terms of enabling each other to live and progress.

The participants in this study seem to convey relationships as being important to them in terms of offering them a supportive means through which they can access time and space to study in their homeplace, and assisting them in negotiating their roles and identities as carers and students more successfully. In so doing, they offer an optimistic interpretation of relationality. As explained earlier, this reflects the views of this group of students but may not be representative of broader trends in society. The participants' views offer the possibility to broaden understanding of relationships to incorporate a sociological interpretation of the significance of love as emotion. This interpretation relates to how Andrew Sayer (2005: 45) explains the relationship between emotion and morality. Sayer argues that, if people offer an explanation or justification of their action and behaviour in terms of morality or their judgment about their situation, this must be acknowledged, not translated into something that does not convey how people interpret their emotions about their social position. From the participants' perspective there is room to view commitment to care for each other as having a 'precious' relational quality rather than an 'antagonistic' individualistic quality. The participants saw their husbands as valuable in terms of sharing the load of caring

and through negotiation of roles and the relationship of love. This type of interaction facilitated the negotiation of roles and identities. They also mentioned another source of support and that is of their friends and personal community as will be explored in the following section.

4.2.1.3 Caring as connection with friends and personal community

Some participants commented on the importance of their network of friends which they saw as an important personal community in terms of offering them time and a space to dedicate to their study.

One participant sought the support of her old friends:

> I called on my friend for support, who is very precious to me...I knew her long time ago, she is not only my friend, but someone that I can turn to for support without hesitation, because I know she will be there for me, as I will be there for her if she needed me. (Emma)

The participant's account of the importance of her friendships seems to highlight the significance of this social relationship especially in terms of offering her support when needed.

I asked the participant (Emma) in the second interview to explore more about the qualities that a 'precious friend' may convey. The participant's response highlights that friends who are given such a significant importance had distinctive qualities that made the participant comfortable about seeking support from them:

> I have few friends but when I am really in need of support with my daughter, there this one special friend that I know that she will understand my request because she is very sympathetic and understanding, I feel comfortable asking her to help. She is also very encouraging and upbeat so when I am feeling a little bit down, she lifts my spirit up. (Emma)

The findings echo Brooks' (2007) research that sheds light on the importance of the provision of emotional support that a friend can offer, which emphasises the critical role friends play in encouraging the mature student carer especially at difficult and stressful periods.

Another dimension of the importance of friendship on the participants' experiences of caring and studying is that their friends played a role in the maintenance of their academic study as highlighted by the following participant:

> …in fact, she really encouraged me to persevere with my study because she thinks that it is good for me, she said that she saw a difference in me in terms of how I have become more confident and more assertive since I started studying. (Emma)

The findings indicate that a friend is seen in a positive light not only personally but also academically. This finding aligns with Brooks' (2007: 698) study that acknowledges the importance of friends in stimulating social learning through instilling in their friend confidence about their own identities. As well as confirming the emotional and the academic value of having a supportive friend, the participant's account shows that during a stressful or difficult time their friend's input and support can become critical:

> I can discuss anything with her about my worries and anxieties about caring for my daughter or even my worries about my studies, when I discuss issues with her it's as if the fog disappears and I start to feel supported, but also feel much clearer about the decisions that I need make, about how to manage my worries, it is really good to talk to my friend about both my personal life but also about my study and what I am doing etc. (Emma)

These findings show that friendship has offered the participants what Martinez (2009) refers to as 'reprieve from anxiety and stress'. It indicates that friends are important in terms of offering the participant a space to discuss their concerns. Studies have

shown that friendships with female friends are important to women in terms of discussing decisions about their lives in general and more specially about their love life and parenting (Martinez, 2009).

In this study, the participant noted that they would experience isolation if they had not maintained their friendships.

> I suppose without my friend, I would be very isolated....caring is a very lonely experience, so having a bit contact with friends is very important not only to support my daughter but also to have a chat with. (Emma)

This participant's remark seems to convey that she sought her personal community as a supportive network to give her a few hours of respite from caring to allow her to study as well as connect her socially.

The participant's interpretations of the significance of friendship seem to challenge the fixed notion that kinship and relationships within it can only can be based on biological relatedness which is seen as an important element of family duty to care. Yet, the participant's account about the role of friendships indicates that there are strong social and cultural links that can be extended beyond the biological links. Such recognition challenges an ethnocentric assumption that sees kinship as purely social recognition of biological links (Carsten, 2000).

When the participant (Emma) was asked to elaborate about her relationships with her friends in terms of the qualities that sustained their friendship, she commented that her friendship endured due to trusting her friends to be there to support her.

> I tend to shy away from asking for help from people I don't know, but with my close friends I have no problem in seeking their advice and support...I trust my friends and I have a great confidence that whatever I tell them about how I feel they empathise, as if they feel what I feel... for me it is a good feeling when I

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feel understood, that help me a lot in terms of opening up and talking about what is going on in my life. (Emma)

The participant highlights how she developed bonding with her friends that is strongly built on confidentiality, the ability to be oneself, and to be understood without being judged. It is reasonable to suggest that perhaps supportive relationships with friends offer the participants a respite from their anxieties and worries about both caring and studying and help them to face challenges more self-assuredly.

The participant's view of her friendship in this section, sheds light on how she constructed an image of a friend that can be trusting, is available in time of need, is empathic and can see her point of view without judgment. However, one needs to keep in mind that sociologists view friendship as being socially patterned and as something that must be understood within the context in which it is formed. Ties of friendship are social rather than personal, are not fixed, but take shape in a specific context (Spencer and Pahl, 2006). From the aforementioned analysis one can easily come to the conclusion that friendship seems to have no stable meaning as it relies on perceptions of those involved in these relationships and, hence, I agree with the advice given by Spencer and Pahl when they suggest that we need to find approaches to understand the importance of friendship to people through being able to:

Capture the way people experience and talk about their important social relationships. Especially with the context of current debate about the supposed transience of modern ties (Spencer and Pahl, 2006: 41).

Spencer and Pahl, (2006) considered two issues: the notion of choice and the notion of commitment. The degree to which friendships are given or chosen and the distinction between the levels of commitment to these relationships. They avoided generalisation and focused on the context of social relationships that people engage

within their social world rather than subscribe to a moral panic about its demise (Spencer and Pahl, 2006: 43). This way they located individuals with a wide set of ties in which they were embedded, focusing on their collective personal community. They used Barry Wellman's (1982) personal community construct to refer to people's intimate and active ties with friends, neighbours and work mates as well as kin to analyse friendship in a way that values this wide interpretation. I think this may become an important aspect of future research that takes into consideration both the structural influence on how people relate to each other as well as how people interpret the significance of friendship in terms of its value to them as they negotiate their daily realties. The participants in my study, with their interpretations of the importance of their friendship to their ability to harness some time and space to study in their homeplace, may have shed light on this angle of social life that has been overlooked in contemporary society. It is important to mention here that there have been some explorations of friendships and its role in women's attempts to bridge the gap between home and the university which are valuable. Jocey Quinn (2003), for example, argued that entering university allowed women a sense of belonging and nourishment that nurtured the vulnerable self and being with peers was an aspect of that sense of belonging. Two participants commented on their relationships with students on their degree:

> Although I was unable to build strong friendships on the course, I was still able to contact two students if I missed some classes and wanted to catch up on lectures. (Dawn)

> I made one friend at the University who will be my friend for ever; she encouraged me to continue with my study when I was struggling with the academic demand of the degree. (Emma)

The participants' strategies to organise time and space to study show that, rather than viewing their lives as carer as being separate and isolated from the social world outside the parameters of their homeplace, they constructed it as being connected part of larger world. In the absence of structural support from Higher Education and Social Welfare, as discussed earlier, the participants sought the help of their personal community to help them negotiate roles and identities as carer and as students. This analysis aligns with a concept offered by Smart (2007), which she referred to as the concept of 'personal lives' that challenge the notion of individual life. She argued that the transformation of relationships in contemporary society such as transnational families, same-sex parenting and other forms of family relationships challenged traditionalist view of roles and relations within the family. She suggested that there is a blurring of distinctions between private and public domains with clear consequences for traditional family relationships. These transformations according to Smart (2007) changed family forms and relationships beyond conventional familial arrangements. This allows the family to free itself from an idealised nuclear form and those new forms of support began to be called upon in hours of need.

Summary to part two: The homeplace and the university as precious experiences

In summary, the participants experienced their caregiving in the homeplace as being precious through viewing caring as a negotiation of relationships involving the organisation of resources, mutual negotiation with their families and connection with their valuable personal community. These experiences had a positive impact upon how they negotiated their roles and identities as students. They used their creativity in terms of organising themselves to study at night and when they were free of caring. Some sought their mothers which emphasises the importance of these relationships in helping women negotiate their roles and identities as carers and students. Some

shared the load of caring with their husbands through mutual respect for each other's roles in caring for their children. Their demanding lives did not detract from their love for their children and valuing the qualities that their children possess. Friends played a pivotal part in their negotiations of roles and identities as carers and students. They supported them through the difficult times and helped to give them respite from caring. They commented on the positive aspects of their Higher Education experience and continued to highlight the benefit of Higher Education as a precious space through experiencing their peers as supportive which helped them to connect academically. Life seemed positive when a supportive network was able to help them negotiate their roles and identities as carers and students.

Overall summary of the findings

It is important to note that the study participants' representations of their experiences of caring and studying are subject to their Whiteness, class position, gender, and age. These aspects have been mentioned earlier in this findings and analysis chapter, but it is important to repeat the assertion that having a White middle class position would situate individuals in a different and more privileged position to access resources, navigate interaction between caring and studying compared to those who have limited resources such as working class students.

Social class played a significant role on how the participant from a working class background hesitated to disclose her carer identity and seek support from Welfare services and her peers at university. Social class played a role in the ability of the participant with a working class background to pay for formal support to help her free time and space to study. Unlike the participants who came from middle class

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backgrounds and who had ample resources to navigate their negotiation of care and study.

