Anticipatory Accounts

Elizabeth Murphy

Correspondence to:

Professor Elizabeth Murphy

School of Sociology and Social Policy

University of Nottingham

University Park

Nottingham

NG7 2RD, UK

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Abstract

C. Wright Mills called for a truly sociological analysis of actors' "motive talk," which decouples the commonsense link between the reasons actors give for their actions and their mental state prior to those actions. Subsequent theoretical and empirical work has focused almost entirely on actors' retrospective accounting for untoward conduct that has already taken place. The other aspect of Mills's program, the reasons actors give for potentially untoward future conduct and in particular the empirical investigation of the link between the availability of an acceptable vocabulary of motives for anticipated conduct and the eventual enactment of that conduct, has been largely ignored. This article seeks to rehabilitate these lost dimensions using data from a longitudinal study of mothers' infant feeding choices and practices. It examines how mothers account, in advance, for the possibility that they may eventually feed their babies in ways they consider suboptimal. Thirty of the thirty-six women interviewed indicated that they intended to breastfeed, emphasizing the benefits of this practice to their babies. However, seventeen of these women also anticipated that they might abandon breastfeeding and presented elaborate accounts of the motives that could lead them to do so. The findings support Mills's claim that the availability of an acceptable vocabulary of motives for untoward conduct increases the probability that one will engage in such conduct. Mothers who had offered elaborate anticipatory accounts for abandoning breastfeeding were much more likely to do so than those who did not offer such accounts.

Direct all correspondence to Elizabeth Murphy, School of Sociology and Social Policy, University of Nottingham, University Park, Nottingham, UK NG7 2RD; *e-mail:* Elizabeth.Murphy@Nottingham.ac.uk.

The study of the motives human actors impute to themselves and to others has a long history in sociology. There has been much debate about the analytic status of actors' explanations of conduct. C. Wright Mills's celebrated essay, "Situated Actions and Vocabularies of Motive," first published in 1940, is a clearly articulated statement of the "vocabulary of motives" approach to the analysis of actors' talk (Mills 1940). Mills was concerned with the motives actors offer for both past and potential future conduct. However, the substantial body of theoretical and empirical work stimulated by Mills's analysis has largely neglected actors' motivational talk about possible future acts, concentrating instead on motives actors ascribe to their past acts.

In this article I seek to rehabilitate this lost, anticipatory dimension of Mills's program through an analysis of the "motive talk" (Mills's term) produced by women who were pregnant with their first babies. This talk was elicited during a longitudinal, qualitative interview study of the women's infant feeding choices and practices. The data analyzed here are drawn primarily from the first interview with each woman, which took place shortly before her baby was born. In these antenatal interviews, most of the women confirmed their commitment to breastfeeding their babies in line with advice they had received from health professionals (Murphy 1999). However, many of them also acknowledged the possibility that they might not be able do so. They gave various reasons to account for their potential future failure to feed their babies in ways that they identified as in their babies' best interests. These "anticipatory accounts" and their implications for the mothers' future conduct are the empirical focus of this article.

THE SOCIOLOGICAL ANALYSIS OF MOTIVES

The key feature of Mills's vocabulary of motives approach is that it decouples the commonsense link between the reasons actors give for their actions and the actor's mental state prior to the act in question. Mills argues that from a sociological perspective, such motive talk should be analyzed as an interactional strategy for locating action within the normative framework of

conduct treated as appropriate or legitimate in a particular group or subgroup. Motive talk is thus best treated as data on the moral universe within which actors operate rather than as a conduit to the state of mind of individuals that leads to particular actions. The analyst's task, therefore, is to identify the "integrating, controlling and specifying function a certain type of speech fulfills in socially situated actions" (Mills 1940:905).

This reorientation in the analysis of motive talk was taken up first by Sykes and Matza (1957) and then by Scott and Lyman (1963). It has subsequently informed a wide range of empirical studies of the motives actors impute to behavior (see, e.g., Dingwall, Eekelaar, and Murray 1985; Higginson 1999; Kalab 1987; Murphy 1999, 2000; Ray and Simons 1987; Scully 1990; Scully and Marolla 1984). A number of continuities run from Mills's program through much of this later work. First, all these authors focus on talk in "question" situations (Mills 1940: 905). The data for analysis are the reasons that actors advance for conduct that is called into question. Scott and Lyman (1963:47) call such conduct "untoward," that is, conduct that, in some sense, is deemed "bad, wrong, inept, unwelcome." It challenges some valued norm and gives rise to a charge of either criminal or noncriminal deviance (Murphy 1999). Thus empirical studies examine the motives convicted murderers advance for their crimes (Ray and Simons 1987), the excuses and justifications that teen mothers offer for statutory rape (Higginson 1999), the accounts students give for absence from class (Kalab 1987), and the ways in which mothers defend themselves against the charge that their feeding practices constitute a dereliction of maternal duty (Murphy 2000).

Second, all these authors treat actors' motive talk as reflecting the "accepted justifications for present, future, or past programs or acts" (Mills 1940:907) in particular locations and at particular historical periods. Motives make up the "complex of subjective meaning which seems to the actor himself or to the observer an adequate ground for the conduct in question" (Weber 1964:98–99). They offer a fertile source of data on the moral and normative context in which actors live, make decisions, and act. Mills (1940:904) argues

that “the differing reasons men give for their actions are not themselves without reasons.” A central question for the sociological analyst is why certain motives rather than others are verbalized in a given situation or social group. What are actors *doing* with their motive talk (Silverman 1985, 1993), and what light does this throw on the moral and normative context in which such talk is produced?

Third, all these authors follow Mills in treating motive talk as more than mere justificatory rhetoric produced by actors to satisfy others who call them to account. Rather, such talk is part of the interior dialogue with the “generalized other” (Mead 1934:154) that actors engage in as they consider the grounds of their own actions. Sykes and Matza (1957) discuss this aspect of motive talk in relation to juvenile delinquency. They argue that juvenile delinquents typically share the values of law-abiding society but have developed a repertoire of justifications for their delinquency. These “acceptable motives” (Mills 1940) allow them to neutralize or deflect the disapproval that would otherwise arise from their own internalized norms. As Mills puts it, “a satisfactory or adequate motive is one that satisfies the questioners of an act or program, whether it be the other’s or the actor’s” (p. 907).

Although there are many continuities between Mills’s program and that of later scholars, there are also at least two significant discontinuities. It is these that concern me here. First, unlike later scholars, both Mills and Sykes and Matza consider motive talk in relation to *future* as well as *past* conduct. Mills (1940:907) makes this clear when he defines motives as “accepted justifications for present, future, or past programs or acts.” Such motive talk is a feature of actors’ interior and exterior dialogue as they deliberate about possible future courses of action. Dewey (cited in Schutz 1973:63) defined such deliberation as “a dramatic rehearsal in the imagination of various competing possible lines of action.” It is, according to Schutz (1973:68), conducted in the future perfect tense: “In order to project my future action as it

will roll on I have to place myself in my phantasy at a future time when the resulting act *will* already *have been* materialized" (original emphasis).

