

# Low-Income Mothers' Descriptions of Children's Injury-Related Events: A Discourse Analysis

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## Abstract

The purpose of this study was to examine how mothers with young children who were living in low-income households used discursive strategies to explain their children's injury and near-miss events. In-person interviews were conducted with 17 mothers and a discourse analytic approach was used to analyze the data. Mothers used a variety of discursive strategies to explain injury events including minimizing the nature of events and expressing tensions between responsibility and resistance. Mothers also described challenges related to predicting children's behavior and dealing with competing demands. These discursive strategies reflected how societal expectations that mothers are held to in terms of keeping children safe conflicted at times with the constraints experienced by mothers living in economically challenging situations. The findings can be used to inform the design of injury prevention strategies that are sensitive to experiences of mothers of young children who are living with economic challenges.

## Keywords

children; discourse analysis; families / caregiving; mother; mothering; poverty

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Unintentional injuries in the home pose a significant public health problem for young children, particularly those living in poverty (Laflamme, Hasselberg, & Burrows, 2010). Injuries are a major cause of mortality and health inequalities in children. Twenty years of research on social inequality and children's injuries point to greater exposure to hazards among children living in poor households and having caregivers who lack the means to protect children in the home as contributing factors (Laflamme et al., 2010). Furthermore, young children experience greater vulnerability for home-based injuries because of the large amount of time they spend in the home environment and their dependence on caregivers.

Although quantitative studies have provided descriptions of risk factors and injury patterns associated with child home injuries, there have been few studies that privilege mothers' perspectives regarding their children's injury events and how they construct these experiences. In recent years, a growing body of literature has emerged on the topic of mothering and motherhood that has been dominated by a feminist constructionist theoretical perspective (Arendell, 2000). This literature has addressed how mothers socially construct their experiences including how various social discourses might influence these constructions. Because social discourses reflect generally accepted social views and provide boundaries for what is seen as acceptable speech on

certain topics, they hold potential relevance for understanding mothers' constructions of their roles related to the management of children's injury risks. Relevant discourses include those related to societal concerns about risks for children generally, professional child safety discourses, and ideologies about motherhood.

In reference to childhood risks, S. Scott, Jackson, and Backett-Milburn (1998) describe how increased societal anxieties about risks to children have developed as part of a broader growth of the modern "risk society" (Beck, 1992; Giddens, 1991). These discourses frame childhood as a time of vulnerability and parents are seen as having the duty to protect their children at all costs.

Professional discourses promoted by injury prevention experts construct child injuries as a particular type of risk in

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which injuries are seen as “predictable and preventable” events (Burnham, 2001; Lupton, 1995). Lay views of injuries as “unpredictable” or “accidental” are viewed as incorrect and most efforts to educate parents are aimed at addressing what are seen as misperceptions and improving their safety behaviors (Dixey, 1999; Green, 1995). Furthermore, mothers are often the primary target of child safety education communications and are seen as the caregiver most responsible for preventing child injuries (Khanom et al., 2013; Roberts, Smith, & Bryce, 1993).

Societal views about mothering are relevant for understanding how mothers construct their roles related to managing child safety issues. One dominant motherhood discourse is that of the “good mother” whose qualities include “selflessness, wisdom, responsibility and far-sightedness” (Murphy, 1999, p. 188) and who is seen as someone who places priority on her child’s needs, even when this might be at her own expense in terms of personal inconvenience or distress. A related ideology is that of “intensive mothering” that has been described as a dominant contemporary cultural model of socially appropriate mothering in which child rearing is construed as “child-centered, expert-guided, emotionally absorbing, labour-intensive and financially expensive” (Hays, 1996, p. 8). These notions of “ideal” motherhood contrast with those of “bad mothers,” a label usually applied to those who are deemed neglectful of or abusive to their children (Ladd-Taylor & Umansky, 1998), or who are seen as overprotective in their use of excess or rigid control (Ruddick, 1980).

Jackson and Mannix (2004) observe that mother-blame for child health problems is pervasive in professional literature and that many different child health problems have been attributed to mothers. Mothers’ experiences and responses in relation to discourses of blame and responsibility have been examined across a variety of health topics including childhood obesity and nutrition (O’Key & Hugh-Jones, 2010), attention deficit hyperactivity disorder (Blum, 2007; Malacrida, 2002; Singh, 2004), smoking (Irwin, Johnson, & Bottorff, 2005), and breastfeeding (Murphy, 1999; Wall, 2001). There has, however, been little study of mothering experiences in relation to child injuries in the context of women who are living on low incomes. There has also been little exploration of how mothering and child safety discourses influence mothers’ experiences of caring for children.

In their case study of working class mothers in the United Kingdom, Dixey (1999) described how mothers’ concerns about children’s outdoor safety resulted in their beliefs about needs for “eternal vigilance,” and that “good mothers” engaged in high levels of surveillance and they perceived there was peer pressure from other parents to do so. In another UK-based study, Backett-Milburn and Harden (2004) analyzed how the family members constructed notions of risk and safety for children and highlighted how safety risks were constructed and negotiated within the family and wider social contexts. Findings from this study

reflected the combined accounts of all family members and did not focus on mothers’ experiences specifically.

Unlike research on other health topics, there has been very little prior work examining the language and discursive strategies used by mothers to offer insights into their constructions of safety-related roles and influence of broader social discourses. A body of psychological research has addressed how mothers reminisce about past events (including negative events such as injury) with preschool children (Fivush, 2007; Fivush, Berlin, Sales, Mennuti-Washburn, & Cassidy, 2003;). This research includes a focus on style and structure of conversations, but addresses primarily the characteristics of mother–child conversations and the impact on child development. Parental language use in relation to child injuries has also been the focus of research (C. Peterson, 2004; L. Peterson, Moreno, & Harbeck-Weber, 1993). In this work, Peterson and colleagues examined parental narratives about children’s injuries that required an emergency department visit. Narratives were analyzed quantitatively with respect to length, elaboration, cohesion, coherence, and contextual information provided. Mothers’ and fathers’ narratives were found to vary little, but gender differences were found between narratives provided for daughters and sons. These psychological studies examined characteristics of mothers’ language use but were not focused on how mothers’ use of language reflected experiences and social constructions of safety or mothering. Thus, there are no previous studies to our knowledge that have used a discourse analytic approach to explore the descriptions provided by mothers living in low-income situations of their children’s injury events or close calls and related these explanations to broader social values and ideals about mothering and child safety. The current study focuses on exploring the perspectives of low-income mothers about their children’s injuries and near-injury events and examining the discursive strategies they use to describe these events. Mothers who are single and living on low incomes, and particularly those who receive social assistance have been found to experience higher levels of scrutiny and more negative judgments about their mothering abilities compared with mothers who are middle-income or part of two-parent families (Power, 2005; Swift, 1995). It is important, therefore, to examine the ways in which women position themselves in accordance with or in opposition to social communications related to mothering and child safety, and also to consider how they might be constrained in their abilities to contest widely held social meanings.