Gender played a role in the experiences of time poverty and feelings of guilt, although these experiences were experienced by all the participants in this study. However, how motherhood was constructed by the student with a working class background was different to how it was constructed by the middle class participants. The participant from a working class background felt that while her identity was valued by her family and she felt a sense of solidarity within her home, yet societal representation of working class motherhood was seen as different and stigmatised.

Age played a role in terms of the participants' motivation and perseverance to study. Although all the participants were mature, there were a slight variations in age. One participant, who came from a working class background, was in her late twenties and the others, from middle class backgrounds, were aged mid- to late-thirties. The younger participant's motivation to engage in the degree was to gain employment and to give something back to others such as her family and others in society. While the participants with middle class backgrounds were not concerned about employment but about developing themselves and social connections. Again, here, age but also class played a role in how the participants negotiated caring and studying. The necessity to gain access to employment may have been prioritised in case of the working class participant because of the limited material resources in working class households. The degree is a pathway through which she can improve the family's financial situation. The participants from middle class backgrounds did not have that extra pressure to provide for their families and this made their experienced different to their working class peer. Students and families are not homogenous entities but diverse and complex and will experience the social world differently.

Chapter 5 The conclusion

When I started this thesis, I was motivated by an insight into what being a carer meant to me personally and how I came to negotiate the interaction between being an informal carer in my homeplace and being a student and a lecturer in Higher Education. This personal drive led me to have a passion and compassion towards my students who have caring responsibilities. When the opportunity arose with the doctorate programme, it was inevitable that I gravitated towards giving a voice to women who are carers like myself. I realised when I attempted to examine research on the experience of mature women students caring for those with learning disabilities, that this area of research in Higher Education is rather underdeveloped, which gave my study the opportunity to contribute to knowledge about this particular group of students whose experiences are worthy of investigation. I examined their experiences using a feminist perspective that attempts to shed light on the experience of caregiving within the family and its implication for women's experience of participation in Higher Education. These women's experiences of caregiving are distinct in terms of the level of support they need to offer for those with learning disabilities. The women are involved in caring for individuals who have limited capacity to care for themselves and require long-term care that involves personal, emotional, physical, economic and social support. The experiences of mature women caring for those with learning disabilities are affected by broader issues that relate to how society and formal provision is structured in terms of how carers are viewed and supported, the value that is attached to caregiving experiences, the funding for respite services, and access to assessment of their needs as carers as well as those who they care for who have learning disabilities. With vast changes in life expectancy, the number of those who have learning, and intellectual disabilities will extend, magnifying the necessity to

consider ways in which their needs can be met as well as seeking to understand the implications that ongoing caregiving has upon their carers.

Families in their diverse forms and women in particular are primary carers for those with learning disabilities, undertaking a considerable amount of responsibility and saving society a considerable financial cost. However, their caregiving is unpaid and the consequences of caring for those with learning disabilities on their own physical, psychological, financial and social wellbeing are only partially unrecognised. Yet without the family caregiving, the cost of caring for those with learning disabilities would put a significant burden on the public purse. From the feminist perspective that my study has utilised, caregiving in the family has been primarily given to women; although men do contribute in an instrumental way, rather than direct hands-on day-to-day caregiving. This arrangement is not a personal choice, but reflects structural societal expectations underpinned by an ideological framework that naturalises women's identity as nurturer and kin keeper. However, my study wanted to look at both angles of the caregiving experiences of mature women students caring for those with learning disabilities in terms of the challenges they face and the solutions they develop to negotiate their roles and identities both as carers and as students in Higher Education. I wanted to make visible both their struggles and their triumphs. I believe that this offers a balanced view of caregiving not just as a burdensome undertaking but as an important and valued aspect of women's experiences with their families, with those who have learning disabilities and with their friends and social communities. The findings of the study highlight that mature women students caring for those with learning disabilities are creative beings in how they negotiate the tensions that have arisen from the structural constraints that naturalised their identity and their attempts to pursue opportunities outside their caregiving roles and identities.

The aim of this study was to understand how mature women caring for those with learning disabilities negotiate their roles and identities as carers and as students. In particular I was interested to find out how they managed to find time and space to study for their Higher Education degree in light of the considerable demands caring for those with learning disabilities entails. This I envisaged would be helpful in terms of gaining clarity about the connection between the experiences of caregiving in the home and the experiences of participation in Higher Education. The study utilised Gourthro's (1998) theoretical framework that viewed the homeplace as a site of living and learning that shapes women's domestic and caring labour, their identity and their relationships with others, which has implications for their learning experiences.

I initially wanted to identify the impact that the experience of caregiving in the homeplace has on the mature women students' experiences of participation with their Higher Education studies. The findings of this study indicate that the mature women students caring for those with learning disabilities experience their caregiving in their homeplace as having both pressured and precious dimensions which have an impact on the negotiation of their roles and identities as carers and students.

The findings in this study have been illuminating and have contributed to knowledge by investigating the impact of caring for a child with learning disabilities on mature women's experiences of participation in Higher Education. Although there has been considerable research in Higher Education about the experiences of other groups of students (e.g. student parents, students with disabilities, and students who are 'non-traditional'), there is a gap in research about the experiences of this group of students.

The study identified many challenges but also rewards that mature women students caring for those with learning disabilities encountered in attempting to connect their

home to their studies. One particular finding that constitutes a critical aspect of being a carer and a student was the notion of disclosure of carer identity.

Disclosures

The study has identified that the working class participant was hesitant to disclose her identity as a carer for a child with learning difficulties. This was not the case for the other three, middle class, participants and is an area that would warrant further investigation in a future study. The participant with a working class background experienced difficulties in terms of disclosing her caregiving needs and seeking respite support from: Social Welfare provision, peers at university and family friends, due to experiencing anxieties about being seen as burdening others or being seen as a 'burden' herself. Social class was a factor where boundaries were drawn between the private sphere of home and between any public knowledge of the participant's experience. Other research in Higher Education has highlighted that often students hide their carer identities due to this being seen as a stigmatised identity (Hussain et al., 2011; Bertie, 2013; Kirton et al., 2013; NUS, 2013). However, this study extends the parameter to include social class position as a factor in the student's reluctance to disclose. Working class motherhood has been associated with being a stigmatised identity, which has further implications upon keeping caring responsibilities private for fear of being judged as being unfit or even losing one's own child. Hesitation in disclosing her caring role impacted how the working class participant negotiated her role and identity as a carer and a student. Other important findings in this study are summarised as follows.

The homeplace and the university as pressured place

Participants constructed caregiving as being pressured due to experiencing caregiving as: an intensive emotional labour and as a constraint to their identities as carers and as students.

Caregiving as emotional labour

Their caregiving labour was experienced as intensive due to the demand of 'caring for and caring about' those who have learning disabilities. This was due to the kinship and personal commitments they took upon themselves and to the increase in demand put upon them by both Higher Education studies and their families. The participants articulated a view that constructed their caregiving experiences in the homeplace as involving a high degree of personal, practical and emotional assistance to those with learning disabilities. A considerable amount of time was spent on daily caring routines such as feeding, bathing, administering medication, developing skills and competencies and on transportation. The participants talked about the emotional toll of caring in terms of worrying about the wellbeing of those with learning disabilities, the concern about challenging and difficult behaviour, and the sadness about the prognosis of their child's disabilities. This mountain of emotional involvement with caring for those with learning disabilities was compounded by a lack of formal service provision in terms of respite due to a complex carer's assessment process. The overall impression gained was one of struggling mature women students trying to maintain their commitment to care but at the same time extremely tired and panic-stricken about how to find time to study for their Higher Education degrees. Time and energy are at a premium when all of one's spare time is involved in such an intensive emotional labour; in this context their caregiving experiences within the homeplace felt

pressured. They were experiencing the challenging aspects of caregiving for those with learning disabilities which impacted on their negotiation of their roles and identities as carers and as students.

<u>Caring as a kinship obligation</u>

The participants' kinship duty propelled them to take the responsibility to care for those with learning disabilities. They viewed their caregiving as a personal obligation. The gendered normative expectations played a role in feeling such a sense of responsibility for their kin. They loved those with learning disabilities and committed themselves unconditionally to care for them. However, there was no time limit regarding the duration of this commitment, because the nature of learning disabilities dictates it as a lifelong responsibility. Once again, the participants felt the pressure of taking such an enormous responsibility while at the same time trying to participate in their studies. Finding time and space for oneself becomes a rarity when so much is given to the family and those with learning disabilities

<u>Caring as a demand from the institutions of family and education</u>

The participants' attention was demanded not only by their families and those with learning disabilities but also by their academic studies. The pulling and pushing between these two institutions left the mature women students caring for those with learning disabilities feeling as if they were being torn between who to attend to and who to respond to. Caring and education both dominated the women's daily encounters. Caring for those with learning disabilities soaked up any free time they had to do other things besides caring, and their studies demanded their cognitive attention. Their home dynamics determined the length of the break that they were able to take from their caring labour. Attempting to connect their home to their studies

proved extremely pressurising for the mature women students caring for those with learning disabilities.

In summary so far, caring for those with learning disabilities in the homeplace was experienced as pressurising, because it presented the mature women students with challenges in terms of the considerable demand that the practical and emotional components of care required from them, the level of personal kinship commitments that made them take the majority of the caring role within their homeplace and the demand of both their roles as carers and as students. These pressured experiences in the homeplace impacted on how they negotiated their roles and identities as carers and students. Additionally, their pressured experiences of caregiving in the home were multiplied by experiencing their carer identity as being restricted.

Caring as a constraint to identities

The participants' carer identity was experienced as being constrained by their caregiving in the homeplace and by their universities. They reflected on how little consideration was given by their universities to their caring roles in terms of the inflexible approach to assessment. While they felt that they saw participation in Higher Education as transformative to their identities, they felt that their eagerness to be there was not matched by a welcoming environment that understood the pressures they experienced at home.