Such "retrospection anticipated in phantasy" (Schutz 1973:87) includes consideration of the "vocabulary of motives" that will be available, at some future point, to justify one's actions. Sykes and Matza are even more explicit about their interest in justifications that precede behavior:

These justifications are commonly described as rationalizations. They are viewed as following delinquent behavior and as protecting the individual from self-blame and the blame of others after the act. But there is also good reason to believe that they precede deviant behavior and make deviant behavior possible. . . . Disapproval flowing from internalized norms and conforming others in the social environment is neutralized, turned back or deflected in advance (1957:666)

This future orientation in the study of motives is related to the second discontinuity between Mills's program and that of later theorists and empirical researchers. Mills (1940:907–8) is centrally concerned with the relationship between motive talk and subsequent action: "Often anticipations of acceptable justifications will control conduct. ('If I did this, what? What would they say?') Decisions may be, wholly or in part, delimited by answers to such queries. . . . Often, if 'reasons' were not given, an act would not occur, nor would diverse actions be integrated." He calls for empirical investigation of this relationship between motive talk and subsequent behavior: "It is a hypothesis worthy and capable of test that typal vocabularies of motive for different situations are significant determinants of conduct. . . . In this sense motives are 'social instruments,' i.e. data by modifying which the agent will be able to influence [himself or others]" (p. 908).

The link between the availability of acceptable justifications and subsequent action is implied in Mead's (1934:154–56) discussion of the significance of the "generalized other" in determining conduct: "Complex co-operative processes and activities and institutional functionings of organized

human society are also possible only in so far as every individual . . . can take the general attitudes of all other such individuals . . . *and can direct his own behavior accordingly*" emphasis added). Applying Mead's general principle to the anticipation of possible *future* "questioned" or "untoward" conduct, one would expect that the availability of a repertoire of motives, acceptable to the "generalized other," would be crucial in determining whether the individual embarks on the behavior in question.

Scott and Lyman's neglect of accounts for possible future action is understandable. Their focus on the maintenance of social order explains their preoccupation with retrospective accounts. They were concerned specifically with how accounts were used to justify or excuse past conduct and the conditions under which such accounts are honored or rejected as illegitimate. Nevertheless, this relatively narrow focus has led to the neglect of the anticipatory dimension of Mills's program and the failure to examine the links between vocabularies of motive and action (Campbell 1996). Empirical work has concentrated on one side of Mills's agenda (past action) at the expense of the other (possible future action). In this article I take up Mills's call to examine how people anticipate the possibility of future untoward actions and the extent to which the availability of acceptable justifications and excuses may encourage or discourage such actions. Before doing so, I consider the moral and normative context in which first-time mothers anticipate and practice infant feeding.

THE MORALITY OF MOTHERHOOD AND INFANT FEEDING

Mothers' talk about infant feeding is situated in the context of contemporary constructions of motherhood. As both Glenn (1994) and Hays (1996) have argued, such constructions are both culturally and historically specific. Hays (1996:21) characterizes the dominant, contemporary ideology of motherhood as one of "intensive mothering": "The model of intensive mothering tells us that children are innocent and priceless, that their rearing should be carried out primarily by individual mothers and that it should be

centered upon children's needs, with methods that are informed by experts, labor-intensive, and costly." The child's needs are seen as taking precedence over all other considerations (Lawler 2000; Ribbens McCarthy, Edwards, and Gillies 2000). This ideology calls for mothers who are "richly endowed with devotion, self-sacrifice and unconditional love" (Hill Collins 1990:116). The potential consequences for mothers who fail to live up to this ideal are guilt and self-blame (Bernard 1975).

Infant feeding is one arena in which this ideology of intensive mothering is played out. As Lupton (1996) argues, the way in which a mother feeds her baby has become a symbol of her ability generally to care for her child. For mothers, infant feeding choices are imbued with moral danger (Lupton 1993; Murphy 1999; Murphy, Parker, and Phipps 1998). New mothers are subject to a powerful technoscientific discourse that identifies some choices as risk-laden and others as risk-reducing (Murphy 2000). In particular, mothers who formula feed rather than breastfeed their babies may be seen as putting them at risk of serious, even life-threatening dangers, ranging from sudden infant death syndrome through respiratory and gastrointestinal disease to poor self-esteem (Ford, Taylor, and Mitchell 1993; Howie et al. 1990; Lawrence 1995; Saarinen and Kajosaari 1995; Virtanen, Rasanen, and Aro 1991).

Carter (1995) suggests that failure to breastfeed one's child lays one open to the charge of being a poor mother. The decision to breastfeed is easily aligned with the ideology of intensive mothering and its insistence that mothers must put their babies' interests first, whatever the personal cost or inconvenience (Murphy 1999). Formula feeding is therefore untoward, in the sense outlined above. I have reported elsewhere (Murphy 1999, 2000) that mothers who formula feed their babies engage in the kinds of post hoc accounting talk described by Scott and Lyman. These previous analyses have followed the conventional line of analyzing how actors account for untoward conduct retrospectively. In the first case, the focus was on women who decided in advance that they would formula feed their babies, thus rejecting

expert advice. The second analysis was concerned with women who had initially opted to breastfeed their babies but subsequently introduced formula milk. In the postnatal interviews, these women produced a range of post hoc accounts to justify or excuse feeding practices that they recognized as untoward.

In contrast to these earlier analyses, here I consider the accounts women produced, in advance, for possible future untoward feeding practices. It focuses particularly on talk related to the problems that the women might encounter in the future with breastfeeding and the possibility that they might change from breast to formula milk. This talk about possible future breastfeeding "failure" offers an opportunity to examine Mills's arguments about the links between vocabularies of motives and future action in relation to empirical data. Such talk is relevant to Mills's program in a number of ways. First, it concerns potentially *untoward* action. In explaining their decision to breastfeed, these women had outlined the benefits of breastfeeding in terms of the short-, medium-, and long-term health and welfare of their babies. In light of their own arguments, any future decision to revert to formula milk is likely to be an accountable matter. What could legitimate a mother's decision to feed her baby in a way that, by her own admission, is potentially risky?

Second, such talk is concerned with *future* action. The implementation of the women's decision to breastfeed and, by extension, any opportunity to countermand that decision by formula feeding must necessarily wait until after the baby is born. At these antenatal interviews, accounting for possible future untoward action is conducted in the future perfect tense (Schutz 1973). It involves imagining, in advance, acceptable motives for future untoward action. What would constitute an adequate defense if the women change to formula feeding? Accounting for possible future untoward behavior is not as heavily constrained by actual events or circumstances as post hoc accounting. Such talk cannot be dismissed as mere justificatory rhetoric. Rather, it is likely to reflect a "vocabulary of motives" that mothers not only expected to be

acceptable to others, but that also fits their own normative expectations. Thus the interview talk throws light on the dialogue the mothers conduct with the "generalized other," as well as with "actual others" as they anticipate future, potentially deviant conduct (Mead 1934:154).