A better understanding of mothers’ socially constructed meanings regarding their children’s injuries can help to better align prevention messaging with these meanings. A discourse analytic approach was chosen because it provided a way to examine not only the content of women’s descriptions of children’s injury-related events but also the structure, organization, and function of the language they used (Wood & Kroger, 2000) and how broader social meanings underpinned their explanations (Lupton, 2012). Analyzing interview segments

about injury and close call events allowed for developing understanding of the meanings mothers held about these events and how they positioned themselves in relation to prevailing mothering and safety discourses. The analysis addressed the following research questions:

1. **Research Question 1:** What types of discursive strategies do mothers living on low incomes use in their explanations of their children's injury and near-miss injury events?
2. **Research Question 2:** How do the discursive strategies used by mothers reflect social constructions of motherhood in the context of safeguarding young children?

## Method

### Study Design

The theoretical approach used for this discourse analysis was based on the perspectives of Wood and Kroger (2000) and Fairclough (1992). From this perspective, discourse is defined as including "all spoken and written forms of language use (talk and text)" and is viewed as a "social practice" (Wood & Kroger, 2000, p. 19). Talk is seen as not only reflecting the social world but also as continually helping to create it. The purpose of discourse analysis is to both address the content of mothers' talk and identify how mothers use the content of their talk to achieve certain functions and effects. The current study also draws on critical discourse analysis (Fairclough, 1992) where the focus is on how power relations and ideologies in society are involved in the shaping and reproduction of discursive practices.

For the purpose of this study, the use of discursive strategies refers to different ways people use language to achieve certain functions and how these uses of language are situated within social contexts (Wood & Kroger, 2000). In contrast, the idea of social discourse refers to a more abstract notion of discourse as a form of social practice that takes place on a larger, macro scale. These broader social discourses, also called interpretive repertoires (Wood & Kroger, 2000), can be seen as structured systems that people draw on to construct their own situated communications about particular phenomena.

For this analysis, segments of data pertaining to injury and near-miss injury events were selected because they provided a focus on actual events that had taken place. The analysis focused on mothers' explanations about situations where the child's safety had been compromised and examined the different ways that women described and explained these situations.

### Setting and Participant Recruitment

The data analyzed in this study were collected as part of an ethnographic study of mothers' safety practices conducted in a community with a population of close to 70,000 people comprising rural, suburban, and urban neighborhoods in

British Columbia, Canada (Olsen, Bottorff, Raina, & Frankish, 2008). The study involved 17 women who were living at low-income levels as defined by Statistics Canada (2004). Eligibility criteria for participants included being a resident of the community under study, being a mother and primary caregiver of a child between the age of 1 and 5 years, and living in a low-income household as defined by the Statistics Canada Low-Income Cut-Off line (LICO line; Statistics Canada, 2004). Study methods included multiple data collection strategies (interviews, home observations) and analysis emphasized both context and meaning of mothers' safeguarding efforts, reflecting an ethnographic approach (Savage, 2000). The sampling strategy included both solicited and purposive sampling and participants were recruited in two ways. First, mothers who were participating in the control arm of a separate ongoing child safety study were sent a letter inviting them to participate. This method yielded six participants. Second, mothers using local health unit services or attending three community-based parenting groups were invited to participate and 11 mothers were recruited using this method. The study was approved by the university research ethics board and the health authority ethics committee.

### Data Collection

Methods of data collection for the larger study included semi-structured interviews with mothers as well as observations of mother-child interactions and safety-related aspects of the home environments. The data utilized for the discourse analysis consisted of specific segments selected from the full interviews that were transcribed from digital recordings. The recorded interview data provided a verbatim record of mother's language used to describe injury-related events, whereas the observational data did not include a word-for-word record of conversation.

In total, 28 home visits were conducted ranging in length from 1 to 2.5 hr. Eleven participants received 2 home visits and six participants received 1 home visit. Reasons for mothers receiving 1 home visit included mother being hospitalized (1), being unable to re-contact to schedule (1), and researcher's decision to use the final set of visits to validate findings from earlier interviews and consolidate data collection into one session (4).

Informed consent was obtained at the first home interview. Consent documents were sent to potential participants prior to scheduling the first visit. These documents were reviewed at the first visit and participants' questions were answered prior to the start of data collection. How confidentiality would be maintained was carefully explained to participants, which was important due to barriers of mistrust that many low-income women may have for being part of research (Farmer, Jackson, Camacho, & Hall, 2007). When arranging the second home visit, participants' willingness to continue was assessed verbally. Interviews included the following questions regarding children's injury events: "Can you tell me about a time when your child was injured

unexpectedly?” “Can you tell me about what that experience was like for you?” and “What happened after that experience?” Although these questions were specific to children’s injury events, some of the mothers also recounted close call experiences in response to these questions.

In this study, the initial establishment of trust was important because mothers might have perceived questions about their children’s injuries as intrusive or threatening. Therefore, the questions about children’s injuries were introduced in the later part of the interview to allow for building of rapport and trust. Further rapport was built through limited use of self-disclosure about mothering young children at appropriate times, reciprocity by way of offering a completed safety checklist for participants to keep, and using a caring and empathetic approach to interviewing. These strategies are recognized as ways to engender rapport and trust in qualitative research studies (Dickson-Swift, James, Kippen, & Liamputtong, 2007). A list of local services and resources was made available at the end of the interview to participants to assist those who desired to seek further support for child safety or parenting issues. Of the 17 women in the study, all except 2 provided description(s) of one or more or close call or injury events with the number of incidents recounted ranging from one to nine.