<u>Invisibility</u>

The participants highlighted that their families required them to commit to their caring identities and that education required commitment to individualised student identities. Both families and education required their availability. This created tension and

dilemmas for them. Both gender and social class played a role in how they experienced invisibly as well as how they negotiated caring and studying. Gender played a role in terms of viewing themselves as taking moral responsibility towards caring for their children. Furthermore, social class had implications for how they negotiated care and studying. The findings in this study identified that, in order to reconcile care and education, the participants sought support from others. The working class participant draw on the unpaid support of her family and her mother in particular. The middle class participants considered paid support. The participants' motivation to access support was based on different rationales to other studies such as the study by Moss (2004). Moss (2004) suggested that the students paid for support to compensate for the aspects of caring at home that they felt they had neglected. While in my study the participants were seeking to free time to study rather than feeling that they were neglecting their roles as carers. The participants in this study did not seem to view seeking support as compensating for or justify studying.

<u>Time poverty</u>

Participants felt that they were time-poor due experiencing the notion of 'swimming against the tide', especially in terms of trying to have time with the family and time to meet their course work and academic requirements. Issues that limited their opportunity to find time to study were: gendered division of labour; lack of husband involvement in caring due to their lack of confidence to deal with the complex needs of a child with learning disabilities; and being involved in employment as well as caring and studying. Time poverty impacted on how the women negotiated their roles and identities as carers and students.

Guilt

Another finding that arose from this study is that all the women experienced feeling guilty for not spending more time with their children afflicted with learning disabilities. Feeling guilty impacted on how they cared for their family and children and shed light on how they prioritised time spent with their children with learning disabilities above time spent studying. Their sense of who they are was filtered through their gender, class and age. All of these elements impacted on how they interpreted their identities and their lived experiences. The study concluded that the feeling of guilt is a kind of self-surveillance and that mature women with caring responsibilities seem to experience guilt as they negotiate their roles and identities as carers and as students. Guilt was a societal rather than a personal construct. The notions of the 'good mother' and the 'good student' led women to evaluate themselves against such ideals and generated within them the feeling of guilt because they are competing with an ideal other. Feeling guilty influenced on how the women experienced the negotiation their roles and identities as carers and students.

Unpredictability

The most challenging aspect of the participants' experiences of caring and studying was the unpredictable nature of caring for those with learning disabilities because the intensity and the level of support required to care shifted rapidly with negative consequences upon how they felt in terms of tiredness, their ability to attend their classes, their level of energy and the difficulty in adhering to planned activities at home and at the university. The unpredictable nature of care challenged and impacted on how the women experienced the negotiation of their roles and identities as carers and students.

<u>Perseverance</u>

Despite the considerable challenges that the mature women students caring for those with learning disabilities seem to encounter as they negotiate their carer and student identities, they were not deterred. On the contrary, they were determined to stay focused and persevere with their Higher Education studies. They loved learning and had a desire to change and transform. They wanted to contribute to society and make a difference. Although they appreciated their education, their connected identity and their need to be with their children with learning disabilities did not dissipate.

In summary, the findings about the participants identities so far have shed light on how caregiving experiences of mature women students caring for those with learning disabilities have been constructed as pressured due to viewing caregiving as an emotional labour and to their identities as being constrained, which had negative and challenging impacts on how they negotiated their roles and identities as carers and student and limited their opportunities to find time and space to study for their Higher Education degrees. In essence, feeling pressured at home, made them feel pressured at the university.

The homeplace and university viewed as precious experiences

The participants' experience of caregiving in the homeplace was not solely experienced as being negative, but also as having a positive dimension. Their lived human relationships with others had a powerful and rewarding dimension. The participants experienced their caregiving as being precious due to their opportunity to negotiate relationships through organisation of resources, mutual negotiation and cooperation with their families, and through connection with their friends and personal community.

Organisation of resources

The findings indicated that the mature women students caring for those with learning disabilities were proactive and managed to organise themselves in order to reduce the pressure and tension that had arisen from being overloaded with the caregiving responsibilities and wanting to keep up with their academic studies and requirements. They were conscious that their studies at home should not intrude or interrupt upon their commitment to care for those with learning disabilities. They were creative in terms of using various strategies to free time and space to study such as: studying after their children went to bed; asking their mother to step in and help give them break from caring; and having a well-planned structure that they followed to minimise the impact of their studies on their caring responsibilities. Their mothers, in particular, were an important source of support that allowed them to free time to study. The women attempted to organise their resources to help facilitate their negotiation of their roles and identities as carers and students.

<u>Mutual negotiation with the family</u>

As well as developing various practical and personal strategies to free time, they reached out to their husbands in an attempt to 'share the load of caring' as one participant seemed to convey when she was expressing her relationship with her husband. The participant resorted to cooperating and negotiating mutually an amicable arrangement with her husband in terms of caring for their child with learning disabilities. Confrontation was not evident in the participant's account; instead she made time to have conversations with her husband about a way forward to improve the quality of life of the child they cared for. This account suggests that they found the caregiving experiences demanding; however, they did not view having a child with

learning disabilities as being purely a negative experience. They found the experience was rewarding in terms of acting to pull them closer and unifying their efforts to give their child with learning disabilities an opportunity to reach their potential. The participants also found that the caregiving experiences had positive outcomes in terms of how they themselves had developed and transformed. They mentioned that they became: stronger, more assertive, and non-judgmental and more tolerant to others. These changes in their attitude and outlook on life were viewed as being both rewarding and precious. They experienced transformation at home through caring for those with learning disabilities, and also felt transformed through studying in Higher Education through their increased awareness of issues relating to inequalities and social injustice and the implications for individuals in society. They mentioned the notion of love as well as strong marriages that played a role in how they successfully negotiated their carer and student identities with the support of their husbands and members of their families. Mutual negotiation of caring roles with the family had a positive impact on the women's negotiation of their roles and identities as carers and students. This study revealed a new dimension about male and female relationships at home. While other studies (Alsop et.al., 2008) found that male partners expected their female partners to take full charge of domestic responsibilities once they entered Higher Education, this study did not show this orientation. Instead, the participants perceived their husband as cooperative and accepting of their identities as students. Only one participant highlighted that her husband's lack of confidence to manage their child's learning disabilities played a role in his reliance on her to provide care.

Furthermore, this study's findings offer a more positive portrayal of the mother-daughter relationship than other studies in Higher Education (Tett, 2000; Reay, 2003; Moss, 2004; Alsop, Gonzalez-Arnal and Kilkey, 2008). The participants viewed their

mothers' support as important in terms of allowing them to free time and space to study. Furthermore, they viewed their mothers as encouraging compared to other studies which demonstrated that mothers were seen as critical of their daughters for neglecting their duties as mothers (Tett, 2000; Moss, 2004).

Connection to friends and personal community

The participants drew attention to the value of their friends and their personal community in supporting them to combine care and education especially in terms of allowing them free time to study for their degrees. The participants suggested that they were encouraged to seek support from friends due to their friends' distinctive qualities such as: being sympathetic, understanding, encouraging, and helpful in terms of assisting them to overcome difficulties through discussion about important issues in their lives. Their friendships helped to reduce their social isolation and reduce their worries and concerns about both caring and studying. Their friends encouraged them to persevere with their studies. The significant value of their connection to their friends was evident in terms of how the participants negotiated their carer and student identities to find the time to study.

In summary, the findings so far have shed light on how caregiving experiences of mature women students caring for those with learning disabilities have been constructed as precious due to viewing caregiving as negotiation of relationships through organisation of resources, mutual negotiation of relationships with their family and through connection to their friends and personal communities. These experiences had positive implications upon their opportunities to find time and space to study for their Higher Education degrees as well as facilitated the process of negotiating roles

and identities as carers and students. In essence, experiencing the home as supportive and precious helped to facilitate participation in their studies.

In conclusion, my study set out to understand how mature women students caring for those with learning disabilities negotiate their roles and identities as carers and students and to what extent such an understanding sheds light on how their caregiving experiences within their homeplace impacted on their personal experiences of finding time and space to study for their Higher Education studies. These are important questions because this group of students faces a unique set of challenges in terms of lack of respite services, managing and dealing with the unexpected and unpredictable nature of caregiving, and experiencing limited opportunities to access public space social, educational, work and leisure activities.

From my discussion above and in the context of my study, I concluded that both the pressured as well as the precious aspects of their caregiving experience have had an impact on how they have negotiated their roles and identities as carers and students and shaped their opportunities to find time and space to study. The pressured aspects of their experiences challenged them, while the precious aspects sustained their involvement in both caring and studying. The women negotiated their roles and identities as carers and students successfully and the evidence for such success is the completion of their academic studies.

This research analysis which viewed the homeplace as a pressured and precious space agrees with the theoretical framework of Gouthro (1998), who argues that the homeplace can be seen as a place of oppression and liberation. Furthermore, this research agrees with Gouthro's analysis of the implication of women's experiences in their family homes for their personal experiences in education in terms of their caring

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labour, their identity and their relationships. My study has shown the considerable efforts women caring for those with learning disabilities exert to maintain their roles and identities as carers and as students by dealing with the challenges and by embracing opportunities. The participants' experiences of care and education in this study have been shaped by their structural position in terms of gender, social class, age and Whiteness which has affected how they have negotiated their carer and student identities. Additionally, their negotiation of their multiple identities has been impacted by lack of formal supportive arrangements from Welfare services, in terms of respite breaks from care, and lack of recognition by Higher Education Institutions for their connected identities through Higher Education processes that construct student identity as individualised and care-free.

Research limitations

While my research gained a good insight into my participants' experience of caring and study, it also had various limitations. My research sample contained participants who were mature White women students caring for those with learning disabilities which gave an informed view of their experiences and rich and deeper analyses of their accounts. However, the sample would have been more comprehensive if it had included participants from different ethnic backgrounds which would have provided a more representative representation of the modern multi-ethnic society in Britain. Furthermore, my sample was small which was good in terms of gaining an in-depth analysis of the participants' experience and a rich context; however, a bigger sample would have given greater reliability and enabled more responses to be used for more sophisticated analysis. In the future I would address these limitations by allowing more

time for recruitment and access to participants and ensuring that I have a bigger representative sample to analyse.