Third, this longitudinal study also allows me to examine the hypothesis, derived from Mills and Sykes and Matza, that the capacity to generate accounts that justify or excuse future untoward conduct increases the probability that such conduct will take place. It is important, however, to note that this research was not designed to test this hypothesis. Therefore, given both the relatively small sample size and the number of uncontrolled and potentially confounding variables, any conclusions will necessarily be tentative. Nevertheless, it is possible to consider whether the data are consistent or inconsistent with this hypothesis.

METHODS AND DATA

This study was conducted in Nottingham, England.The author and two research associates followed a cohort of thirty-six first-time mothers from late pregnancy until their babies' second birthdays. Since large-scale U.K. surveys (see, e.g., Foster, Lader, and Cheeseborough 1997; White, Freeth, and O'Brien 1992) report that infant feeding practices vary according to both occupational class and the age of the mother, we stratified the sample in respect to these two variables (see Table 1). We obtained the occupational class profile of National Health Service general medical practices within a ten-mile radius of Nottingham by combining data from the 1991 U.K. population census with information provided by the Family Health Services Authority.[1] On the basis of this information, we selected ten general medical practices with diverse occupational class profiles and negotiated access to them. The general practitioners wrote to women on their birth registers who were pregnant with their first child, enclosing information about the study and inviting them to discuss participation with the researchers.

A quota sample of thirty-six mothers, stratified by age and occupational class, was drawn sequentially from the women who responded to this invitation. Using the U.K. Registrar General's classification (Office of Population Censuses and Surveys 1980), we allocated the women to one of three occupational class groups on the basis of their own occupation. The highest group comprised professional workers such as lawyers, teachers, nurses, and managers. The intermediate group comprised skilled nonmanual and manual workers such as typists, shop assistants, and technicians. The lowest group was made up of semiskilled and unskilled workers, including packers, cleaners, and machine operators. We continued recruitment until we had filled each cell of the quota sample shown in Table 1.

[Table 1 about here]

At the time of the first interview, thirty-two of the thirty-six women lived with a male partner, including two who shared a home with other members of that partner's family. Three women lived with either one or both of their parents and one lived alone. Twenty-three women were married. Two of the mothers, one each from the intermediate and lowest class groups, were members of minority ethnic groups. One of these was African Caribbean, and the other was South Asian. Fifteen women had received some postcompulsory education, and seven of these had attended college or university.

We carried out six qualitative interviews with each woman, one before the birth of her child and five at fixed intervals over the subsequent two years, yielding a total of 216 interviews.[2] We conducted these interviews in the women's homes between 1995 and 1998. Each interview lasted from one to two hours. The interviews of thirty-three of the women were tape recorded and fully transcribed. At their request, we did not record interviews with the other three women but took detailed notes and wrote these up fully immediately afterward. When asked at the antenatal interview, thirty women declared an intention to breastfeed and six to formula feed.

For the purposes of initial analysis, we selected a subsample of twelve women, reflecting variations in age, occupational class, and feeding outcomes. We subjected interview transcripts for this subsample to detailed inductive analysis. Each investigator produced written reports on the transcripts she had examined in detail. These identified emerging themes and categories. We discussed the emerging analysis in weekly meetings, where these reports were compared and contrasted. On the basis of these discussions, we developed a coding framework. We specified operational definitions of codes and incorporated them into a coding handbook. We then applied this coding framework to the interview data from all thirty-six informants. We discussed the difficulties of applying the framework to the data at further meetings and amended the coding handbook to take account of data that did not fit the framework derived from the first twelve cases. We then applied the revised coding framework to all the interviews.

FINDINGS

The data presented here are drawn from antenatal interviews with the thirty women who declared an intention to breastfeed. All the women interviewed for this study reported having received extensive information about the advantages of breastfeeding and the disadvantages of formula feeding before their babies were born. This information was given them at regular clinic appointments throughout their pregnancies and at antenatal classes, usually held in the last trimester of pregnancy. They were encouraged to offer their babies nothing but breast milk for at least four months.[3] The women also reported having received leaflets and other literature stressing the benefits of breastfeeding.

As reported elsewhere (Murphy 1999), these women were able, without difficulty, to represent their decision to breastfeed as evidence of good motherhood.[4] However, in the course of the antenatal interviews, almost all the women raised the possibility that problems might arise with breastfeeding after the birth, leading them to formula feed their babies instead. Such

anticipation of the possibility of breastfeeding "failure" (a term that these women used to describe a shift to formula feeding) is realistic. Large-scale U.K. government surveys show that while nearly three quarters of first-time mothers initiate breastfeeding, only a quarter are still breastfeeding at four months (the minimum recommended period) (Foster, Lader, and Cheeseborough 1997). The anticipation of failure turned out to be well founded in the cohort of women interviewed for this study. Of the thirty women who initiated breastfeeding, 43 percent had introduced formula by the time their babies were four weeks old and 57 percent had done so by eight weeks after the birth.[5]

The Form and Content of Anticipatory Accounts

I refer to the form and content of the women's talk about possible future breastfeeding failure as "anticipatory accounts" to distinguish it from the retrospective accounts discussed by Scott and Lyman (1963). Such accounts are anticipatory insofar as they concern untoward conduct that has not yet taken place and that, indeed, the women present as unlikely to occur. They are examples of Schutz's (1973:87) "retrospection anticipated in phantasy." In particular, I consider the extent to which these anticipatory accounts resemble those analyzed by Scott and Lyman.

Scott and Lyman distinguished between two major categories of accounts: excuses and justifications. Excuses acknowledge that the act in question is wrong but offer reasons why the actor should not be held responsible for it. Justifications accept that the actor was responsible but argue that, contrary to appearances, the act was not wrong. As the women anticipated future breastfeeding failure, they incorporated both excuses and justifications into their talk. They considered the possibility of future untoward conduct (a change to formula feeding) and rehearsed the motives that they might, at a future date, advance to defend such conduct. The following extended excerpt demonstrates the complex way in which excuses and justifications were woven into the same account.

And I would really like to persevere with it. However, I'm gonna be realistic and if it becomes a real problem, and an issue, I think it's important for me and the baby to be happy about the type of feeding that we're doing, and if it doesn't suit the baby and it doesn't suit me and I'm not happy with it, the baby won't be happy, so I'm not fanatical about it. . . . Although I know it's best and I'm really going to give it a good go, if it doesn't work out I won't feel it's the end of the world. . . . I think it's yet another pressure for Mums towards "This is the best way for your baby" and I know it is, and from what everyone says, but it may be the best nutritionally . . . but it's not always the best practically for the mother and psychologically and everything else. . . . It's got to be right for you and the baby. (Eva, Older, Highest)[6]

On the one hand, Eva accepts that breastfeeding is the nutritionally superior option and proceeds to show how any future failure to breastfeed could be explained by factors beyond her control. Scott and Lyman would categorize this as an excuse. Eva accepts that formula feeding would be regrettable but excuses it in advance on the grounds that it would not result from lack of willpower. She intends to "really going to give it a good go". However, she anticipates that even this might not be enough. In spite of her best efforts, breastfeeding could become "a real problem" and "an issue."