### Data Analysis

The analysis of the transcribed interview data was guided by the approaches to discourse analysis developed by Wood and Kroger (2000) and informed by theoretical approaches to critical discourse analysis described by Fairclough (1992). Steps in analysis included (a) identifying discursive devices that were evident in mothers’ explanations of injury and near-injury events, (b) identifying the functions of the discursive devices and how these aligned with broader social discourses, and (c) identifying themes to describe patterns in the use and function of these devices. The analysis focused on the words and phrases that women used to describe their experiences as well as how their verbal descriptions reflected societal values about motherhood and safety issues. Excerpts were selected from across the interviews that included mothers’ description of a specific injury event or situation where a potentially serious injury had almost occurred. Contextual information such as events preceding or following the event was also included. Concepts identified via the first-level coding were informed by a repeated review of the data excerpts representing women’s speech as well as relevant literature in injury prevention, health promotion, and health sociology fields. The first level of coding, completed by the first author, addressed mothers’ word usage to describe injuries, consequences and actions taken, statements about their role in the event, and events or context preceding and following the injury. Use of lay terms, for example, in the area of sport concussion literature, has been identified as a way that language use can downplay the seriousness of injury (Snedden,

2013). The categorization of injuries around different phases of the event (antecedents, injury type, consequences) has previously been used to analyze mothers’ recall about child injury events (L. Peterson et al., 1993).

The second level of coding focused on the functions of the statements. This level of coding and subsequent theme development involved discussion with other team members. Coding the functions of statements involved considering how mothers presented themselves in terms of responsibility and blame through their descriptions of events and experiences and how the injury event itself was described and framed. The functions were identified through questioning how grammar and descriptive words were used, how events were sequenced, and how mothers described their role. These functions were then considered in terms of alignment with broader mothering and child safety discourses. Women’s adherence or resistance to dominant social discourses was identified in the excerpts when women voiced agreement or disagreement with ideas that reflected social ideals related to mothering (that good mothers are responsible for and prioritize child needs) and to child safety (that mothers should predict and prevent all children’s injuries). Identifying these alignments was carried out by questioning how mothers’ statements were helpful or not helpful in presenting themselves in accordance with idealized and “safe” mothering. This allowed for examination of how their language aligned with prevailing discourses of maternal blame and responsibility for children, and child safety.

Categories were developed and consolidated into themes and sub-themes that best highlighted significant and consistent patterns in the content and function of the talk and reflected relevant social discourses. The numbers of excerpts and examples of language use were sufficient to allow for a thorough attention to how women were explaining their experiences. With discourse analysis, there is less emphasis placed on the idea of saturation related to new information emerging (Wood & Kroger, 2000) and greater focus on thorough analysis of data segments to justify arguments. In this analysis, the number of events mothers shared allowed for robust development of the concepts and themes as well as sufficient data segments to support findings. Mothers utilized language in a variety of ways that helped them to position themselves in ways showing alignment and resistance to dominant social discourses related to motherhood and child safety. These findings help to give voice to how more marginalized women may experience tensions resulting from the expectations framed by these discourses.

### Findings

The 17 women who participated in this study ranged in age from 19 to 37 years and were all living on low incomes. In all, 6 women reported a yearly pre-tax family income of less than \$10,000 (Can\$), another 5 reported an income between \$10,000 and \$20,000 (Can\$) and the remaining 6 reported an

income between \$20,000 and \$40,000 (Can\$). Close to half of the women were single parents who held sole responsibility for the daily care and safety of their children. Nearly all of the single mothers and several of the women with partners had had previous contacts with the social welfare system, and some had previous experiences related to mental health issues and to situations of domestic violence.

Six of the mothers reported a total of eight injuries to their children for which they had to seek medical attention from a physician or at a hospital. These injuries included cuts (3), fall-related injuries (3), foot slivers (1), and a dislocated elbow (1). Thirteen mothers also described minor injuries for which medical attention had not been sought as well as near injuries, for which some mothers had sought advice, for example, calling the poison control center to inquire about the ingestion of a potentially toxic substance. There were a total of 35 minor and near-injury events recounted, which included falls (11), ingestion or near ingestion of potentially toxic substances (8), child escaping out of doors or onto road (6), child hit by object (4), child in contact with a hot object (2) or electric outlet/charger (2), and choking incidents (2).

The discursive strategies that mothers used were reflected in the following three themes: (a) minimizing the nature of events, (b) tensions between responsibility and resistance, and (c) situating injury events within challenges of everyday child care practicalities.

### *Minimizing the Nature of Events*

Women in the study made use of language that downplayed the nature of injury or close call events and de-emphasized the injury event itself. Two discursive strategies were used: minimizing language and uneven framing. Mothers' efforts to use downplaying language helped to cast injuries as minor, everyday events, and thus reflected a normalization of these occurrences and also provided potential benefits for them.

*Use of minimizing language.* The seriousness of injuries was played down in mother's explanations in a variety of ways. For example, one mother explained that she was pleased that she had only ever had to take one of her children to emergency "for a little boo-boo, to get a couple of stitches," whereas another mother described how her toddler had gotten "a taste" of laundry detergent, explaining how it was just "one of those silly things that kids do." Mothers' use of specific injury-related jargon also reflected these downplaying efforts; for example, one mother used the term "*getting zapped*" to refer to her toddler experiencing an electrical shock, and another referred to her toddler's head abrasion as a "goose egg."

The use of humor also downplayed the seriousness of events. For example, mothers' replies to questions about times when their child had been hurt unexpectedly included statements such as "hey, all the time" and "which time?" that were accompanied by notations of laughter. Another mother

described her calls to poison control as being so frequent that she said, "they know me." The use of humor in these situations contrasted with the potentially serious consequences of the events and served to lighten the discussion which may have also functioned to help mothers reduce feelings of stress about the experiences. This is supported by research on psychological distress among mothers of high-risk, low-birth weight infants. Eisengart, Singer, Fulton, and Baley (2003) report that the use of humor coping was associated with reduced distress levels among mothers.