Future research

My research explored the impact of gendered and classed positions in shaping the experiences of mature women caring for those with learning disabilities in terms of them taking the majority of caring responsibly within their homeplace and how this shaped their access to time-space to study at home. By doing this my research highlighted the negative implications of conceptualisation of care as feminised work for how women negotiated their carer and student identities.

In future research, it would be beneficial to develop an understanding of the experiences of other groups of students caring for those with learning disabilities such as young women, single women, women from different ethnic backgrounds, and the experiences of men in the homeplace. The issues that have arisen in my study regarding how the women experienced their caring labour and their identities are, particularly, feelings of being time-poor, guilt-ridden and invisible, along with concealment of their identities, and with the level of perseverance required to maintain both care and education in their lives, These are important aspects that can all be good starting points to gain new knowledge about the other aforementioned groups' experiences and positions.

This research has identified that social class play a role in students' disclosure of their identities as carers, and future research would be enriched further by examining the extent to which ethnicity, race, age, disability and other social variables shape student willingness or lack of willingness to disclosure their caring responsibilities.

Additionally, my research highlighted very clearly the extent to which the family, friends and personal community played a positive and active role in supporting my participants to negotiate their roles and identities as carers and as students. This is a very important finding as often studies in Higher Education seem to focus considerably more on the negative rather than the positive aspect of women's experiences of their families and their responsibilities at home. Additionally, there is a limited amount of research that considers the importance of friendship to women's experiences in Higher Education, as I personally realised when I was conducting my literature review, so it is timely that future research expands this area of investigation and begins to explore further the role that friendship plays in student academic and social integration in Higher Education. Sociologically, it would be good to understand how friendship is socially patterned through viewing friendship not just as didactic construction, to gain understanding of how the economic and social contexts within society influence the formation and nature of friendship relationships. This allows friendships to be seen as dynamic rather than fixed.

Broader implications for Higher Education

The broader implications of my research on the practices and policies of Higher Education would be the need to take greater consideration of carers' experiences in their homeplace and support them to continue with their studies. I feel that some universities have started to incorporate policies that support women with caring responsibilities; however, there is a room for other universities to formulate such policies, so that there is equity in terms of offering supportive provision to all students that access Higher Education Universities in the UK. The notion of the bachelor girl or the bachelor boy is no longer relevant to current cohorts of students who access Higher Education as a result of widening participation initiatives; hence, Educational

Institutions will serve the students better if considerations of family commitment are recognised, particularly in times of significant events that relate to students' caring responsibilities. This research finding shows that caring for children with learning disabilities has a unique set of characteristics due to the unpredictable nature of the disabilities in question. This can change the behaviour of the care-receiver rapidly and with varying intensity which can have a negative impact on the student's studies. Universities could assist by considering permitting students an extension period to their assignment submission due to their extenuating circumstances relating to their caring responsibilities. Another suggestion is to consider flexible programmes in terms of teaching and learning that accommodate the turbulent time that students face as they care and study.

This research highlighted the implications of time poverty for the participants' ability to meet their academic studies requirements; this provided evidence of the cost of personal investment that the students incur in participating in Higher Education as they organise their lives to fit in with their studies. Higher Education needs to pay greater attention to understand the risks that students may face in deciding to continue or discontinue with their academic studies and needs to take into consideration the pressure they feel as they navigate their private life and their studies. Support could be offered in terms of: timely communication regarding course timetables; consideration of a more family friendly programme structure; advice about supportive services; and the provision of a coherent and clear programme structure. All would assist in facilitating student carer participation in Higher Education.

As discussed earlier, the participants in this research highlighted the significance of their social network of friends as an important supportive aspect of their experiences in terms of allowing them to free time to dedicate to their studies. Forming friendships

at university can be a source of encouragement and emotional support that can help students during a stressful time and to be able to adjust to the demands of academic life. Higher Education needs to encourage peer social relationships and friends. Social outings are another aspect that is worthy of inclusion by universities to minimise the social exclusion that many students with caring responsibilities seem to experience. Social activities can take place during daytime may be a way of including students with caring responsibilities to join their peers. Extracurricular activities (such as drama, choirs and sport etc.) that can fit in within the university day may be a way of encouraging mutual activities and shared interest among students and helping those with caring responsibilities to be part of their social context. This is important in light of the considerable research in Higher Education that identifies student carers as experiencing a greater level of social isolation than those without caring responsibilities.

Finally, there is a need for universities to view the various dynamics and challenges that students with caring responsibilities face in education not as an individual problem, or privatised concern, but as a collective societal issue. The homeplace needs to be seen as a valued component of students' lived experience that has an impact upon their access to opportunities outside their caring roles. By harnessing the relevance of the homeplace to student learning and experiences in terms of the positive attributes that women develop as they care for others, educational discourses will help to foster public collective awareness and support for carers of those with disabilities and raise their profile in society. Furthermore, if participation of women with caring responsibilities is to be encouraged and supported within Higher Education, there needs to be unsettling of the 'gendered nature of care' and its implications on women's experience of care and education. Through such unsettling, women's

relational identity can then begin to be valued and revealed rather than remain veiled, naturalised and invisible.

Implications for my teaching practice

In terms of the implications of my research on my own teaching practices and the teaching practices of those engaged in lecturing in Higher Education, I take note of my research findings about the significance of students' connected identities on their ability to engage with their studies.

Participants in the study have identified issues relating to being under considerable pressure by both the institution of the family and the institution of Higher Education. They contested the homogenising of their identities in Higher Education processes and the lack of recognition of the impact of their carer identities and roles on their studies. The findings have identified that gender, class, age and Whiteness had implications for how they negotiated studying and caring. Furthermore, they identified that friendships were important in terms of giving the participants' time off care to dedicate to study. These findings are important and will be incorporated into my teaching practice.

The findings in this study highlighted that some aspects of the participants' experience were gendered. Gender played a role in terms of time poverty, feeling of guilt and caring for self and others. As an educator I feel strongly that we need to question gender-neutral approaches to pedagogy in educational institutions. Gender-neutral approaches privilege work over home and commitment to academia over commitment to families. Creating these type of dilemmas for students who have caring responsibilities is detrimental to inclusivity in education because masculine conceptions of reason become more privileged in education at the cost of the

emotional kind of learning. Student connected identity will begin to be overlooked in the process of teaching and learning at university because gender-neutral approaches separate the mind from the body. Feminist commentators have argued that 'Women's self-concepts and ways of knowing are intertwined.' (Belekey et al., 1986: 3).

Seeing women as separate from their emotional caring labour at home is unhelpful in terms of social and academic integration. Gendered experiences need to be seen not as fixed but as changeable and subject to structural processes that interact with student experiences at home and at university.

I will encourage a participatory style of discussion in the classroom that encourages students to interact with each other and to listen to each other's views. Speaking out individually in the classroom environment maybe uncomfortable for students, especially shy student or those who lack confidence. I will make sure that I organise the classroom setting to encourage group cooperative sharing of ideas rather than insisting that each student speaks individually to the classroom. Feminist writers have indicated that women favour connected learning patterns (Belenky et al., 1986). Furthermore, women prefer cooperative rather than argumentative patterns of interactions in the classroom (Baxter-Magolda, 1992).

Teaching and relationships between lecturers and students in Higher Education can play a role in minimising the alienating impact that arises from seeing academia as separate from women's connected sense of identities. The contractual nature of relationships between lecturers and students needs to be questioned in terms of equality, because conditional relationships encourage hierarchal experiences and undermine students' sense of belonging. I think in education we need make classrooms a more welcoming environment to women and avoid the classroom

becoming a 'chilly climate' (Hall and Sandler, 1982). In my capacity as both personal tutor and lecturer, I will give my students space to talk about their roles and identities so that together we can find ways in which the facilitation and understanding of their distinctive circumstances can be made visible to gain the necessary support and wide access to service. I will adopt a flexible approach to assessment that takes into consideration my students' personal circumstances and the implications of their connected identities on their studies. I will offer the students short extensions on their assignment if needed. I will set E-learning resources for easy access when they are unable to attend classes. I will have an open-door policy and regular drop-in sessions in terms of individual tutorials. I will respond to their emails and concerns promptly. Nell Noddings (1984) argued that teachers need to adopt an approach to teaching that views students as subject not object.

Learning should be experienced as empowering women who are carers for their families through acknowledging their subjective experiences and connection to their homeplace rather than solely evaluating their knowledge against objectivist criteria set by modular content. The acknowledgment of women's experiences should become the starting point of building teacher-student relationships in the classroom. Academic discipline-based knowledge can be linked to the women carers' experiences rather than be seen as separate and irrelevant.

I always believed as a lecturer in Higher Education that learning should be transformative and connected to the lived experiences of students. In light of my study, I will continue to adopt this philosophy because taking this pedagogical approach allows me to be more attuned to the complexities of students lived day-to-day realties and their implications for their learning. Belenky et al. (1986; 229) argue that

assessment of knowledge at university should address issues of equality of experiences for women in education where emphasis should be on:

> Connections over separation and acceptance over assessment, and collaboration over debate... Instead of imposing lecturers' own expectations and arbitrary requirements.

This means that, as lecturers, we need to allow time for students to absorb ideas, to link to previous knowledge, to develop their own conclusions about the issues that are being discussed. Not just to hurry them through the semesters, but to pause and listen to the student's voices. Listening and attending to the need of both male and female students will be valuable because learning is not just about gaining cognition, but about developing holistically.