On the other hand, Eva's talk also contains justifications. She defends formula feeding by setting the nutritional benefits of breastfeeding in the context of the baby's broader welfare. If she does formula feed, it will be justified because of her need to balance the baby's nutritional well-being against other important factors, including psychological ones. It is important that both she and the baby are happy with the type of feeding adopted. The reference to her own happiness takes her into potentially tricky moral territory. In the context of dominant ideologies of intensive mothering, asserting her own needs risks undermining her claim to responsible motherhood. However, she overcomes this by presenting her own welfare as indivisible from her child's. If she is not happy with breastfeeding, her child will not be. She acknowledges that "everyone says" that breastfeeding will provide the best

nutrition for her baby, but she challenges the notion that it is crucial for establishing a good mother-baby relationship.

Scott and Lyman identified a number of subcategories of excuses and justifications used in retrospective accounts. We found almost all of these in the women's anticipatory accounts. Table 2 presents a summary of the subcategories invoked by these women, along with an indication of how they were applied to the possibility of future formula feeding.

[Table 2 about here]

Excuses

The four subcategories of excuses identified by Scott and Lyman (1963) were "appeals to accidents," "appeals to defeasibility," "appeals to biological drives," and "scapegoating." The first refers to "the generally recognized hazards of the environment, the understandable inefficiency of the body, and the human incapacity to control all motor responses" (p. 47). This excuse was common in the women's anticipatory accounts. They appealed to the "well-known fact" that not every woman who wants to, succeeds in breastfeeding her baby. For example, Barbara said: "I'm hoping to breastfeed. I'm hoping to because not everybody can take to breastfeeding" (Older, Intermediate).

Appeals to accidents often concerned either the quantity or the quality of the milk that the women's bodies would produce and linked this to the possible future need to change to formula milk.

If my milk wasn't strong enough for the baby or it wasn't good enough or whatever. . . . I'm not saying I won't bottle feed. . . . I mean obviously if I can't produce the amount of milk that the baby needs I'm gonna have to anyway. (Bryony, Younger, Lowest)

The women emphasized their babies' needs. They anticipated the possibility that their bodies would prove inefficient at milk production. If this

turned out to be the case, it should not be interpreted as their fault. The decision to introduce formula would be imposed on them. It would constitute an "understandable inefficiency of the body." Such appeals to accidents were bolstered by stories of friends who had found that breast milk did not satisfy their babies. For example: "I mean, my friend, she's just had a little boy. He's what six weeks old, but she can't breastfeed for some reason. It don't satisfy him enough" (Bryony, Younger, Lowest).

Scott and Lyman's second category of excuses, "defeasibility," refers to the possibility that either the actor was not fully informed or that his or her will was not entirely free. Given that the women discussed here had linked their intention to breastfeed to a commitment to act in their babies' best interest, it would be difficult for them to plead ignorance. However, many were at pains to point out that they would only introduce formula milk in response to some constraint outside their control. In that sense, they could argue that they were not acting freely, and they continued to emphasize their commitment to breastfeeding:

I think if I could personally I would breastfeed . . . and I would stick with it through the difficult weeks, I think. (Helen, Older, Highest)

The more I read about it, the more I want to do it, and I think I'll be really, really disappointed if I have problems and I can't. I'll be really, really disappointed. (Ella, Older, Intermediate)

Here the women can be seen as defending themselves in advance against the potential charge that changing to formula milk would reflect a lack of commitment or willpower. Once again, these appeals to defeasibility are strengthened by references to others whose commitment to breastfeeding was defeated by circumstances beyond their control. Barbara presents herself as a sensible, well-informed woman who understands that secure prediction of the future is not possible:

I've known too many people say, "Oh, yeah, I'm only giving my baby breast milk," and you find that they reckon two or three days later that they just couldn't do it. The baby just couldn't take the milk or couldn't take the breast at all. So obviously you've got to keep an open mind. . . . You never know what's round the corner. Nobody can predict the future. (Older, Intermediate) Scott and Lyman's third category of excuses, "scapegoating," entails the claim that the questioned behavior is a response to the behavior or attitudes of another. The person giving the account accepts that the conduct in question was unfortunate but attributes the blame to someone else. Once again this kind of reasoning arose in the interviews, as the women anticipated the possibility of breastfeeding "failure." They identified lack of support as a possible reason for turning to formula milk: "Some people I felt perhaps haven't really had the support that perhaps could have helped them succeed" (Sarah, Younger, Intermediate). At times health professionals were seen as the potential culprits:

There'd better be a lot of people willing to back me up, have patience with me, and really try to help me out. I hope so because then I'll think, Well, I'm not surprised people bottle feed. . . I'll be extremely disappointed. I'll be very annoyed as well, because of the, they foist all this on to you and they say, "Well, you know it's really good for the baby.". . . . I don't want to give up at the first hurdle and not having anybody there saying, "Try a different way," you know. (Dilys, Older, Intermediate)

There were references to friends whose unfortunate experiences with health professionals had been associated with their decision to discontinue breastfeeding:

My friend . . . they gave her this baby and said, "Feed it," and she says she felt a bit pushed into it with the midwives all pulling her about and saying, "No, you are doing it wrong and you know you've got to do it like this," and she said she'd rather have just been left alone. (Ella, Younger, Lowest)

Family members were also implicated. One woman criticized those who failed to grasp the importance of others' contributions to breastfeeding success.

They haven't really looked at why mums as individuals have chosen what they have done. . . . [T]hey haven't had a lot of support from their husbands. . . . [Y]ou need an awful lot of support and I think everything should be taken into account with feeding, not just looking at breast is best. (Eva, Older, Highest)

Scapegoating was also applied to the babies themselves. They were granted considerable agency in the mothers' talk in terms of the possibility that their babies might refuse to cooperate. Babies were seen as having preferences in relation to feeding: "I've got the patience and I'm going to persevere and I think, Well . . . if I can't do it . . . if the baby don't want to, I'll go on to a bottle" (Renée, Older, Lowest). One woman described her friend's experience: "Ten weeks into her baby's developing he sort of began to refuse her breast and was playing around and wasn't being satisfied so she introduced a bottle" (Eva, Older Highest).