In the following segment, a mother and grandmother who were co-parenting a 2-year-old toddler discussed how the child had accessed the grandmother's medications and had swallowed two different medications, and bitten a third. The potential seriousness of the situation is slowly revealed through their dialogue regarding the advice they received from the poison control center staff:

Mother (M): I phoned right away for the poison control, and the woman there said well, the blood pressure pill that won't hurt him especially since he didn't take it all, it not a big deal, just keep an eye on him.

Grandmother (G): The [anti-depressant] wasn't really a big deal either.

M: The [anti-depressant] she said wasn't a big deal at all. . . . The only thing that we had to watch with that was that it could make him really irritable, and it didn't . . . and a [pain medication].

G: It's a muscle relaxant.

M: Yeah, she said just watch him because it could make him really, really overly . . . sleepy, like it could make it so that he could. . . .

G: It could cause breathing problems.

M: Yeah, he could fall asleep.

G: And stop breathing. . . . We had to check on him.

M: So, we had to go in every twenty minutes when he went down for his nap and poked him right, to see if he moved.

Interviewer (I): So, he didn't have a huge reaction from them?

M: No, he didn't have a reaction to it.

I: So what happened after that?

G: Nothing, he was fine.

This segment of text illustrates how the mother and the grandmother differed in the amount of information they provided regarding the potential seriousness of the child's pill-swallowing incident. The mother's use of everyday words such as "sleepy" and "irritable" can be interpreted as a way to downplay the potentially serious nature of the situation. By describing the child as simply being "sleepy" in reference to a situation where they needed to check on his breathing every 20 min indicated a use of language that may have helped the mother manage her discomfort in not only reliving the event but also sharing the experience with the researcher.

*Uneven framing of events.* Discursive strategies that had the effect of de-emphasizing children's injury events or their potential seriousness were evident in the use of an uneven narrative structure. Most of the descriptions included some elaborations regarding the pre-event circumstances such as who was looking after the child at the time. The post-event scenarios also received fuller explanations, such as mothers describing their responses as attentive and immediate, "I went running in there and grabbed him," or by describing the post-injury events such as the hospital wait time. Mothers also emphasized in many of the injury event descriptions how things had "turned out well" in the end, serving as reassurance that the situation had been managed well.

In contrast, there were many instances in which mothers placed less emphasis on the injury event itself and most tended to provide very brief or limited descriptions of the nature or severity of the actual injury, the treatment required, or the child's reaction to the event. These limited descriptions were indicated by mothers' use of a very quiet voice to talk about the actual injury and using very few words to describe the injury in contrast to the number of words used to provide the pre-injury lead up to the event or the post-injury activity, such as providing first aid or remedial efforts to prevent the event from recurring. Sometimes the mothers' naming of the actual injury event was mumbled or barely audible. Descriptions of what could potentially have happened as a consequence of near-miss injury events were also largely absent from the descriptions. Minimal elaboration about the actual event had the effect of reducing attention to the injury event itself, and could suggest that discussing actual injury events was a difficult thing for mothers to do.

*Possible benefits of uneven framing and minimizing events.* Some women described how their reactions to their children's injury events included feelings of being "scared," "freaked out," and "terrified." Most of the women who expressed these strong feelings also used minimizing language and an uneven framing of events to de-emphasize the injury event that might have helped them to manage their emotional states, to lessen their distress, and to convey their competence in handling these kinds of situations. There was also some evidence suggesting that mothers minimized the seriousness of injury situations to help reduce children's distress. One mother of a 2-year-old boy described how her child would not typically cry over a minor injury "unless he really hurts himself because I didn't baby him."

Minimizing and uneven framing may also have helped women to position themselves in ways consistent with discourses of good mothering by placing less emphasis on the injury itself (an event that could potentially reflect their mothering in a negative and blameworthy light) and greater emphasis on how they managed following the event. Focusing more on their remedial safety efforts was also consistent with discourses of good and safe mothering.

## *Tensions Between Responsibility and Resistance*

*Self-blame and accountability.* There were many instances where women conveyed their sense of responsibility for injury-related events to their children and voiced expressions of self-blame for injury incidents or close calls. Participants' use of phrases such as "feeling bad," "learning their lesson," or of being "at fault" conveyed a sense of regret and this helped to lessen the potential for mothers' safeguarding behaviors to be judged negatively. For example, a mother of a 17-month-old child stated how it was "100%" her "fault" that she had not strapped her child into the grocery cart and that he had fallen out and hit his head. This mother described how this experience had been terrible for her child as well as for herself:

There was also that one time that was completely my fault and now I've learned my lesson. That is, he fell out of the grocery cart. And that one scared me pretty good. But actually, I was probably in worse shape than he was. . . . They had First Aid there immediately and they stayed with me . . . until I stopped shaking and crying, and (son) had stopped crying way before I stopped crying, but it was 100% my fault and I've learned my lesson. . . . To this day . . . every time I go to the grocery store, I still see it in my head.

By accepting blame for injury events, women clearly positioned themselves as mothers who accepted their responsibility and cared for their children. In addition, mothers' use of statements that involved self-blame about failing to take preventive action (e.g., admitting to not using a shopping cart safety belt) also helped mothers to position themselves as knowledgeable about appropriate preventive measures and remedial actions, thus showing their alignment with both child safety and good motherhood discourses.

Some of the injury events that women described occurred while their child was under the care of another person. When relating these events, some women provided detailed explanations of their whereabouts and the child care arrangements they had made, pointing out in various ways that they had left the child in what they believed to be capable hands. These explanations reflected how mothers took on notions of accountability and self-blame even for events that took place in their absence. In the following example, the mother of a 21-month-old boy described how the child fell off his new toddler bed while she was absent from the home:

I guess the first day my brother was here watching him for a while. Yeah, he was watching him. [Child] wanted him to stay, he was all excited. He climbed on there, I guess. I was at work. He [child] was jumping on it [bed]. He fell and hit his head.

Another mother, who was a single parent, recounted how her two children aged 5 and 7 ran off outside while they were under a close relative's care:

I had someone call welfare on me because my kids were outside one morning by themselves and well, I wasn't even here. So I feel bad that they were out there by themselves, but I wasn't here, so there was nothing that I could have done to stop it. . . . Well, the kids took off and were running around by themselves in their pyjamas. Yes, we heard about that, anyway, somebody had phoned welfare.