As well as gender, the findings indicated that the participants' social class background impacted on their ability to disclose their identity and seek support from others due to concern about being seen as burdensome. On a policy level, universities in the UK are beginning to take notice of the issues of disclosure and how important it is for academic and social integration of students with caring responsible, but, as lecturers, I believe we can assist our students to feel conformable about their class identities in an attempt to reduce stigmatisation. I will offer students opportunities to engage in critical discussions that stimulate the development of critical worldviews that challenge stereotypical assumptions about human experiences. The critical debates will encourage students to see themselves not as isolated individuals, but to start to reflect on the value of being situated in their social context and their ability to navigate negative labels. Hooks (1995: 49) argued that her progressive Black teachers taught her and her Black peers to have:

A world-view that would enable us to see ourselves not through the lenses of racism or racist stereotypes but one that would enable us to focus clearly and succinctly, to look at ourselves, at the world around us, critically, analytically, to see ourselves first and foremost striving for wholeness, for unity of heart, mind and spirit.

There will be room in my classroom for students to link theory to real life and subjective experience. This will cement broader values about the purpose of knowledge and about the importance of thinking outside the box. Hooks (1995) argues that feminist pedagogy should make the world more real rather than less real. I will continue to point out to students how an individual's positions in terms of class, gender, race, ethnicity, age, ability, disability, Whiteness and colour etc. have an impact on how a person negotiates their experiences in society. This should encourage the students to reflect on and understand their own subjective experiences and those in society. I will develop a learning environment that is empathic and responsive to students' personal circumstances. I will continue to talk about and share openly with students my own educational and occupational journey and ways in which the forging of academic and social identities is worthwhile despite the challenges. I will incorporate sociological thoughts about the notions of structure and agency and their implications for individuals. These sociological concepts help the students to envision themselves as acting and resisting limiting structural processes and stigmatising labels. My teaching will continue to involve expanding student consciousness to view learning as participation in society and as making a difference to themselves and others in society.

As well as gender and classed experiences, the findings in this study indicated that age seemed to play a role in how the participants viewed their motivation to gain education. Younger participants were keen to gain qualifications and older participants sought learning for self-development. This is a helpful reminder so that we don't

assume that students are homogenous groups, because they are not. Student cohorts are diverse and complex and will experience their education and the social world differently. I will incorporate into the structure of the modules that I teach a space to allow for students to reflect on their educational experiences and their aspirations for the future. Within disciplinary knowledge of modules, a reflection about the value of education would be very valuable to students as they begin to reflect and comprehend both the personal and societal value of gaining an education. I will use a social constructionist approach to teaching where learning in the classroom becomes an active process of meaning making rather than solitary activity. Through conversation between younger and mature students, the meanings that are being constructed about issues and topics of discussion will be negotiated and can be modified (Berger and Luckmann, 1991). The construction of meaning can only be known in relation to people's experiences, not independent of it (Schwandt, 2003). Hence, having a space for conversation about personal and educational aspirations will promote understanding of each other's perspectives as well as widening the conversation about the value and purpose of education. In future modules and in light of my research findings, I am planning to seek students' input into module content. This strategy, I hope will reduce hierarchical positions and distancing between lecturer and student and encourage active participation in learning by both younger and mature students.

The findings in this study indicated that participants valued their friendships and that having connection to their friends and personal communities has been important in terms of negotiating their roles and identities as carers and as students. Building a sense of community will strengthen social and academic integration of students. I will encourage the formation of peer relationships through promoting assessment strategies that utilise collaboration and cooperation. Communicating and interaction

with others will give the students the opportunity to understand varied perspectives and meaning making. I will be involved as a co-constructor of meaning through scaffolding the student understandings. Student cohorts in Higher Education are becoming more diverse; this is beneficial in terms of enriching discussion about different experiences. Difference need to be seen as enriching, as uniting, rather than limiting or divisive in society.

I think as educators we are challenged to broaden the purpose of Higher Education to include more life-affirming approaches to pedagogy that acknowledge the connection between the homeplace experience and education and between the individual and society. Gouthro (1998: 29) argues that when commitment is defined by dominant discourses solely in terms a person's paid work in the public sphere, this has consequences:

> The subsistence work that women do to sustain life is overlooked and undervalued. Children are secondary citizens, not worthy of being the primary focus of adult lives. Serious careerists must always relegate family to the back burner.

Gouthro is concerned when women are asked to match their male peers in order to succeed in their careers. I feel that in asking how mature women students caring for those with learning disabilities negotiate roles and identities as carers and as students, I was able to gain an insight into complex issues that have been experienced by the participants in terms of the challenges and rewards of combining care and education. The issues that have arisen in the study emphasise the need for Higher Education to be more inclusive and responsive to students with caring responsibilities in order to offer them positive learning experiences. Gouthro (1998: 291) poses this thought-

provoking question: Why should participation in academia involve having to repudiate one's obligations as parents?

My final thought is that I am often very concerned when I see discourses or hear conversations that convey an image of women carers as being dimensioned by their caring responsibilities and their commitment to their families and children, yet their learning and the knowledge they gain from caregiving experiences are rarely given the attention they deserve. Seeing women with caring responsibilities as being limited by their caregiving roles, misses out on seeing them as being proactive, connected and involved in their social world. They see the world through their children's eyes, and experience love, conflict, and frustrations as they raise them. They learn to deal with their own limitations as well as those of their children, and in doing so they are able to reflect and resolve dilemmas creatively and achieve an environment that is conducive for them, their children and their families so that all can reach their potential.

Appendices

Appendix A: Data analysis themes
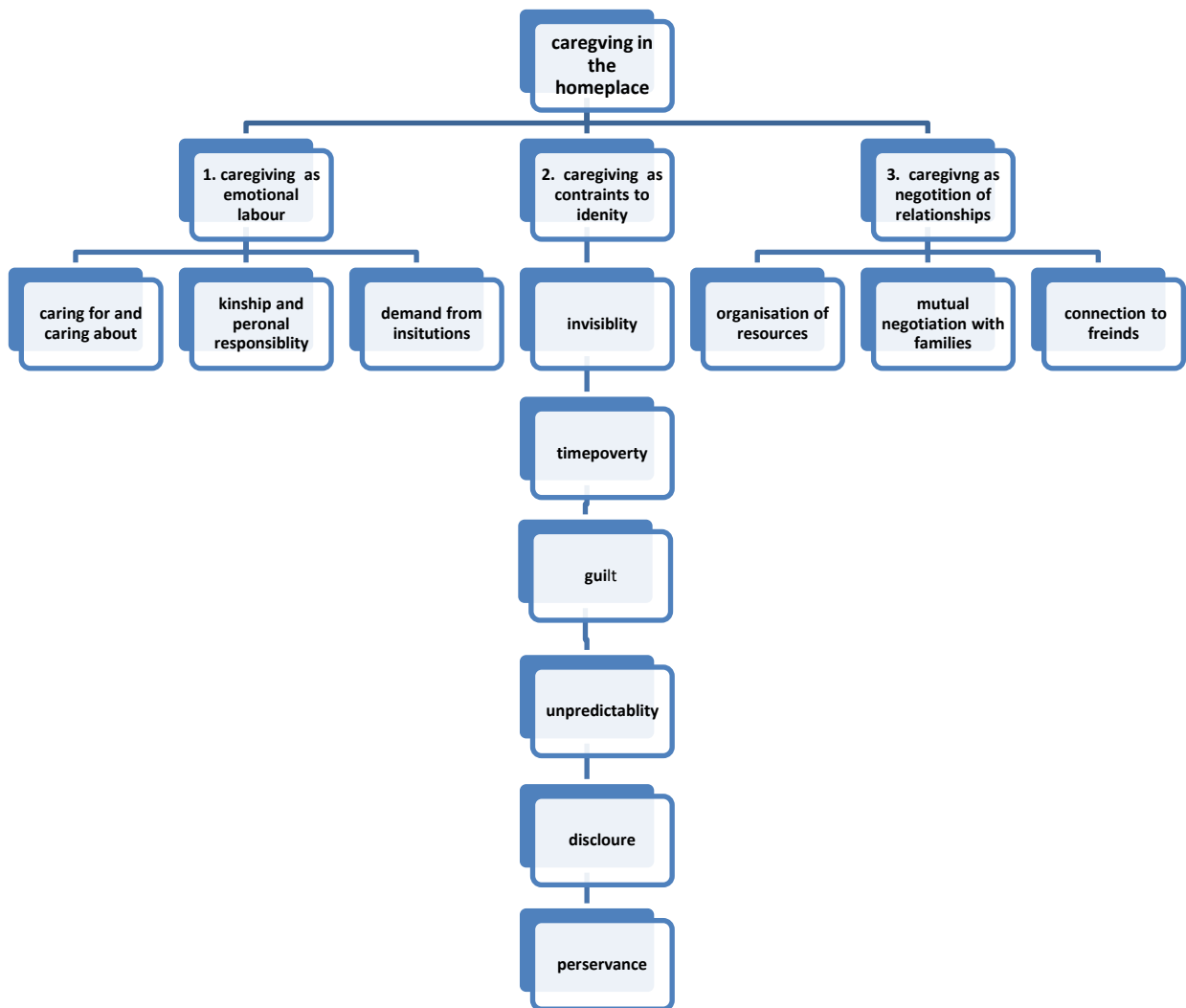
First interview extract

Caregiving labour responsibilities

Q1. Please tell me about your caring role? Who do you care for? What age is the person you care for?

Q2. Please tell me about a typical day at home in terms of what caring for your child entails?

Typical day (caring for and caring about)
'I must say that I feel exhausted at the end of the day, it feels that I haven't stopped from 'dawn till to dusk, they say women's work never ends, I feel so much under pressure'' (Emma).
'it is very physical and emotional work' (Sarah)
' I worry all time about her and the worry cause me so much stress, it is difficult to explain how consuming worrying is' (Dawn)
'Caring is consuming emotionally and physically. I find the night time especially difficult because I am constantly up and down and sometime I only sleep few hours which can be exhausting (Helen).

Q3. Please tell me what caring means to you and what motivates you to do your caring role?

Caring as kinship and personal duty
' I love my daughter very much and feel very committed to look after her. I am bound to care and love her; after all she needs me, and I know I can make a difference to her life. I think families should care for their disabled child because it is our duty as parents' (Emma).
'families should stick together and care for each other' (Sarah)
' I will always care for her that is what all mothers do, don't they? (Dawn)

' I am his mother and it is my duty to care for him, I feel it is morally appropriate for mothers to care (Helen).