Scott and Lyman's fourth and final subcategory of excuses, "biological drives," refers to the "invocation of the body and its processes." There was just one example of this kind of reasoning in the interview data. Belinda described the way in which her intentions in relation to infant feeding had changed during her pregnancy. To begin with, she had been adamantly opposed to breastfeeding. Gradually she had come around to idea that she would try it. She related this shift to the influence of hormonal changes during pregnancy. She presented herself as the kind of person who was at the mercy of these biological processes:

I suffered with PMT, and I'd get these moods . . . and I've . . . decided I'm gonna do something and said, you know, that's it. I'm gonna do this just to be awkward . . . [W]hen I was not very well at the beginning I said I'm not gonna breastfeed. . . . I was in that mood, where I don't care what anybody

else says, I'm not being a cow . . . but now because me hormones and all that have changed and I'm quite a nice person at the moment . . . and I'm thinking, well, you can give it a go, . . . so I think it was only me body was changing. I got this attitude, well bugger this, I'm saying what I'm doing. (Older, Lowest)

Here Belinda suggests that any decision she makes about breastfeeding in the present or the future will be the outcome of forces beyond her control. Just as shifts in her biological and hormonal status have led to the decision to breastfeed, so another shift could make that decision impossible to sustain.

Justifications

At first glance, it might seem that justificatory accounts for future formula feeding would be more difficult to sustain than excuses. Justifications involve the assertion that, contrary to first impressions, an act should not be judged wrong. Given that all these women had grounded their intention to breastfeed in a commitment to do the best for their babies, it is perhaps difficult to see how they could escape the negative evaluation of formula feeding in the future. In fact, these women's anticipatory accounts drew on four of Scott and Lyman's six subcategories of justification. The two absent subcategories were "denial of the victim" and "self-fulfillment." The former involves a claim that the supposed victim deserved the injury either because (s)he has injured the actor or because (s)he occupies a normatively discrepant or stigmatized role. The latter presents an act as justifiable because it promotes the self-fulfillment of the actor. The neglect of these two types of justification in relation to infant feeding is hardly surprising. To invoke either would involve challenging dominant images in contemporary society—of innocent childhood, on the one hand, and of selfless motherhood, on the other.

The other four subcategories of justification were widely represented in the women's talk as they anticipated the possibility that they might abandon breastfeeding. Perhaps surprisingly, the type of justification most commonly invoked was "denial of injury." This involves the claim that the act in question was permissible because no one was in fact injured by it. Given that the

women routinely explained their intention to breastfeed in terms of the nutritional benefits to their babies, it may seem strange that they could reconcile this with the claim that formula feeding would not harm their child. They used a number of strategies to do so. The first of these was a tempering of the claims that breast milk is the nutritionally superior option. The following examples illustrate this.

Although they do say breast is best, but I also think, well, bottle milk has got to be near, near enough as good as, else they wouldn't provide it. (Bryony, Younger, Lowest)

Probably it gets, gets certain things it doesn't get in the milk, powdered milk . . . yeah I do believe that breast milk must you know be good for the baby . . . yeah but then again I don't think bottle-fed babies are any worse off really. (Belinda, Older, Lowest)

Though these women generally present health professionals as experts on infant feeding, a certain skepticism about professional assertions of the benefits of breastfeeding is also evident. For example, one woman said:

At the moment they seem to be like they're all for breastfeeding, everything you read is sort of like, "you should breastfeed because it's better for your baby." . . . I mean there must be some bad points about that as well you . . . and they don't tell you how good it [formula milk] is for them and you know. (Ella, Younger, Lowest)

In minimizing the potential risk of formula milk to babies, the women mention babies who are fed formula but are healthy nevertheless:

But you know they're [friends' babies who are formula fed] doing very well so I don't know, my mum didn't breastfeed any of us and she's always saying, "You're all right. You've always got on all right." (Carol, Younger, Intermediate)

I mean I was bottle fed and my sisters were bottle fed and obviously millions of people are bottle fed and it doesn't seem to affect them so I don't think it would have any particular effect if the baby was bottle fed but I'd just like to give it a go and see how I get on really. (Sally, Younger, Highest)

Often the women's denials of injury incorporated a variation on another of Scott and Lyman's subcategories of justifications, the "appeal to loyalty." This involves the claim that the act in question was appropriate because it served the interests of someone to whom the actor owed an unbreakable allegiance. Scott and Lyman assume that in such appeals to loyalty the injured person will be different from the person to whom the actor owes allegiance. The women adopted a parallel logic in their anticipatory accounts, but in this case the victim and the person to whom they owe allegiance were the same. Thus they conflated the "denial of injury" and "appeal to loyalties" subcategories of justification. They claimed that the nutritional benefits of breast milk had to be weighed against other aspects of the baby's welfare. At times attention to these other aspects might require the mother to subordinate breastfeeding to the baby's other needs. This kind of reasoning is illustrated in the following extract:

I don't want to keep on trying if it's not going to work. I would rather just say "No, it's not going to happen" and go straight on to a bottle and then everybody is happy. . . . I will be a lot more relaxed knowing the baby is actually going to get a substantial feed and probably the baby is going to be a lot more, I mean if it seems to be sucking away and it can't get anything then it's going to get distressed isn't it. I'd rather think about the baby than what is actually right. . . . I'd rather think about what the baby wants than what other people have said to me. . . . If they are hungry all the time, it might just be better to change to a bottle and give them a bit more. (Daphne, Older, Intermediate)

Here the mother is stressing her responsibility to consider the baby's welfare in the broadest sense rather than focusing narrowly on the comparative

benefits of breast over formula milk. Her loyalty is to the baby rather than to doctrinaire ideas about what is right. Any future decision to formula feed will be made in the best interests of the baby, ensuring that she or he is happy and gets ’a substantial feed’..

The appeals to loyalty frequently involved references to a symbiotic relationship between mother and baby. As noted above, any suggestion that mothers might at some future point change to formula feeding could be viewed as evidence of selfishness on the mother’s part. In the context of contemporary child-centered ideologies of intensive mothering, this would put the mother in moral danger (Lupton 1993:425). However, the women interviewed here consistently presented any negative feelings they might experience about breastfeeding in terms of their on the child. Thus, they argued, any decision to give up breastfeeding at some future date would be based on the best interests of the child. The following extract demonstrates how women integrated their own preferences with loyalty to the child:

Bottle feeding leads to this that and the other and you wonder why they bottle feed at all really from the way they tell it but I don’t think I’d feel pressured into doing anything I don’t feel happy with because I think if you’re not happy with it then your baby would sense that you’re not happy about [it] and that could cause maybe even worse problems than using a bottle. (Sally, Younger, Highest)

In such talk, the women invoke a holistic view of the baby’s needs in defense of any future use of formula milk. They imply that while a narrow view might assume that breastfeeding is always in the best interests of the child, a more holistic view is that a child has a number of needs, including the need for a stress-free environment. As a result, they are able to recast acts that could be interpreted as selfish (mothers putting their own preferences first) in terms of protecting the baby from more serious problems. As such, loyalty to the baby would sometimes involve resisting the call to breastfeed at all costs.