This mother explained both the reason that she had needed to be away and how a close family member had been left in charge of the children during her absence. Although this incident did not involve an injury, the consequences were serious for the mother because someone in the neighborhood had contacted child welfare authorities. While this mother stated that she “felt bad,” her explanation also reflected some resistance to this responsibility, indicated by her saying, “but, I wasn't there, so there was nothing I could have done to stop it.”

These explanations reveal how women conveyed their sense of responsibility for events that took place even in their absence. Yet at the same time, they also expressed some resistance to this, revealing the tensions they experienced managing these conflicting ideas.

*Re-directing blame to others.* Women also expressed their resistance to social expectations of full accountability for children's safety through references to how other people such as partners or other adults could also be seen as responsible for the occurrence of injury-related events.

For example, one mother redirected blame to her husband for a child's fall when she described how the husband and child were “playing on the bed” when her child fell off and hit his nose on the corner of the nightstand. Describing the involvement of others in children's injury events was a way for mothers to resist being held solely responsible for keeping children safe by pointing out the role others played in situations where children were hurt.

Furthermore, mothers also frequently drew attention to children's characteristics and behaviors that they believed contributed to injury situations, and in this way shifted blame away from themselves and to the children. The following excerpt illustrates how one mother of a 2-year-old focused on the role of her child's behavior in an incident in which his head had hit a door:

Well, he was half asleep and I was carrying him into the bathroom to go change his diaper . . . he readjusted himself, just as I was going through the door. . . . If he had done it three seconds before, or like in either direction, he would have totally missed the door and he would have been fine, but no, no, he had to do it right then and go “smack.”

Characterizing children as “daring and adventurous,” “a climber,” “very independent,” and “very busy” helped to direct focus to children's behaviors and allowed women to convey how individual factors related to the children's personality and characteristics could also play a role in injury

events. Thus, mothers' explanations illustrated both resistance to and acceptance of prevailing discourses around the maternal responsibility for child safety, providing a sense of the tensions the women experienced in trying to both meet and challenge these social expectations.

### *Situating Injury Events Within Challenges of Everyday Child Care Practicalities*

Mothers described three types of challenges associated with their daily efforts to care for their children and injuries. These included difficulties in predicting children's behavior, competing demands of children's developmental needs, and competing demands related to their other daily tasks. Mothers' descriptions of these challenges revealed some of the conflicts they faced as well as their adherence or resistance to dominant social views and ideals related to mothering and child safety.

*Difficulties predicting child behavior.* There were many instances found in the mothers' talk where they constructed children's injury-related situations as occurring as a result of the child's unexpected or speedy behavior that had taken them by surprise. Several women pointed to this as an important factor in the injury or near-injury event, explaining, “he's definitely quick, that's for sure,” or “she had gone across a block and a half, just like that.” Others emphasized the unexpected nature of the child's behavior by situating the injury event in the everyday nature of the activities that had placed children at risk: “He was running and catching bubbles.” Using these discursive strategies, mothers portrayed the prediction and preventability of such injuries as very difficult and framed lapses in prevention as understandable, in contrast to prevailing professional safety discourses that hold parents and mothers in particular responsible for predicting and preventing child injuries (Burnham, 2001; Lupton, 1995; Malacrida, 2002). Additional evidence of resistance to this discourse was reflected in mothers' statements about how some accidents “just happen” and in their references to the everyday nature of injury events. For example, one mother spoke of the types of events that her 5-year-old son experienced that she considered non-serious such as “falling off his bike and that sort of thing,” whereas another mother of a 2½-year-old boy described events her child had experienced that she thought were “pretty much expected for this age”: “He's fallen off the couch, fallen off a chair and pinched his fingers in the closet.” These statements reflected mothers' ideas about how many of their children's injury-related incidents were unpredictable in nature and to some extent inevitable and provided a contrasting view to prevailing safety messages.

*Meeting the competing needs of children.* With this challenge, children's needs for protection from injury were constructed as being at odds with their needs for independence, play, and exploration. Justification for some of the injury or near-miss

experiences included explanations of the child's needs for learning and independence. One mother explained how "children have to learn . . . they have to make some mistakes to learn" and that "they have to know what falling down and scuffing your knee feels like." Another mother stated, "Accidents just happen, you can't not let them play, you know." Expressing concern with other aspects of their children's development and explaining how some injuries were inevitable consequences of children's play and exploration allowed mothers to demonstrate the balance they sought through efforts to support their children's learning and development while protecting them from injury. As one mother stated, "I will protect them [children] by doing certain things to stop them, but only to a limit." Another mother justified this approach by explaining, "Children have to learn, they can't just have everything done around them perfectly, so that they never make a mistake, they have to make some mistakes to learn." Mothers were clear that they did not want to be "overprotective" or "too" safety conscious and thus communicated their desire to avoid controlling their children's activities too much. These ideas about potentially negative aspects of "too much" protection are consistent with discourses about "overprotective" mothering that have been widely described as placing blame for a host of childhood problems on maternal behavior (Arendell, 2000; Ladd-Taylor & Umansky, 1998). Within the mother-blame discourses, mothers are criticized for being not protective enough as well as for being too protective. In this study, mothers' explanations of how they strove to meet their children's competing needs for play and independence allowed them to provide a rationale for the occurrence of adverse events that was consistent with good mothering but also avoided negative connotations associated with being overprotective.

*Competing demands of other daily tasks.* The third challenge conveyed in mothers' talk related to how efforts to accomplish other daily tasks such as housework and meeting personal needs could at times conflict with their children's supervision needs. For example, one mother of a 22-month-old and a 4-year-old explained, "I'm constantly supervising them and I don't get a lot of stuff done that way." As a result, she often put off tasks (including taking a shower) until the evening when her husband was home so that the children were not left unattended. However, there were times when competing household demands made it impossible for some women to provide constant supervision especially when caring for children on their own for most of the day. For example, one mother who left her children, aged 2.5 and 5, alone in the kitchen while the oven was on for 5 min to fit in a quick shower defended her actions:

I didn't expect her [older child] to go and open it [oven door], right? But, she did and I can't stand there for an hour while a cake is cooking beside my oven to make sure my kids don't go into it. I just never expected her to do that and that scared me.