Caring and demand from institutions
' I feel under pressure, I have to attend the lecture, make sure that I don't miss hand in dates at the same time, there is the family, care, cooking, shopping, the whole thing about being a parent and a wife, it is never ending; giving and caring and I struggled throughout the degree about how to manage, but I really persevered) (Emma).
' I often feel like being pulled in all direction, but fortunately I have supportive family which is really helpful'(Sarah)
' caring and studying are extremely demanding ... but I work hard to make sure that I achieve what I set up to achieve which is to gain the degree without compromising my responsibilities towards my daughter ' (Dawn)
' I knew that when I start my degree that is going to be really hard to combine caring and studying, but I didn't realise the level of the pressure that I was going to face' (Helen).

Caregiver Identity

Q4. Has caring in your home affected your academic studies and in what way? Can you give me example?

Caring and invisibility and Oppositional value system
' I don't think that the degree programmes have any idea about the challenges that we have to deal with as carers, I mean you only need look at hand in dates for essays, there is no flexibility whatsoever that I have been up all night, actually 3 nights in a row and what that really does to your brain and concentration'(Emma).
' I honestly don't discuss my caring responsibilities with anyone at the university, because I don't think anyone will understand where I am coming from..do you see what I mean(Sarah)
' It feels like I am invisible, no one seem to really have concerns whether my life at home have any role on my life as student, I am supposed to just be a student'(Dawn)
'... I think the degree programmes don't seem to differentiate between us and the students who don't have any caring responsibilities, it is unfair because our lives are literally ruled by our caring responsibilities, we cannot be seen as the same as others even in comparison to mothers who have no disabilities in their families.. our lives are different ' (Helen).

Caring and Time poverty
'I feel all the time like I am swimming against the tides' (Emma).
' lack of time is real issue for me, (the participants sigh) there is not enough time in the day and what goes out of the door when there is no time is some time to relax and wind down (Sarah)
'I never seem to have enough time to study at home, it is really a struggle. I am torn between spending time with my daughter as much as I can when I am at home and wanting to study and catch up on my reading'(Dawn)
'I never seem to have enough time to study at home' (Helen).

Caring and Guilt
' I know that caring is exhausting and pressured type of work because I am involved physically and emotionally, and I know it is never-ending and it does impact my academic and social life, but, I would feel very guilty if I was unable to care for her myself at least part of the time. She is constantly on my mind, I feel totally responsible for her wellbeing' (Emma)
' when I am at home, I try and organise myself to fit my study around my caring responsibilities, so that my time to study doesn't intrude on my time with him. I always put my caring responsibilities first before my academic study, that way I don't feel guilty' (Sarah)
' I always feel guilty when I am away from her, I can't help feeling like that' (Dawn)
I always put my caring responsibilities first before my academic study, that way I don't feel guilty'(Helen).

Q5. What aspect of caring do you find as being the most challenging to you as a carer and student?

Caring and unpredictability
'When you have a child who has a disability, you can't plan or stick to a plan to study at this time or that time...your daily life depends on how well they feel and how well you feel' (Emma)

' caring has lots of ups and down, no two days are the same' (Sarah)
' I can't predict what tomorrow going to be like with her, because if she is ill suddenly, that cause her to be very clingy, needing reassurance, etc' (Dawn)
' caring is not just daily routines and demands, it has an element of the sudden and unexpected, when dealing with the disability becoming complicated by another physical illness like flue or stomach upset etc' (Helen).

Caring and disclosure
' I don't want to burden people with my personal problems' (Sarah)
' I know that carers have some legal rights, I suppose that help when the time come and I may try and get some help with my daughter so that I can work after the degree (Dawn)
' I never thought as yet to ask people other than my family and friends to help me, but if I didn't get support from them, then I don't see any problem asking for help.. this doesn't mean that I will get support because I understand that there are always financial cuts and that seems to impact on everything' (Emma)
'

Q6. What motivated you to continue with your Higher Education studies?

Caring and perseverance to study
' I think there is kind of a transformative aspect of being a student for me, I started to become more aware and more vocal about my disabled child's rights and people who struggle in society. So, it is a bit of a mixed feeling, I feel I sacrifice time that I should be spending with my family, but I also gain so much from being at university' (Emma)
' when I leave my daughter and go to university, I think I am doing this to get qualifications and get a job, I remind myself the sacrifices will pay off in the end' (Sarah)
' I don't want to neglect my caring responsibilities, but, I try my best to keep going with my study because I can see how much confident I feel and how knowledgeable I become, this aspect of studying is so fantastic' **(**Dawn)
' I struggled throughout the degree with the idea that I am not with my son for few days while I am studying, but the enjoyment of learning is certainly a great motivator to continue with the studying'   (Helen)

Discomfort with Prioritising studying over care
I suppose if I had a child without disability, at least they can play with their friends, or they could entertain themselves for a while, or get invited by friends etc, which means you don't have to be totally immersed and involved in meeting your child's needs, but when you have a child with disability, your time is not your own'(Emma)
' It is always difficult to combine care and studying, but I remind myself, the end of my study is in sight and my degree will be very important for the whole family' (Sarah)
'when she is unwell, everything else seems to take a second place, this is the nature of what is it like when caring for a child with disability' (Dawn)
' there is always this niggling feeling that my study is taking me away from spending time with my family, it is such a tough feeling' (Helen)

Relationships with others

Q7. Please tell me about the type of support that you found you could draw upon as a carer in terms of family, friends and formal welfare provision?

Caring and Source of support: family and friends
' I called on my friend for support, who is very precious to me...I knew her long time ago, she is not only my friend , but someone that I can turn to for support without hesitation, because I know she will be there for me, as I will be there for her if she needed me' / old friend (Emma)
' we love each other(refer to husband) and love our daughter, that why we always help each other and find way in which we can support each other' (Sarah).
' my mum is very supportive, I honestly don't know what will I do without her help' (Dawn)
' We (with her husband) agreed amicability that when I started my studies there needed to be time for us as family and a time for me as a student, this worked for us previously when I started to work, so we knew that it would work again when I planned to start my degree. Initially when I worked outside our home, there was lots of tension about who does what etc but then we sat down and had a chat about what we could do, so that we both felt that we could contribute to each other's lives and share the load of caring for our child'. (Helen)

Q8. How did you manage to find time and space to study at home? Please provide examples

Caring and organisation: Taking hold of time and space to study
' I settle her in bed around 9 o'clock. I then do couple of hours studying and catching up on uni work and go to bed around 11. Off course this is not the case when she is very unwell which happens periodically, which means that I might not be able to

settle her early as she tends to become very agitated and clingy and sometimes challenging when she is unwell' (Emma)

'Without organisation and set routine, I can't really study, even though I have supportive family' (Sarah).

' I have weekly planner which is really helpful, but I always plan everything around the care of my daughter, she will always come first'   (Dawn)

' it is all about planning when to study, where to study, is it possible to study at home, all these are questions I have to think about when I began my degree. I knew that I have to organise myself in order to make sure that the caring aspect of my family life does not suffer while I am studying' (Helen)

Also once a week, I ask my mum to come and spend the afternoon with (Adam), this gives me some time and space to do my reading or course assignments. I use the study at home so if I am needed for anything, I am still nearby (Helen)

Second interview extract

Second interview schedule with Emma

Participant :   (Emma)

The homeplace as a pressured experience: Caring for and caring about

This second interview question sought further understanding about the emotional aspect of caring and how it is experienced as 'caring for and caring about', building on the first interview.

Researcher: First I would like to thank you for giving me additional time to gain more information about your experiences of caring.   Emma, you expressed in the first interview that 'when you care, you feel totally exhausted as if all the energy is zapped off you', Can you please give me example on what you mean by experiencing being zapped of energy. How did caring for your child impact you.

Emma's response: 'I am sure I meant that caring is not a straightforward experience, when I talk about energy it is not just about dealing with the day to day routine of care, I also worry about my daughters challenging behaviour that relates to her disability and her inability to communicate her needs, it is really hard to deal with this aspect.   I often feel very sad about her too and how her disability impacts on her current and future quality of life. I feel sorry for myself too because I have no time to spend with the rest of the family and enjoy what life can offer, so it is really difficult for me to express these issues because I don't resent my daughter, but feel always under pressure' (Emma)

Researcher : Have you thought of accessing formal support provision in terms of giving you time to recover and replenish your level of energy and also give you time with the rest of the family, what is your view about this, do you think it would help you?

Emma's response: ' yes I did try to find out whether I am able to get some support from health and social services, but I got so very exasperated and felt so upset for the responses they gave me like, we are experiencing funding cuts, or the elderly need more support currently etc. etc. I actually thought this is too much for me and I left the issue. I see myself going back as usual and ask my family and friends to help me' (Emma)

The homeplace as a pressured experience: caring as demand from institution of the family and education

This second interview question sought to further understand the experience the demand that women experienced from institutions of the family and education and the notion of 'being pulled in all directions'? Building on the first interview.

Researcher: Emma, during the first interview we explored how you experienced your caregiving responsibilities, particularly the long hours that caring takes and how this had impacted you in terms of having very little time to do other things beside caring. You said in the first interview that: 'By the time I do all that is required of me in terms of caring and domestic chores as well as studying, there is hardly any time left for me to do anything else, like going to have a haircut, or shop for clothes or visit the dentist, or get an eye test' Can you please expand your views in terms of how caring impacts your experiences of doing other activities beside caregiving.

Emma's response: 'You must know yourself as a carer for a child with learning disabilities, how much this restricts life in a big way. I am not like a mother of a child without disability who can just really live a normal life, for example, I cannot just go out when I want to, the only way I can go to the dentist for example, is if I can find someone to look after my daughter and this is not an easy thing to achieve' (Emma).

Researcher: Thank you Emma, the information you gave me are very helpful and very informative. Now I would like to turn to clarify a few issues in relation to your experience with your friends and their role in helping you to have free time to study, is that ok with you

Emma's response: Yes off course, no problem (Emma).