Some women also engaged in the practice that Scott and Lyman label "condemning the condemners." This kind of justification involves the claim that although a particular act was unfortunate, it pales into insignificance when contrasted to worse acts committed by others that go uncondemned. The women usually directed this condemnation at either health professionals or other breastfeeding mothers. In the first case, health professionals were accused of causing problems through the inflexible championing of breastfeeding at all costs.

[I]f you do have a baby that's not satisfied in hospital they won't let you give a top up feed with a bottle. . . . [I]t's a sad thing if a mother is struggling in hospital they're not allowed to give a top up bottle. . . . I think that if too much pressure is put on a mum to breastfeed and she doesn't succeed she feels a failure and she doesn't only feel a failure in feeding, she feels a failure as a mother and as a person. (Eva, Older, Highest)

Doctrinaire commitment to breastfeeding is seen as damaging the delicate relationship between mother and baby by undermining the mother's self-esteem and self-confidence. Those who adopt such a position are themselves deemed worthy of condemnation. This, Eva suggests, is likely to be much more problematic than the effects of formula feeding. Later in the interview, Eva suggested that health professionals and policy makers are driven by motives other than the welfare of individual babies:

I think there's a lot of pressure from the School of Midwifery, from the School of Nursing, to pass this on and the pressure comes from government level and works its way right down. . . . [T]hey had a meeting on how they could improve their breastfeeding figures, you know, and it's like everything else is forgotten about and the whole issue is "get these figures up" you know and they haven't really looked at why the mums as individuals have chosen to do what they have done.

Other breastfeeding mothers were also criticized for intransigent commitment to breastfeeding at all costs, one woman related that she felt an acquaintance had put her baby's health at risk:

There's another family I know and she was quite an older mum … the last of five were twins and really sort of one of the twins was really quite runty and she wouldn't hear of it to top up with a bottle or anything and was so adamant about this breastfeeding and like I feel personally to the detriment of the child. (Sarah, Younger, Intermediate)

Here the suggestion is that the good mother is one who recognizes when breastfeeding is not working out and is prepared to change her plans in response to the baby's needs. Later in the interview, the same mother suggested that breastfeeding could be very "self-indulgent" insofar as it would involve having "this little thing totally dependent upon me."

The final subcategory of justifications found in these data is "sad tales," "a selected (often distorted) arrangement of facts that highlight an extremely dismal past, and thus 'explain' the individual's present state" (Scott and Lyman 1963:52). As we have seen, the women frequently described the experiences of friends or relations who had found themselves unable to continue breastfeeding in the face of overwhelming problems. They also described their own experiences during pregnancy and framed these as a reason that it might become impossible to sustain breastfeeding. For example, one woman, who declared herself "definitely pro-breastfeeding," nevertheless said,

I don't know whether it's the feeding in public and stuff that worries me or if I just think I'm going to get really fed up of not having my own body back sort of thing. Because you've still got worries about what you're eating and keeping up with the healthy diet . . . when you've been pregnant nine months and you have to worry about all these things. I'm just dying to get my own body back and know that I can eat that and not worry about it or drink

that and not worry about it . . . [I]t's always been at the back of my mind that I'll probably switch to bottle feeding. (Carol, Younger, Intermediate)

Other women imagined possible scenarios that could overwhelm their commitment to breastfeeding. It is perhaps here that Schutz's retrospection anticipated in phantasy is most evident in the women's anticipatory accounts. One woman, who insisted that she would "really like to persevere," nevertheless projected an imagined set of circumstances, beyond her power to control, that would make it too difficult to breastfeed.

If breastfeeding, if you're have engorgement problems, if your nipples are very sore and cracked, . . . if you're being woken, if the baby's not satisfied with the breast and you're being, you know two hourly feeding[s] twenty-four hours a day, not getting any sleep. You're slightly anemic yourself, you're trying to cope with the psychological changes in your life and the physical changes that motherhood brings, you're not getting on with the breastfeeding and you feel a bit of a failure, all that sort of thing, and I think if the baby's really not happy, not, you know, not gaining weight, if you're not too well, you've had a cesarean section and your milk's not coming through as it should, I think all these things would push me towards bottle feeding. (Eva, Older woman, Highest)

As this mother heaps problem upon problem, she makes it difficult to deny the claim that someone in such a situation would be justified in turning to formula feeding.

Women Who Did Not Offer Anticipatory Accounts

Of the thirty women who declared an intention to breastfeed when interviewed before their babies were born, seventeen offered elaborated anticipatory accounts of the kind discussed above. As we have seen, these accounts were very similar in form and function to the retrospective accounts analyzed by Scott and Lyman (1963). A further five women made much more

truncated statements to the effect that their commitment to breastfeeding might be thwarted in some way. Examples are as follows;

You know, try it out and if I couldn't get on with it I'd revert to a bottle. (Trudy, Older, Lowest)

I'd like to breastfeed if I can . . . it really depends on whether that's going to be possible. If it's physically possible and it's not too uncomfortable, then I will obviously try and do that. (Elaine, Older, Highest)

Though such statements imply the possibility that the women's attempts to breastfeed may be obstructed by factors beyond their control, they are not "worked up" into excuses or justifications in the same way as the more elaborated anticipatory accounts discussed in the previous section. They simply accept the possibility of failure in the future without trying to elaborate a defense for such failure.

The remaining eight women differed insofar as they did not anticipate future failure to breastfeed in their interview talk. Of these, just one woman, Christine, was very optimistic about the ease of breastfeeding: "I just decided before I got pregnant that if I had a child I would breastfeed. . . . I don't foresee any problems. I just hope there won't be any" (Younger, Highest). The other seven women discussed the potential problems associated with breastfeeding, often at considerable length, but did not present these as grounds for abandoning breastfeeding. For some, this was because their personal circumstances were seen as protective in some way. For example, one woman said, "But there are very few reasons why women can't breastfeed apparently. . . . As I'm going back to my parents after I've had the baby, I won't be in a stressful environment and I'm sure we'll get it right eventually . . . As they say, "practice makes perfect," so we'll get there in the end. I don't even think it's going to be hard, but I mean it might be" (Emma, Older, Intermediate).

Other women identified problems but offered solutions that would prevent a breakdown in breastfeeding. For example, one woman acknowledged the difficulties associated with breastfeeding but pitted these against her determination and the assistance she would receive from health professionals:

"I'm told this is quite a difficult thing to do. . . . I think it would be worthwhile whatever it takes. . . . I really want to give it a go and I think that's one of the hurdles. I've got a few friends that have recently had babies and they're telling me how difficult it is to get a baby to feed at the breast and all that but I think that if you're determined with the help of the midwife or the health visitor and whatever you should be able to get there" (Diane, Older, Highest).