The impossibility of providing constant supervision was thereby constructed as a necessary part of everyday life for mothers. Mothers' explanations of their competing demands allowed them to indirectly contradict the hegemonic ideology of mothers' sole responsibility and accountability for child safety. One mother expressed this by saying, "You feel like you have to follow them around all the time and of course I couldn't do that."

In summary, women in the study used discursive strategies to provide context for the circumstances surrounding their children's injury and near-injury events. These strategies allowed the women to express some of the constraints that affected their ability to carry out their role as a safety-conscious mother. This also provided a route to resist ideas consistent with the rhetoric that mothers should be held completely responsible for their child's safety under all circumstances. Furthermore, by framing children's injury experiences as related to their play and exploration, mothers were able to convey their concerns for their children's overall development in addition to their concerns for their safety and to also resist the idea of being an "overprotective" mother.

## Discussion

This study uses a novel approach and contributes new understandings of mothers' subjective experiences related to their children's injury and near-injury events. The findings highlight various discursive strategies that mothers used to explain these events and how these explanations allowed mothers to position themselves in varied ways relative to broader social discourses. The mothers were genuinely concerned about protecting their children, and providing them with opportunities to play and learn new skills without being too controlling. Mothers also expressed considerable knowledge about basic, preventative measures for keeping children safe in the home, suggesting that strategies need to move beyond educational approaches and address contextual challenges faced by women in financially challenged households. Preventive strategies should focus on supporting women by acknowledging contextual constraints and avoiding implications of blame and sole responsibility.

Mothers were found to use minimizing language and little elaboration about actual injuries with greater detail about preceding events, consequences, and context. In C. Peterson's (2004) study of parental descriptions of child injuries, it was found that both mothers and fathers provided more elaborative and cohesive narratives for daughters than for sons. Although the current study did not assess differences based on child gender, this is a potential area for future research.

Furthermore, many of the children's injury events were constructed by mothers as unexpected, inevitable, or as potentially important learning experiences for children. These findings reflect some of the inconsistencies regarding parental beliefs about injury reported in the literature. For example, although some early studies reported that parents

hold very favorable attitudes about childproofing the home (Gielen, Wilson, Faden, Wissow, & Harvilchuck, 1995) and that parents view injuries as largely preventable (Sparks, Craven, & Worth, 1994), more recent studies suggest that parents see childhood injuries as normative or as an inevitable part of learning new skills (Brussoni & Olsen, 2011; Little, 2010; Whitehead & Owens, 2012). Furthermore, parents have also been found to believe that minor injuries acquired through risk-taking activities can hold a learning value for children (Brussoni & Olsen, 2011; Lewis, DiLillo, & Peterson, 2004; Little, 2010). This discursive analysis of women's constructions of injury-related events provides additional insights into these experiences among low-income women involved in child rearing.

Discursive strategies used by mothers illuminated the tensions they experienced managing adherence and resistance to discourses of good and safety-conscious mothering. These discourses together imply that a "good mother" is highly protective, holds responsibility for child injury and close call events, and successfully prevents all injuries to her child. Areas of resistance were evident from the ways mothers distanced themselves from being seen as "overprotective" and meeting children's developmental needs for activity, by resisting ideas that all injuries are preventable and predictable, and by referring to the responsibility and involvement that other people have in keeping children safe. Finding a balance between being safety concerned and conscientious, but not overprotective and allowing for children's play and activity needs is a difficult task for women, especially when juxtaposed with rapid developmental changes in early childhood and fears related to surveillance by others, including social services.

The tensions that women experience in terms of responsibility and blame may be further compounded by media attention to cases where children are hurt and where mother-blame or fault is implicated. For example, Goc (2009) argues that there is a recurring narrative in news stories about missing children that focuses on the behavior of mothers, contributing to the social discourses that judge mothers as guilty or innocent. These findings are consistent with findings from Dixey (1999) that low-income mothers of school-aged children were resentful of the level of vigilance they believed was expected of them in protecting their children from traffic hazards and that they were unsure whether they were being "overprotective" or "paranoid" (p. 52). In the study by Dixey, high levels of concern about outdoor risks and perceived needs for intensive surveillance of children were found to negatively affect the women's psychological well-being. Together with the findings from our study, this suggests needs for further exploration of the tensions that exist for mothers of young children in low-income environments in terms of their concerns for children's safety, their worries about being overprotective and not meeting children's other needs for active play, their responses to social expectations around preventing injury and perceived blame when children

are injured, and their heightened concerns about the real possibilities of being reported to social services. Taken together, these pressures point to needs for further investigation about how such tensions might affect women's stress levels and psychological well-being. Future research should also include discourse analysis of policy and program documents to examine what is and what is not said, both in mothers' speech and in official texts related to child care and safety. Such research would help to illuminate the ways that mothers are responsabilized or blamed through prevailing discourses.

Acknowledging the difficult work of child care and managing safety issues among low-income women (Olsen et al., 2008) and the constraints related to poverty is important and often missing from the literature on child injury prevention as well as from injury prevention programming. Other researchers have pointed out how community-based interventions along with informal and family care and support play an important role in meeting the child care needs of low-income families (G. Scott & Innes, 2005). In a study of disadvantaged families, Denham (1999) reported how mothers played a central role in managing family health. Denham suggests that health providers should better recognize gendered roles in families, and should help to empower disadvantaged women so that they can better advocate for their families' health needs. Injury prevention programs need to be broadened to include more concerted efforts to develop support networks and locally based programming for women to help reduce the social isolation they experience in child rearing and to support them in the demanding work of child rearing and safeguarding. In addition, injury prevention programs should support mothers in providing safe play and new learning experiences for their children.

Mothers' expressed resistance to the prevailing discourse that injuries are both predictable and preventable is consistent with other reports of low-income mothers resisting expert discourses in relation to the health of their children. In one study, researchers described how mothers living in poverty expressed resistance to public health information about the dangers of passive smoking for children and developed alternative explanations for their children's health issues (Robinson & Kirkcaldy, 2007). In this work, it was suggested that maternal smoking was an understandable way for women to cope with the demands of motherhood while living in poverty, and that resisting dominant health discourses allowed them to continue to smoke while caring for children. Similarly, women's experiences with children's injuries or close calls can be framed as situations that, although not ideal for the safety of children, represent understandable situations given the many challenges that face women living in difficult financial, social, and physical conditions. Discursive strategies such as framing of injury events as "normal" events, downplaying their seriousness, and conveying the impossibility of providing constant vigilance can be also be viewed as an understandable way for low-income women to

cope with caregiving and safeguarding challenges in situations where they need to make do with the limited resources they have available. This approach is in contrast with a more blaming approach in which injury or close calls are framed as lapses in maintaining constant supervision or failures by mothers to provide adequately safe home environments.