Researcher: Thank you very much, I really appreciate you give me time to gain more knowledge about your experience of care.

Participant :   (Emma)

The homeplace as precious experience : Caring and friends

Researcher: in the first interview you mention that your friend is very precious to you, you said the following' ' I called on my friend for support, who is very precious to me...I knew her long time ago, she is not only my friend , but someone that I can turn to for support without hesitation, because I know she will be there for me, as I will be there for her if she needs me', can you please tell me more about your friendship with your friends, what makes you view them as precious?

Emma's response: ' I have few friends but when I am really in need of support with my daughter, there this one special friend that I know that she will understand my request because she is very sympathetic and understanding, I feel comfortable asking her to help. She is also very encouraging and upbeat so when I am feeling a little bit down, she lifts my spirit up. I can discuss anything with her about my worries and anxieties about caring for my daughter or even my worries about my studies, when I discuss issues with her it's as if the fog disappears and I start to feel supported, but also feel much clearer about the decision that I need make, about how to manage my worries, it is really good to talk to my friend about both my personal life but also about my study and what I am doing etc. in fact, she really encouraged me to persevere with my studies because she thinks that it is good for me , she said that she saw a difference in me in terms of how I became more confident and more assertive since I started studying. I honestly can go on and on about how wonderful my friend is. She is so lovely. (Emma).

Research: Emma, thank you very much for giving me time to have this informative conversation with you.

End of the second interview with Emma

Second Interview schedule with Helen

The participant: Helen

The homeplace as a precious experience: Caring as organisation of resources

This second interview question sought to further understand about caring as

organisation of resources and how it is experienced / building on the first interview.

Researcher: Helen in the first interview when we were disusing how you organised yourself so that you can study at home, you mentioned the following: ' I ask my mum to come and spend the afternoon with Adam (son), this gives me some time and space to do my reading or course assignments' can you please tell me more about your relationship with your mother in terms of how she helps with caring for your son.

Helen's response: My mother is very understanding and respects my role as mother; caring long hours for my son. I have an amazing mother, she is supportive, encouraging, always there for me and honestly, she is my best friend. She is always amazingly supportive even before I had children, when I was young and single, and when I was married and now too, her support has been continuous. My mother and I have great relationship and really get on very well with each other. We also live very close to each other, which means that we see each other a great deal which is really helpful because she can pop in any time I need her to support me with caring and visa-versa, I will help her if she needs me

Researcher: You mentioned various positive aspects of your relationship, but when you say you get on well with each other? What do you mean by that? Can you elaborate please

Helen's response: I feel really comfortable talking with my mother about anything whether it is to do with caring for my son or something to do with my study. We have very open and honest discussions and that is a really important aspect of our relationship in terms of how well we get on with each other'

Researcher: Thank you very much Helen, for this information.

The homeplace as precious experience: Sharing the load

Researcher: Helen, now I would like to turn to something very interesting that you mentioned in the first interview about sharing the load of caring with your husband, you said: 'We agreed amicably that when I started my studies there needed to be time for us as a family and a time for me as a student, this (understanding) worked for us previously when I started to work, so we knew that it would work again when I planned to start my degree. Initially when I worked outside our home, there was lots of tension about who does what etc but then we sat down and had a chat about what we could do, so that we both felt that we could contribute to each other's lives and share the load of caring for our child (Helen).

Can you tell me please in what way does having a child with learning disability influence your outlook and your relationships with both your husband and your son?

Helens response: 'Having a child with learning disabilities changed my views about the world and made me aware about the importance of my relationship with my husband particularly because I needed his support and encouragement and I needed him to help me help our son. I think we both grew stronger as a couple; we became more aware that we needed to help each other so that we could survive the hard times while we care for our son. I had several conversations with my husband throughout the years about how much our son impacted on us; not only negatively but positively. It is unreasonable to say we enjoyed the difficult times of caring, but we often thought we needed to focus on the positives so that we could help each other and also help our son to have good life.

Researcher: Thank you for this information, but can you kindly, give me example about how your son affected you and your family life in a positive way?

Helens Response' Caring for our son made me much stronger and made us as a couple more assertive and able to fight for his rights in meetings etc, I think I am less judgmental than I have ever been and more tolerant to other people's views, also we enjoy his company, he can be so funny and he is very affectionate, he gives a lot of himself to us'

Researcher: What do you mean by 'he gives a lot of himself to you', can you elaborate please.

Helen's response: ' well he does, he is always smiling, very happy, he hugs, and he loves to be hugged, he helps around the house in his own way when I ask him, he is always there near me at home which is very comforting.

Researcher: I can see from your response so far that caring for your child although demanding, it helped you to change and transform, is that fair assessment?

Helen response: yes definitely, I have changed a great deal but also feel that going to university and doing my degree transformed the way I think and how I view the issues and the world around me.

Researcher: Can you please tell me more about how studying impacted you?

Helen's response: I think that I have changed a great deal through my study because the debates that we engaged with in the lectures, with other students on the degree and with the lecturers themselves, and the number of critical issues that we explored during the degree, really opened my eyes to inequalities, injustices and how they really affect people, it made me aware of my son's rights as well as why he should be supported to have a good quality of life. I would say anyone who says that education is not a good thing is lying to themselves. I mean I am not saying that the degree did not have its challenges; there is plenty of that and things really need to improve a lot, but overall, if I look at what I got out of my study, I would say that I am now a much more informed person than I was before I started my study (Helen)

Researcher: Thank you for giving me time to conduct this interview

End of second interview with Helen.

Interview questions and theoretical framework

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                                                    ┌──────────────────────────────┐
                                                    │ 1. please tell me about your │
                                                    │ caring role. Who do you care │
                                                    │ for? what age is he person you│
                                                    │         care for?            │
                                                    └──────────────────────────────┘

                          ┌──────────┐              ┌──────────────────────────────┐
                          │  labour  │              │ 2. Please tell me about a    │
                          └──────────┘              │ typical day at home in terms │
                                                    │ of what caring for your child│
                                                    │         entails? .           │
                                                    └──────────────────────────────┘

                                                    ┌──────────────────────────────┐
                                                    │ 3. Please tell me what caring│
                                                    │ means to you and what        │
                                                    │ motivates you to do your     │
                                                    │      caring role?            │
                                                    └──────────────────────────────┘

                                                    ┌──────────────────────────────┐
                                                    │ 4. Has caring in your home   │
                                                    │ affected your academic studies│
                                                    │ and in what way? Can you give │
                                                    │        me example?           │
 ┌───────────────────────┐                          └──────────────────────────────┘
 │ How carer identities  │
 │ and roles were        │   ┌──────────┐           ┌──────────────────────────────┐
 │ negotiated in the     │   │ identity │           │ 5. What aspect of caring do  │
 │ homeplace?            │   └──────────┘           │ you find as being the most   │
 └───────────────────────┘                          │ challenging to you as a carer│
                                                    │        and student?          │
                                                    └──────────────────────────────┘

                                                    ┌──────────────────────────────┐
                                                    │ 6. What motivated you to     │
                                                    │ continue with your Higher    │
                                                    │    Education studies?        │
                                                    └──────────────────────────────┘

                                                    ┌──────────────────────────────┐
                                                    │ 7. Please tell me about the  │
                                                    │ type of support that you found│
                          ┌──────────────┐          │ you could draw upon as a carer│
                          │ relatinships │          │ in terms of family, friends  │
                          └──────────────┘          │ and formal welfare provision?│
                                                    └──────────────────────────────┘

                                                    ┌──────────────────────────────┐
                                                    │ 8. How did you manage to find│
                                                    │ time and space to study at   │
                                                    │ home? Please provide examples│
                                                    └──────────────────────────────┘
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<u>**Ethics forms**</u>

1. **Information sheet**
2. **Content forms**
3. **Interview questions**

<u>**Information sheet**</u>

EDUCATION
RESEARCH
WITH
PLYMOUTH
UNIVERSITY

Research title: The struggles and triumphs of the invisible subject: How mature women carers experience participation and return to Higher Education'

Researcher name: Kitty King 2016

<u>**Information sheet to be given to participants**</u> My name is Kitty King and I would like you to take part in a research project I am undertaking. I am a student studying for a doctorate in education and I was a lecturer in Higher Education for several years until August 2016 where I became an academic researcher. The research I have chosen to conduct stems from a deep interest in issues relating to mature students especially those who are student carers combining both care and education. My research is therefore involved in examining and understanding the experiences of students like you who are approaching the end of their studies and I would like you to be part of my study.

<u>**What is the purpose of the research?:**</u> My research aims to explore the experiences of mature women undergraduates and postgraduate who are caring for those with disabilities.   Through your contribution to my research, I seek to gain better understanding of what it is like to be a mature student carer such as yourself studying in Higher Education as you tell your stories to me. The reason for conducting this research is that research literature in this area has suggested that returning to education for student carers is a challenging experience and I would like to know more about your experiences in order to identify ways in which we can make student carer experiences better in the future.

<u>**Taking part in the research?:**</u> Taking part in the research is optional and voluntary. I am hoping that you will find contributing to this research will be beneficial in terms of giving you the opportunity and the space to express your views and reflect on issues that you have experienced during the process of combining care and education as a mature student. If you are happy to take part in my research, then I would like to ask you to sign a consent form agreeing to contribute to this research.

What happen when you take part in the research? I will conduct 2 interviews; the first will take approximately one hour, in a mutually agreed and appropriate location on campus. The interviews will be audio-recorded so that I can capture your views accurately. You have the right to request that the recording machine be turned off at any point during the interviewing process.

I will then ask whether you can arrange a second interview, one month later where I will present a summary of your experience from the first interview and ask you to comment on it to ensure that I have accurately represented your views; it will also provide a further opportunity to share any further reflections since the since interview.

Will your contribution to the research be kept confidential and anonymous?