Like the women who invoked anticipatory accounts, this woman referred to the experience of friends. However, unlike those women, she rejected her friends' failure as irrelevant. The implication was that these friends lacked the commitment to breastfeeding that would ensure her own success.

Some of the problems these women identified related to possible breast soreness. For example, one said, "I've got a friend who started breastfeeding and got a load of problems with mastitis and stuff so that made me start thinking. . . . The idea of being really sore worries me, but you know I've heard that it's a lot to do with actually positioning and getting things established right in the first place" (Rosemary, Younger, Highest). Thus this woman too identified a potential problem but offered a solution. Other problems discussed related to the demands that breastfeeding makes on the mother's time and energy. Again, these problems were acknowledged but dismissed as relatively insignificant.

I feel quite relaxed about that, not worried that feeding can be time-consuming. (Tracey, Older, Highest)

I mean the main problem is just tiredness and the fact that if the baby wants to feed sort of every two hours for over the first three or four months that's gonna be tiring, . . . so if it means that I'm sleeping at strange times you know then I think I would, I'd rather fit in with the baby's pattern as much as I can. (Rosemary, Younger, Highest)

Breastfeeding was also with associated an unequal division of labor, with social isolation for the mother and with potential exclusion for the father. Julia discussed these possibilities but also described how she would minimize the negative impact on both herself and her partner: "I suddenly realized. I mean Charlie [baby's father][7] is really into it, and I suddenly thought, well, of course, he would be because it's going to be me who gets up in the night. I thought about stuff like going out in the evenings, things like that. . . . But I intend, as early as possible, to start expressing and giving it bottles of breast milk so that Charlie can have that but also so that hopefully I can get out a bit in the evenings and stuff like that" (Julia, Older Highest).

Although these women cited the negative experiences of friends, unlike those who offered anticipatory accounts, they did not use these as a rationale for formula feeding.

A friend of mine had said that was one of the reasons she wasn't going to breastfeed because it would exclude her husband from feeding the baby but I don't feel that way because you can express your milk and it can go in a bottle and he can feed the baby. . . . One of my friends said that she felt like a cow so . . . they feel that their life wasn't their own, they couldn't go anywhere which wasn't, they couldn't go out or anything because they'd got to breastfeed, and like I say, until I actually try it I don't really know how I will feel, but I think in my mind that I want to breastfeed and I think that's half the battle. (Diane, Older, Highest)

A number of women recognized the heavy burden that would fall to them as a result of breastfeeding. However, they also said they would find ways to alleviate the burden and did not present this as a legitimate reason for

formula feeding. They also anticipated difficulty and embarrassment feeding their babies in front of others but downplayed the significance of this.

I'm not sure how I'll feel about breastfeeding in public. I don't think it's any big thing at the moment. I think things are much easier than they were even a few years ago, so in that sense I'm not particularly worried. (Tracey, Older, Highest)

I think if it [feeding in public] is a problem it will be a problem I want to get over. (Rosemary, Younger, Highest)

With the exception of Christine, all these eight women anticipated that breastfeeding would be challenging in a range of ways. They did not take success for granted. However, they differed from those who offered anticipatory accounts in that they did not present such difficulties as grounds for formula feeding. They were, rather, presented as challenges to be overcome and the women often identified the strategies that they would use to do so.

Linking Talk to Action

Mills called for the empirical investigation of the relationship between motive talk and subsequent action. Although this study was not designed to test hypotheses, its longitudinal design allows us to consider whether the data are consistent with the claim that the generation of an acceptable vocabulary of motives for future untoward conduct increases the probability that one will engage in such conduct. Such a claim would be supported if the mothers who engaged in anticipatory accounting were more likely to abandon breastfeeding before the four-month threshold after their babies' births than those who did not.

The feeding behaviors of the thirty women who declared an intention to breastfeed in the interviews conducted before their babies were born are shown in Table 3. The behaviors are displayed according to whether the women offered elaborated anticipatory accounts, truncated accounts, or no

accounts at all. These data are consistent with the claim that women who offer elaborated anticipatory accounts will be more likely to give up breastfeeding at an early stage. Of the seventeen women who offered elaborated anticipatory accounts, ten (59%) had ceased breastfeeding by four weeks after their babies' births and seventeen (100%) by sixteen weeks after the births. The comparable figures for women who did not offer any anticipatory accounts are one (12.5%) at four and two at sixteen weeks after the birth. The one woman in this group who had given up breastfeeding by four weeks was Christine, who differed from the other women who did not offer anticipatory accounts insofar as she dismissed difficulties or problems with breastfeeding at the antenatal interview. Conversely, six of the eight women (75%) who did not offer anticipatory accounts continued to breastfeed their babies up to and beyond the sixteen-week threshold, compared to none of those who offered anticipatory accounts.

[Table 3 about here]

The practices of the women who offered truncated anticipatory accounts are somewhat more mixed, with two (40%) giving up breastfeeding by four weeks and the remaining three (60%) continuing to breastfeed beyond the sixteen-week threshold. The numbers are very small here, and it is not possible to draw even tentative conclusions about the relationship between truncated anticipatory accounts and future behavior.

One possible confounding factor, which cannot be fully teased out here, is that of occupational class. We know from large-scale surveys that women in nonmanual occupations are more likely to breastfeed for a longer time than are those in manual occupations (Foster, Lader, and Cheeseborough 1997). That was also the case in this study: 50 percent of the women in the highest occupational class grouping breastfed their babies beyond the four-month threshold, compared to just 25 percent of women in the intermediate class grouping and none at all in the lowest grouping. The distribution of anticipatory accounts by occupational class is shown in Table 4.

[Table 4 about here]

Of the eight women who did not offer anticipatory accounts, five were in the highest and three in the intermediate class groups. This means that all women from the lowest occupational class grouping offered anticipatory accounts. This suggests that readiness to offer anticipatory accounts could be inversely related to occupational class. However, the group of women who did offer anticipatory accounts includes women from all occupational class groups (highest: 4; intermediate: 6; lowest: 7), suggesting that such accounting practices are not confined to particular occupational classes.

CONCLUSION

I have considered how individual actors dealt with the possibility that they might, in the foreseeable future, engage in conduct that they themselves identified as untoward. The women in this study recognized that any future introduction of formula milk into their babies' diets would lay them open to the charge that they were failing to meet their maternal obligation to put their babies' interests first. As the women took "the attitude of the other" (Mead 1934:179) to such potentially untoward behavior, they anticipated the disapproval of their community. Mead argues that when actors seek to side-step the disapproval of their communities (and hence of self), they must find a way to "speak the voice of reason" to themselves (p. 168). Individuals find it difficult to go against the morality of their community to the extent of engaging in activities that would be condemned. However, as Mead points out, individuals are not simply bound by community morality (pp. 168 ff.). Rather, they are engaged in a conversation in which they bring up the attitude of the community toward themselves, respond to those attitudes, and thereby possibly change the attitude of the group (p.180). The anticipatory accounts, which many of the women produced, represent a powerful means of "speaking back," not only to actual others who may question their behavior, but also to the generalized other of their community and, hence, to self. In doing so, they

may, literally, be making such untoward behavior “thinkable” and, as a result, “do-able.”