Implications of these findings include the need for design of injury prevention programs and strategies that take into account the possible resistance to messages about preventability and predictability of children's injuries especially if such messages are blaming in nature, or if they imply expectations for behavior change that are beyond the coping resources of mothers living in challenging conditions. Rather, the significant challenges that low-income mothers face in their caregiving efforts should be acknowledged through the development of strategies and messages that are consistent with the constructed meanings mothers hold about child injuries. In future, research is needed to develop and pilot test such injury prevention strategies and messages that are aimed at mothers living in low-income situations. Furthermore, these findings also point to a need for evaluations of injury prevention interventions that include low-income families to assess the relevance of program content and strategies for this population.

Finally, the findings regarding the discursive strategies of *self-blame and accountability and re-directing blame* point to the gaps existing between cultural expectations of mothering in general and the realities of low-income women's lives, in particular of single mothers who hold sole responsibility for their children's care. This suggests that it could be beneficial to broaden injury prevention intervention strategies to target all types of people who care for young children, for example, other family members such as grandparents and older children and other caregivers. Designing family-based injury prevention strategies and framing messages to appeal to a broader community could assist with fostering social attitudes that child safety is a shared responsibility and support women in their efforts to protect their children. Community health nurses could play an important role in developing and implementing these initiatives. Policy implications also include the need for child care supports that are safe, flexible, and affordable for low-income mothers.

These study findings need to be considered in light of several limitations. It is important to acknowledge that the women's accounts of injury events might have been influenced by what they deemed acceptable to say about their children's safety to the interviewer. Low-income women often worry about consequences related to reports to social services, and as part of the consent procedures, the women were informed that the researcher was obligated to report suspected child abuse to the appropriate authorities. This limitation was addressed by introducing questions about children's injuries later in the interviews to allow for building of rapport and trust, by providing a supportive and non-judgmental atmosphere throughout the interviews, and by having more than

one contact with most participants. Some women may not have felt comfortable fully disclosing all injury events or close calls experienced by their children for fear of being interpreted as being associated with an abusive or neglectful situation. Despite the possibility that under-reporting of injury events took place, mothers were generally very open in providing examples of injury-related situations. To facilitate this discussion, the interviewer strove to maintain a supportive yet neutral stance in regard to women's descriptions of events, acknowledging the constraints and challenges that the women may face in keeping children safe. Despite these efforts, it is possible the interviewer may have affected the ways participants presented themselves in terms of their expressions of adherence or resistance to dominant discourses about mothering and child safety.

In conclusion, this study provides a unique contribution by way of a discourse analytic approach to illuminate how mothers living in low-income situations speak about and describe their children's injury-related events. The results highlight the tensions experienced by women as they both adhere to and resist the ideological landscapes of mothering and child safety. Moreover, the analysis of mothers' child injury-related talk shows how mothers' constructed meanings are influenced by broader social constructions and also that mothers, through use of language, can potentially exert influence on prevailing social constructions of safety and mothering. This new knowledge can be used to guide future research on how to design injury prevention messages and strategies that are congruent with mothers' held meanings relating to child safety. The development and testing of such strategies could help to increase the relevance and appropriateness of family-based interventions aimed at mothers living in disadvantaged conditions and better support their efforts to safeguard their young children.

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### References

- Arendell, T. (2000). Conceiving and investigating motherhood: The decade's scholarship. *Journal of Marriage and Family*, 62, 1192–1207.