The information that you will give during the interview process will be handled with confidence as no other person will be listening to the recorded interview except me. The transcripts will be stored electronically in a password locked computer. Your part in the research will be kept anonymous as far as possible by changing your name in the transcripts and the final published material. The data will not be discussed with third-parties or non-participants and will only be shared (if appropriate) with my research supervisors, and the examiners of my thesis. You are free to withdraw at any point up to the analysis of data. The data will be kept for ten years then destroyed.

What will happen to the result of the research?: Key findings about individual's experiences of being a Higher Education student and a carer will be disseminated through papers prepared for conference presentations and publications.

Can I withdraw from the research if I wish to?: You have the right to withdraw at any time prior to the onset of the research and then at any point up to the analysis of the data.

Contact details and further information Researcher: Kitty King

Email address: kitty.king@students.Plymouth.ac.uk

Directors of Study: Professor Jocey Quinn
Plymouth Institute of Education,
Plymouth University,
Plymouth, PL4 8AA

Consent forms

Research title: The struggles and triumphs of the invisible subject: How mature women carers experience participation and return to Higher Education

Researcher name: Kitty King

Consent form to be given to participant

At the time of the interview, please read, tick and sign below your consent to proceed. Please return this form to Kitty King.

1. I confirm that I have read and understand the information I have been given about this research.   ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time prior to the interview and up to the analysis of data.   ☐

3. I understand that I can stop the interview altogether at any time and that I may decline to answer certain questions if I so wish. This data will only be used for the purposes of the research and not be made available to Plymouth University to use in any other way.   ☐

4. I understand that the information collected during this research is for doctorate research study and therefore it will be seen by examiners in the University of Plymouth. I understand that the material may be represented in future published journal articles and may be presented in research conferences. I understand that it will be anonymised.   ☐

5. I understand that I can have a follow up interview and agree to both this interview, and the succeeding one should it happen, to being audio-recorded. ☐

Name of the participant: ……………………………...

Participant's Signature:...Date:................................

Participant's Contact details..

Name of the researcher: ....

Signature of the researcher……………………………………Date..........................

EDUCATION RESEARCH WITH PLYMOUTH UNIVERSITY

Research title: The struggles and triumphs of the invisible subject: How mature women carers experience participation and return to Higher Education

Researcher name: Kitty King

Consent form to be kept by the researcher

At the time of the interview, please read, tick and sign below your consent to proceed. Please return this form to Kitty King.

1. I confirm that I have read and understand the information I have been given about this research.   ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time prior to the interview and up to the analysis of data.   ☐

3. I understand that I can stop the interview altogether at any time and that I may decline to answer certain questions if I so wish. This data will only be used for the purposes of the research and not be made available to Plymouth University to use in any other way.   ☐

4. I understand that the information collected during this research is for doctorate research study and therefore it will be seen by examiners in the University of Plymouth. I understand that the material may be represented in future published journal articles and maybe presented in research conferences. I understand that it will be anonymised.   ☐

5. I understand that I can have a follow up interview and agree to both this interview, and the succeeding one should it happen, to being audio-recorded.   ☐

Name of the participant: ……………………………...

Participant's Signature:..Date:................................

Participant's Contact details..

Name of the researcher: ....

Signature of the researcher……………………………………Date...........................

Interview questions

Research title: The struggles and triumphs of the invisible subject: How mature women carers experience participation and return to Higher Education'

Researcher name: Kitty King

Interview questions

Interviewee name: **Date:**

Participant's consent to proceed with the interview questioning:

I have signed the consent form   ☐

I am entirely happy to proceed with the interview   ☐

Q1. Please tell me about your caring role? Who do you care for? What age is the person you care for?

Q2 . Please tell me about a typical day at home in terms of what caring for your child entails?

Q3. Please tell me what caring means to you and what motivates you to do your caring role?

Q4. Has caring in your home affected your academic studies and in what way? Can you give me example?

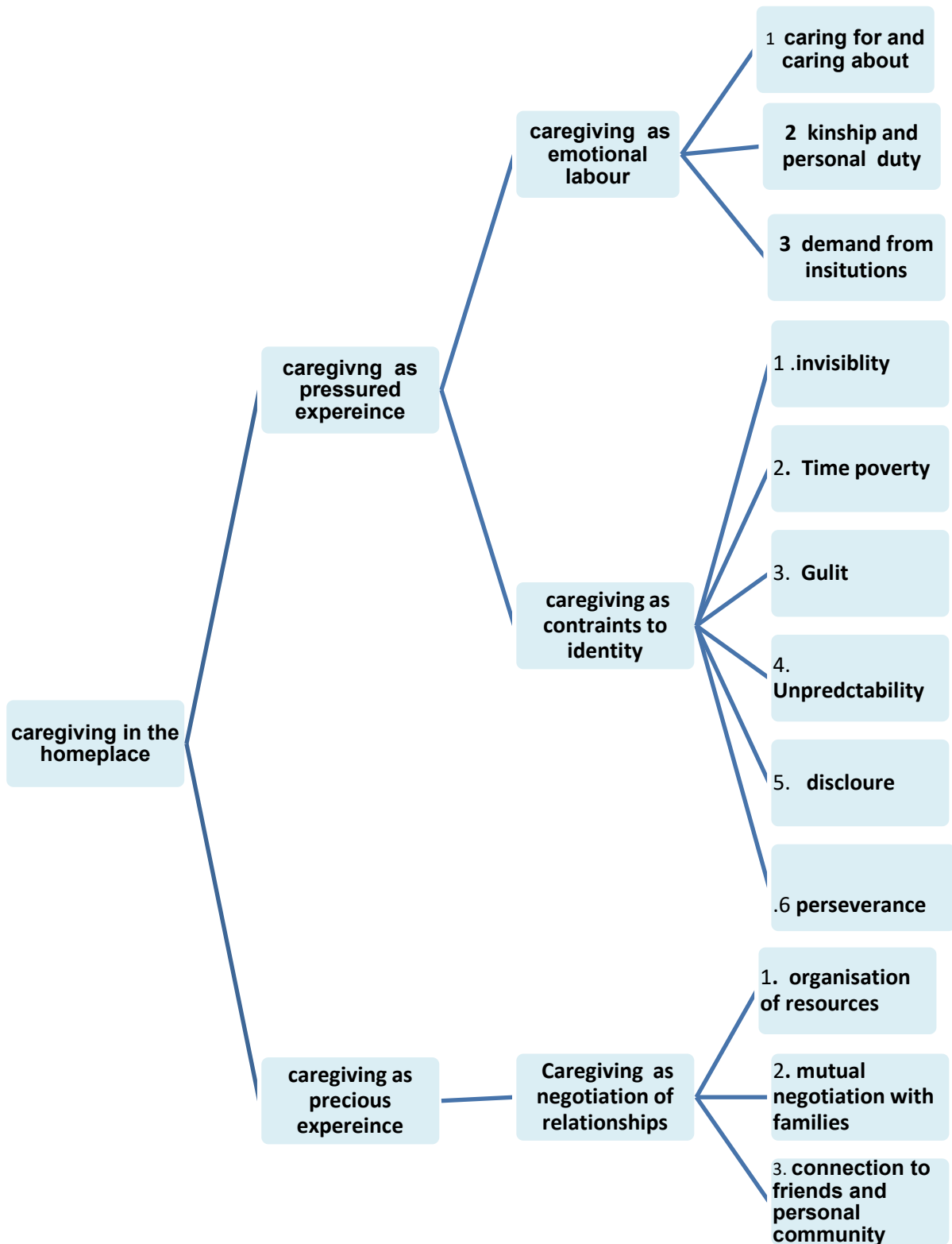***Q5. What aspect of caring do you find as being the most challenging to you as a carer and student?***

Q6. What motivated you to continue with your Higher Education studies?

Q7. Please tell me about the type of support that you found you could draw upon as a carer in terms of family, friends and formal welfare provision?

Q8. How did you manage to find time and space to study at home? Please provide examples

Appendix D: The Findings Diagram

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                                                          ┌─────────────────────┐
                                                          │ 1 caring for and    │
                                                          │   caring about      │
                                                          └─────────────────────┘
                                      ┌──────────────┐    ┌─────────────────────┐
                                      │ caregiving as│    │ 2 kinship and       │
                                      │ emotional    │────│   personal duty     │
                                      │ labour       │    └─────────────────────┘
                                      └──────────────┘    ┌─────────────────────┐
                                                          │ 3 demand from       │
                                                          │   insitutions       │
                                                          └─────────────────────┘

                   ┌──────────────┐                       ┌─────────────────────┐
                   │ caregivng as │                       │ 1 .invisiblity      │
                   │ pressured    │                       └─────────────────────┘
                   │ expereince   │                       ┌─────────────────────┐
                   └──────────────┘                       │ 2. Time poverty     │
                                                          └─────────────────────┘
                                      ┌──────────────┐    ┌─────────────────────┐
                                      │ caregiving as│    │ 3. Gulit            │
                                      │ contraints to│────└─────────────────────┘
                                      │ identity     │    ┌─────────────────────┐
                                      └──────────────┘    │ 4. Unpredctability  │
 ┌──────────────┐                                         └─────────────────────┘
 │ caregiving in│                                         ┌─────────────────────┐
 │ the homeplace│                                         │ 5. discloure        │
 └──────────────┘                                         └─────────────────────┘
                                                          ┌─────────────────────┐
                                                          │ .6 perseverance     │
                                                          └─────────────────────┘

                                                          ┌─────────────────────┐
                                                          │ 1. organisation     │
                                                          │ of resources        │
                   ┌──────────────┐  ┌──────────────┐     └─────────────────────┘
                   │ caregiving as│  │ Caregiving as│     ┌─────────────────────┐
                   │ precious     │──│ negotiation  │─────│ 2. mutual           │
                   │ expereince   │  │ of           │     │ negotiation with    │
                   └──────────────┘  │ relationships│     │ families            │
                                     └──────────────┘     └─────────────────────┘
                                                          ┌─────────────────────┐
                                                          │ 3. connection to    │
                                                          │ friends and         │
                                                          │ personal            │
                                                          │ community           │
                                                          └─────────────────────┘
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