Much sociological analysis of what Mills called “motive talk” has focused on the ways in which actors account for untoward behavior in which they have already engaged. This has been at the expense of other aspects of Mills’s agenda. In this article I have opened up a neglected aspect of Mills’s program by examining vocabularies of motive that are employed in relation to future action. I have investigated empirically the claim, put forward initially by Mills (1940) and subsequently by Sykes and Matza (1957), that accounts may precede as well as follow action. I have shown how such anticipatory accounts not only occur but also bear a strong resemblance in form and content to the post hoc repair work that actors use to defend past conduct.

I have also examined, somewhat more tentatively given the evidence available to me, Mills’s argument that the availability of acceptable vocabularies of motive for untoward conduct is linked to the enactment of such conduct. It is important here to distinguish between two possible interpretations of Mills’s position. First, there is what we might call the “weak” version of Mills’s argument, in which the ability to generate acceptable vocabularies of motive for future untoward conduct increases the probability that such conduct will be enacted. This is suggested by Mills’s (1940:907) statement “Often, if ‘reasons’ were not given, an act would not occur.” Certainly these data lend support to this version of Mills’s argument. As we have seen, women who produced anticipatory accounts in the antenatal interviews were much more likely to cease breastfeeding earlier than recommended. All of the women who produced elaborated anticipatory accounts ceased breastfeeding early, compared to just 31 percent of those who did not produce such accounts. There is then, at least in these data, evidence of a relationship between anticipatory accounting and the enactment of untoward conduct.

The second and stronger interpretation of Mills's position is that anticipatory accounting is a *necessary* condition of untoward conduct. This appears to be implied by Mills's description of acceptable vocabularies of motive as "determinants of conduct" (p. 908). Our findings offer less support for this strong version of Mills's argument. If anticipatory accounts are a necessary condition of early cessation of breastfeeding, how are we to account for the four women who did not offer such accounts and yet gave up breastfeeding before the recommended four-month threshold? Do these women undermine the claim that acceptable vocabularies of motive are a necessary condition of untoward conduct? Certainly that is one possibility. However, the limitations of the data presented here require us to exercise caution in dismissing too readily this stronger version of Mills's position. We need to consider whether there are any possible explanations for these four negative cases that are compatible with Mills's argument.

There are a number of possible explanations here. It could be, for example, that these four women had acceptable vocabularies of motive available to them when interviewed antenatally but simply did not articulate them. This might be particularly likely in the case of the two women who offered truncated anticipatory accounts. With a little more encouragement, or in a different interactional context, they might well have worked these up into more elaborated versions. We cannot assume that the failure to articulate anticipatory accounts in the course of an interview indicates the nonavailability of such accounts. Alternatively, given the time that elapsed between the antenatal interviews and actual cessation of breastfeeding, it is possible that new vocabularies of motive became available to these women before they introduced formula milk. Either or both of these possibilities are compatible with supporting the stronger version of Mills's argument. Unfortunately, the data reported here do not allow us to examine these possibilities more fully.

On the other hand, even if all the women who introduced formula milk had articulated anticipatory accounts, we would still need to exercise some

caution before treating this as evidence of a causal link. It is of course possible that both the availability of anticipatory accounts and the early cessation of breastfeeding are causally related to other factors such as occupational class and low social capital. That women in the lowest occupational class groupings were both more likely to articulate elaborated accounts and to cease breastfeeding early lends some support to this possibility.

Despite these reservations, our findings suggest that Mills's hypothesis that the availability of an acceptable vocabulary of motives for anticipated untoward conduct promotes such conduct warrants further investigation. A program of future research might incorporate a number of elements. It could, for example, investigate the use of anticipatory accounts in relation to other kinds of noncriminal and criminal deviance. My analysis has been constrained by the uneven distribution of accounting practices in a sample that was designed for other purposes. In future research, this could be overcome by a sampling strategy that recruited equal proportions of women who do and do not offer anticipatory accounts. The significance of truncated accounts also bears further investigation. It is possible, as I have suggested, that given different interactional conditions, at least some of the five women offering such accounts would have worked these up into more elaborated anticipatory accounts. Similarly, purposive sampling would allow one to tease out more fully the relationship between occupational class and anticipatory accounting. These are just a few of the ways in which renewed attention to the anticipatory aspects of Mills's original program for the sociological investigation of motive talk could enhance our understanding of the links between what people say and what they do.

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NOTES

[1]The Family Health Services Authority was the U.K. government body responsible for the delivery of primary health care services to the whole population at the time of the study.

[2]The women were also invited to identify up to two "significant others" who they anticipated would be involved importantly in decisions about how their babies would be fed. These significant others were interviewed on two occasions, once before the babies were born and eight months after the births. However, I do not draw on these data are not drawn in this article.

[3]This reflects U.K. government advice at the time the study was carried out. In May 2003 this advice was modified; mothers were advised to continue exclusive breastfeeding until their babies were six months old. In the United States mothers are urged to practice exclusive breastfeeding for at least six months (American Academy of Pediatrics 1997). Guidelines from the Australian National Health and Medical Research Council emphasize the "unequalled value of breast milk as the sole food for infants for the first 4–6 months of life" (National Health and Medical Research Council 1995:3).

[4]This is not to suggest that breastfeeding is never treated as a potentially untoward act. As I have shown elsewhere (Murphy 1999), while mothers who breastfeed do not appear to feel called to defend this practice in relation to its effect on the baby, they do treat the possible impact on the babies' fathers and the potential embarrassment of onlookers as accountable matters.

[5]In many countries women's ability to sustain breastfeeding may be compromised by the need to return to paid employment shortly after the babies' birth. However, in the United Kingdom this is less likely to be an immediate pressure. Almost all women who are employed or self-employed before the birth of their babies are entitled to either Statutory Maternity Pay from their employers or Maternity Allowance from the state. Both are payable for up to eighteen weeks. Therefore, it is unusual for women to return to work for financial reasons during the four-month period when exclusive breastfeeding is recommended.

[6]Data extracts are followed by an indication of the occupational class grouping (highest/intermediate/lowest) to which each woman belonged and whether she was in the older or younger subdivision of that grouping. See Table 1 for details of the age and occupational class of informants. The names attached to the data extracts are pseudonyms.

[7]This reference to the baby's father highlights the relative absence of references to the babies' fathers from the women's accounts. This may reflect the individualizing tendencies of contemporary constructions of mothering. Hays (1996) argues that one of the features of intensive mothering is the primacy accorded to individual mothers in child rearing and the devolution to them of both responsibility for the child and the practical tasks associated with caring for them.