- Backett-Milburn, K., & Harden, J. (2004). How children and their families construct and negotiate risk, safety and danger. *Childhood, 11*, 429–447.
- Beck, U. (1992). *Risk society: Towards a new modernity*. London, England: Sage.
- Blum, L. M. (2007). Mother-blame in the Prozac nation: Raising kids with invisible disabilities. *Gender & Society, 15*, 592–610.
- Brussoni, M., & Olsen, L. (2011). Striking a balance between risk and protection: Fathers' attitudes and practices towards child injury prevention. *Journal of Developmental & Behavioral Pediatrics, 32*, 491–498.
- Burnham, J. C. (2001). Why did the infants and toddlers die? Shifts in Americans' idea of responsibility for accidents—From blaming mom to engineering. *Journal of Social History, 29*, 817–837.
- Denham, S. A. (1999). Family health in an economically disadvantaged population. *Journal of Family Nursing, 5*, 184–213.
- Dickson-Swift, V., James, E. L., Kippen, S., & Liamputtong, P. (2007). Doing sensitive research: What challenges do qualitative researchers face? *Qualitative Research, 7*, 327–353.
- Dixey, R. (1999). Keeping children safe: The effect on parents' daily lives and psychological well-being. *Journal of Health Psychology, 4*, 45–57.
- Eisengart, S. P., Singer, L. T., Fulton, S., & Baley, J. E. (2003). Coping and psychological distress in mothers of very low birth weight young children. *Parenting: Science and Practice, 3*(1), 49–72.
- Fairclough, N. (1992). *Discourse and social change*. Cambridge, UK: Polity Press.
- Farmer, D. F., Jackson, S. A., Camacho, F., & Hall, M. A. (2007). Attitudes of African American and low socioeconomic White women toward medical research. *Journal of Health Care for the Poor and Underserved, 18*(1), 85–89.
- Fivush, R. (2007). Maternal reminiscing style and children's developing understanding of self and emotion. *Clinical Social Work Journal, 35*, 37–46.
- Fivush, R., Berlin, L., Sales, J. M., Mennuti-Washburn, J., & Cassidy, J. (2003). Functions of parent-child reminiscing about emotionally negative events. *Memory, 11*(2), 179–192.
- Giddens, A. (1991). *Modernity and self-identity: Self and society in the late modern age*. Cambridge, UK: Polity Press.
- Gielen, A. C., Wilson, M. E. H., Faden, R. R., Wissow, L., & Harvilchuck, J. D. (1995). In-home injury prevention practices for infants and toddlers: The role of parental beliefs, barriers and housing quality. *Health Education Quarterly, 22*(1), 85–95.
- Goc, N. E. (2009). Framing the news: “bad” mothers and the “medea” news frame. *Australian Journalism Review, 31*(1), 33–47. Retrieved from <http://ecite.utas.edu.au/59139>
- Green, J. (1995). *Accidents and the risk society: Some problems with prevention*. In R. Bunton, S. Nettleton, & R. Burrows (Eds.), *The sociology of health promotion: Critical analyses of consumption, lifestyle and risk* (pp. 116–132.). New York: Routledge.
- Hays, S. (1996). *The cultural contradictions of motherhood*. New Haven, CT: Yale University Press.
- Irwin, L. G., Johnson, J. L., & Botorff, J. L. (2005). Mothers who smoke: Confessions and justifications. *Health Care for Women International, 26*, 577–590.
- Jackson, D., & Mannix, J. (2004). Giving voice to the burden of blame: A feminist study of mothers' experiences of mother blaming. *International Journal of Nursing Practice, 10*, 150–158.
- Khanom, A., Hill, R., Brophy, S., Morgan, K., Rapport, F., & Lyons, R. (2013). Mothers' perspectives on the delivery of childhood injury messages: A qualitative study from the growing up in Wales, environments for healthy living study (EHL). *BMC Public Health, 13*, Article 806.
- Ladd-Taylor, M., & Umansky, L. (1998). *“Bad” mothers: The politics of blame in twentieth-century America*. New York: New York University Press.
- Laflamme, L., Hasselberg, M., & Burrows, S. (2010). 20 years of research on socioeconomic inequality and children's unintentional injuries, understanding the cause-specific evidence at hand. *International Journal of Pediatrics, 2010*, 1–23.
- Lewis, T., DiLillo, D., & Peterson, L. (2004). Parental beliefs regarding developmental benefits of childhood injuries. *American Journal of Health Behavior, 28*(Suppl. 1), S61–S68.
- Little, H. (2010). Relationship between parents' beliefs and their responses to children's risk-taking behaviour during outdoor play. *Journal of Early Childhood Research, 8*, 315–330.
- Lupton, D. (1995). *The imperative of health: Public health and the regulated body*. London, England: Sage.
- Lupton, D. (2012). *“I'm always on the lookout for what could be going wrong”: Mothers' concepts and experiences of health and illness in their young children* (Sydney Health & Society Group Working Paper No. 1). Sydney: Sydney Health & Society Group. Retrieved from <http://ssrn.com/abstract=2062200>
- Malacrida, C. (2002). Alternative therapies and attention deficit disorder: Discourses of maternal responsibility and risk. *Gender & Society, 16*, 366–385.
- Murphy, E. (1999). “Breast is best”: Infant feeding decisions and maternal deviance. *Sociology of Health & Illness, 21*, 187–208.
- O'Key, V., & Hugh-Jones, S. (2010). I don't need anybody to tell me what I should be doing. A discursive analysis of maternal accounts of (mis)trust of healthy eating information. *Appetite, 54*, 524–532.
- Olsen, L., Botorff, J. L., Raina, P., & Frankish, C. J. (2008). An ethnography of low-income mothers' safeguarding efforts. *Journal of Safety Research, 39*, 609–616.
- Peterson, C. (2004). Mothers, fathers, and gender: Parental narratives about children. *Narrative Inquiry, 14*(2), 323–346.
- Peterson, L., Moreno, A., & Harbeck-Weber, C. (1993). “And then it started bleeding”: Children's and Mothers' perceptions and recollections of daily injury events. *Journal of Clinical Child Psychology, 22*, 345–354.
- Power, E. M. (2005). The unfreedom of being other: Canadian lone mothers' experiences of poverty and “life on the cheque.” *Sociology, 39*, 643–660.
- Roberts, H., Smith, S., & Bryce, C. (1993). Prevention is better . . . *Sociology of Health & Illness, 15*, 447–463.
- Robinson, J., & Kirkcaldy, A. J. (2007). “You think that I'm smoking and they're not”: Why mothers still smoke in the home. *Social Science & Medicine, 65*, 641–652.
- Ruddick, S. (1980). Maternal thinking. *Feminist Studies, 6*(2), 342–367.
- Savage, J. (2000). Ethnography and health care. *British Medical Journal, 321*, 1400–1402.

- Scott, G., & Innes, S. (2005). *Gender, care, poverty and transitions*. In L. McKie & S. Cunningham-Burley (Eds.), *Families in society: Boundaries and relationships* (pp. 39-56). Bristol, UK: The Policy Press.
- Scott, S., Jackson, S., & Backett-Milburn, K. (1998). Swings and roundabouts: Risk anxiety and the everyday worlds of children. *Sociology*, 32, 689–705.
- Singh, I. (2004). Doing their jobs: Mothering with Ritalin in a culture of mother-blame. *Social Science & Medicine*, 59, 1193–1205.
- Snedden. (2013). Concept analysis of concussion. *Journal for Specialists in Pediatric Nursing*, 18, 211–220.
- Sparks, G., Craven, A., & Worth, C. (1994). Understanding differences between high and low childhood accident rate areas: The importance of qualitative data. *Journal of Public Health Medicine*, 16, 439–446.
- Statistics Canada. (2004). *Low income cut offs from 1994-2003 and low income measures 1992-2001*. Retrieved from <http://www.statcan.gc.ca/pub/75f0002m/75f0002m2004002-eng.pdf>
- Swift, K. J. (1995). *Manufacturing "bad mothers." A critical perspective on child neglect*. Toronto: University of Toronto Press.
- Wall, G. (2001). Moral constructions of motherhood in breastfeeding discourse. *Gender & Society*, 15, 592–610.
- Whitehead, E., & Owens, D. (2012). Parental perceptions of unintentional injury risks to children. *International Journal of Health Promotion and Education*, 50, 20–27.

- Wood, L. A., & Kroger, R. O. (2000). *Doing discourse analysis: Methods for studying action in talk and text*. Thousand Oaks, CA: Sage.

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